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Promising Practices in Drug Treatment: Findings from Southeast Asia



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PROMISING PRACTICES IN DRUG TREATMENT: FINDINGS FROM SOUTHEAST ASIA



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PROJECT OVERVIEW

The State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL) supports demand reduction efforts overseas to combat the rising consumption of illicit drugs around the world. In 1978, the INL developed the International Demand Reduction (IDR) program to assist foreign countries in mobilizing their public and private sectors to support national narcotic control policies and programs. The IDR program was enhanced in 1990 to assist foreign countries with the development of self-sustaining prevention, education, and treatment programs. The current goal of the program is to strengthen the level of determination of foreign Governments to fight illegal drug abuse and to increase the resources allocated to this effort.

In support of these efforts, the INL issued a grant to conduct an assessment of drug treatment and aftercare efforts as identified by the INL. Drug treatment programs in Europe, Latin America, and Southeast Asia were examined to identify promising programs and practices, and to assess lessons learned.

The project involved four phases:

- An initial gathering of background information;
- Fieldwork in the selected countries to obtain information from public organizations and nongovernmental organizations;
- Report generation to summarize findings by country and across countries or sites; and
- A descriptive report for foreign treatment programs that highlights accomplishments and results.

The information presented in the following pages highlights key study accomplishments in Southeast Asia.

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EXECUTIVE SUMMARY: DRUG TREATMENT IN SOUTHEAST ASIA

Drug Treatment in Southeast Asia: A Report on Promising Practices in Malaysia, Singapore, and Thailand

The State Department's Bureau for International Narcotics and Law Enforcement Affairs (INL) ensures that foreign countries receive assistance from the United States Government to address escalating drug use and help improve local treatment systems. Under this initiative, the State Department asked evaluators from Danya International, Inc., to conduct site visits in treatment programs on several continents to identify "promising practices." Promising practices are treatment approaches that, when effectively carried out, enhance the likelihood of program success. Once these practices are identified, Danya, working in collaboration with the State Department, is charged with "getting the word out" so that these successes can be replicated by treatment programs across the country and possibly in other Nations.

In a series of site visits to drug treatment programs in Malaysia, Singapore, and Thailand, the Danya evaluation team collected many types of data; analyzing client records on drug use and treatment compliance; and conducting extensive interviews with staff members, volunteers, clients, and family members. Key study results from the work accomplished to date in Southeast Asia are presented in this report.

Southeast Asia and the Therapeutic Community Model of Treatment

Most Southeast Asian drug treatment programs are based on the residential Therapeutic Community (TC) model of treatment. Many of the TC programs in operation have received training from U.S. organizations funded through the U.S. State Department. TC treatment is an intense, emotional experience based on direct, sometimes confrontational interactions among peers. The daily schedule is highly structured, from early morning until "lights out." Treatment is considered a 24-hour-a-day, 7-day-a-week enterprise, requiring considerable dedication and commitment by community residents and staff members alike. The site visits conducted by Danya in Southeast Asia focused primarily on TCs, and many promising practices are emerging from the adaptation of TCs to local cultures.

Following is an overview of cross-cutting promising practices in Malaysia, Singapore, and Thailand.



Promising Practices

Treatment structure was a defining feature of the programs evaluated. The rigid daily schedules sometimes began as early as 5:30 a.m. and extended until 11:00 p.m. Both client and staff interviewees stated that the structured environment was a key to program success, as it teaches the lessons of discipline and responsibility.

Training networks and other interagency collaborations played a significant role in the transfer of promising practices. Evaluators witnessed successful collaboration on staff training, joint development of management information and data collection systems, and the exchange of ideas. These networks also provided fundraising and public relations activities on regional and national levels.

Volunteers currently provide a wide range of services and are actively involved in many programs. They help spread the word about program successes to other community members and provide invaluable support to the programs. In addition, volunteers serve as role models for clients by sharing experiences, education, and social skills.

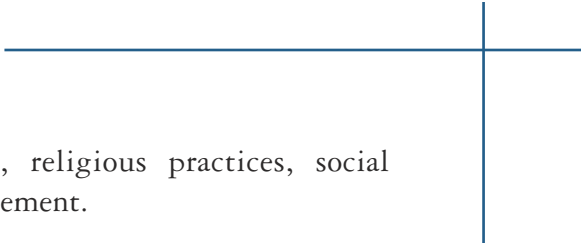
Vocational training was found to be an important element in the reintegration phase of many treatment programs. Job preparation skills are often considered critical to treatment, as they prepare residents to become productive members of society after release.

The tailoring of treatment models to the local culture allowed programs to provide ongoing programmatic development to meet prevailing conditions within their communities. In Thailand, for example, the TC concept was adapted to fit the strong nonconfrontational aspect of the culture.

Spirituality was often included as a critical program component and, in fact, was often cited as the most important variable for successful program completion and re-entry into the community. Religion is used in these settings to enhance the growth and personal esteem of each treatment resident.

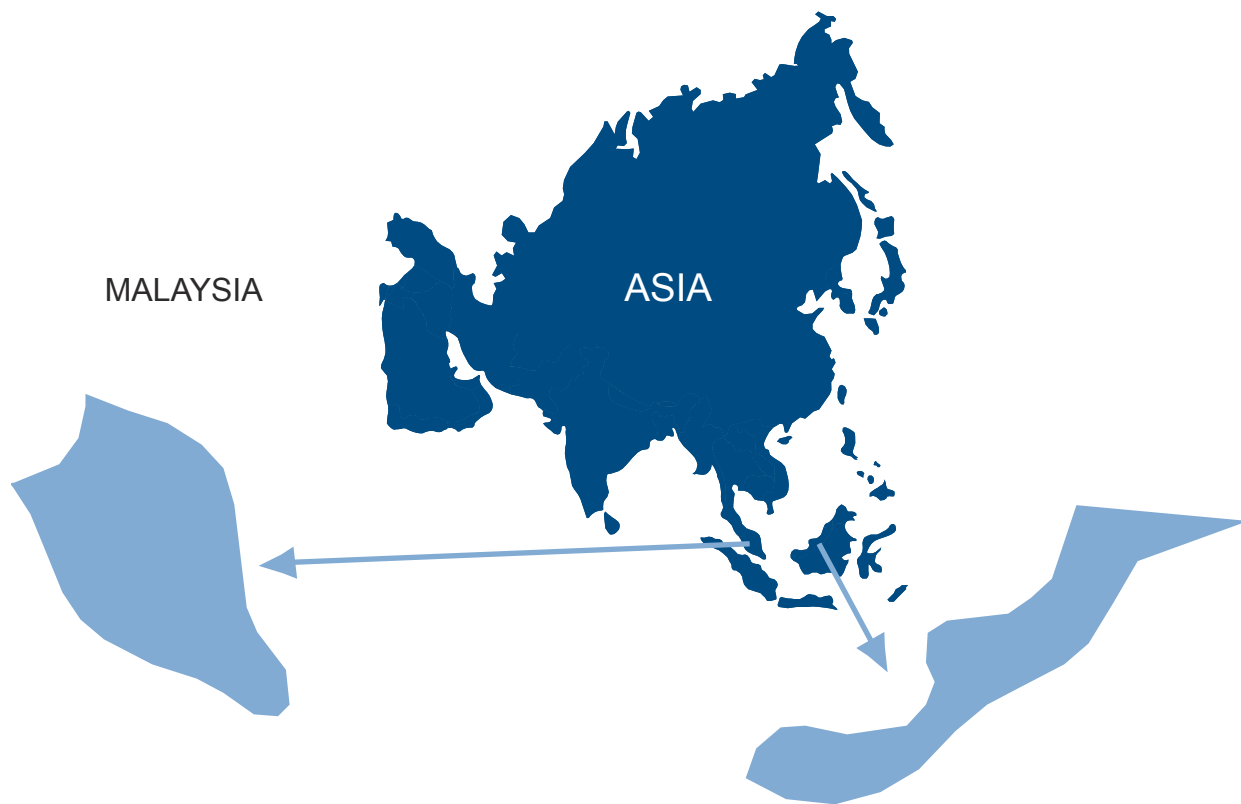
The family contributed to the success of many programs. The sense of a caring family was often reported by clients in Malaysia as the most important factor in their satisfaction with treatment. Some programs offered family therapy provided by professional staff, and, in other cases, strong family support groups and family involvement contributed to treatment success.

Phased re-entry was a hallmark of some of the treatment models observed. Successful programs began the re-entry process while the resident was still living in the core community. It included relapse prevention seminars, mandatory family counseling, and



readjustment issues, such as family relationships, religious practices, social relationships, employment, and personal finance management.

Committed and charismatic leadership was a key variable affecting treatment success. In Thailand, the Government initiated the use of TCs in the corrections system and introduced new strategies to address methamphetamine addiction. In addition, program leaders' dedication and commitment in all countries engendered community support and the recognition of officials at the local, state, and national levels. This increasing support for drug treatment is helping to lessen stigma and change attitudes about addiction in Southeast Asia.



EXECUTIVE SUMMARY: MALAYSIA

In January 2002, a team of evaluators conducted a site visit to Malaysia to evaluate promising practices in selected drug treatment programs. The team collected data from three adult prison programs and one juvenile correction center. The Malaysian Prison Department had responsibility for operating each of the evaluated programs. All of the Malaysian drug abuse treatment programs visited were based on the TC model of treatment.

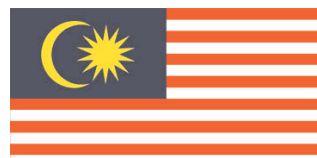
Evaluators also collected data at “Persatuan Pengasih” programs, which are operated by a nongovernmental organization (NGO) treatment and rehabilitation institute offering the full continuum of care in the TC model. Services include outreach, primary treatment, and hospice care. Promising practices found are presented below.

PROMISING PRACTICES

- *The prison program is committed to a caring environment for adults and adolescents, and fostering the development of personal strengths, skills, and beliefs that lead to rehabilitation.*
- *Prison program successes seem due in large part to strong support from upper-level management.*
- *Residents in the prison program cite peer confrontation as a very helpful, although difficult, component of treatment. The intensity of peer feedback is gauged according to the phase of treatment (i.e., new clients receive feedback in small, emotionally controlled doses).*
- *Skills needed to succeed in the Persatuan Pengasih TC environment, such as direct communication and peer confrontation, are taught early in the induction phase.*
- *Religious practices are integrated into the Persatuan Pengasih programs, including the majority Muslims, who are called to prayer five times daily in a Muslim prayer pavilion.*
- *Special group therapy is provided at Persatuan Pengasih for patients with HIV infection and high-risk relapse symptoms. HIV-positive staff members serve as role models for residents.*
- *Persatuan Pengasih’s multiphase re-entry program emphasizes the development of employable skills and obtaining a job.*
- *An alumni association of Persatuan Pengasih program graduates is active throughout Malaysia. Alumni return to the TC once each year for an inspirational celebration of recovery.*

BACKGROUND: MALAYSIA

Malaysia is a country of approximately 23 million ethnically diverse people located in central Southeast Asia. More than 50 percent of the population is Muslim, with a large Christian minority and smaller groups of Hindus and Buddhists. Tolerance across religious groups is a hallmark



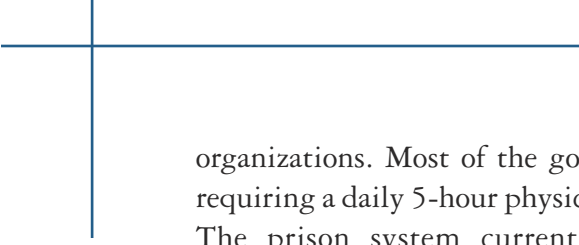
of contemporary Malaysian society. This tradition facilitates the TC program emphasis on religious instruction and counseling. Termed “Hallaqeh,” both staff members and residents emphasized it as a strength and key to successful rehabilitation.

Ethnic diversity is another defining characteristic of Malaysia. Native Malaysians, Chinese, and Indians are the predominant ethnic groups, but many smaller ethnic groups are also present, including Filipinos and Indonesians. Contemporary Malaysia has successfully integrated this diverse mix into a society relatively free of ethnic conflict. The resulting climate allows for integration of ethnic groups within both the prison and NGO programs, without fear of conflict or ethnic-related violence.

Malaysia is near the “Golden Triangle” region of Thailand, Burma, and China, and despite the fact that drug trafficking is a capital offense with a mandatory death penalty, drugs are relatively inexpensive and easy to obtain. Statistics indicate that there are approximately 212,000 drug users in the country. Of those individuals, 12 percent are thought to be drug dependent (INL 2002). Drug treatment participants report that marijuana and heroin are used most often, with young people trying ecstasy and methamphetamines (“shabu” or “ice”) with increasing frequency. Men far outnumber women users, but the number of women users is increasing. Users represent all strata of Malaysian society, with middle-class youth dominating the drug scene. Precipitating factors for drug addiction include curiosity, peer pressure, and relieving stress arising from family conflict or parental divorce. About half of the women interviewed reported using amphetamines as an aid in weight control. All of these women agreed that the use of heroin is extremely uncommon in women, unless a boyfriend or husband who is a user introduces them to the drug.

Not wanting to get involved or potentially expose themselves to HIV infection, the police tend to ignore open drug use on city streets, which is prevalent in some parts of Kuala Lumpur. HIV/AIDS is a growing problem, with more cases discovered each year. In 2001, the estimated number of adults and children living with HIV/AIDS was 42,000 resulting in 2,500 deaths. Of the 42,000 known cases, 55 percent are the result of intravenous drug use (UNAIDS 2002).

Drug and alcohol treatment programs in Malaysia are operated either by the Prison Department, the National Ministry of Home Affairs, or by nongovernmental



organizations. Most of the government programs are operated in “boot camp” style, requiring a daily 5-hour physical conditioning regimen, plus other treatment activities. The prison system currently operates 12 programs throughout the country. Additionally, a national drug treatment agency operates 28 treatment centers, and NGOs account for 52 programs nationwide. The NGO programs are run primarily by small, faith-based organizations. All government and NGO programs evaluated during this site visit utilize a TC model of treatment. Many TC staff members were formally trained in TC approaches in New York or Malaysia through residential internships ranging from 3 to 6 months.

DESCRIPTION OF PROGRAMS VISITED: MALAYSIA

The team visited several programs operated by the Malaysian Prison Department and also observed Persatuan Pengasih, a private NGO offering the full continuum of care. Perhaps the most critical feature of both the prison and Persatuan Pengasih programs was a highly developed daily schedule of activities, beginning as early as 5:30 a.m. and extending until 11:00 p.m. Both client and staff interview respondents said that this

Many of the TC programs in operation in Malaysia and other Southeast Asian countries have staff that received their training on TC methods from U.S. organizations, funded through the State Department's Bureau for International Narcotics and Law Enforcement Affairs.

structured environment is key to the success of the programs. In the prison programs, inmates' schedules included therapeutic events, work, and other activities until 8 p.m.—routines that were missing during years of drug abuse. Residents in the Persatuan Pengasih program experienced an even more intensive schedule, beginning at 6:00 a.m. and ending at 11:00 p.m. The

Persatuan Pengasih program also incorporates a phased re-entry process through which residents gradually reduce the rigidity of their schedules. This allows them more discretion about their use of time.

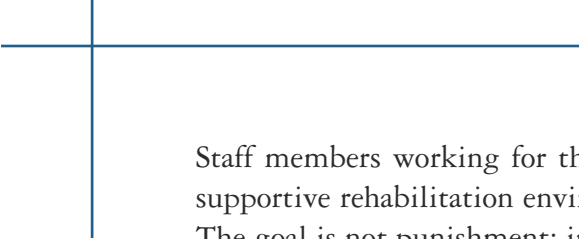
Malaysian Prison Department Programs

Evaluators visited three prison-based adult programs and one adolescent program based on the TC model. The adult programs are located in Kajang Prison, Jelebu Prison, and Seremban Prison. The adolescent program is located in Henry Gurney School. Each site includes a core program philosophy, daily activity schedule, and specific skills or “tools of the house” that must be learned by each inmate.

The programs consist of three phases:

- Induction (pre-treatment);
- Core treatment; and
- Re-entry.

The length of stay in TC treatment varies from as few as 12 months to as many as 36 months, depending on the prison in which the program is located. The size of the TC programs vary: Kajang Prison has 40 inmates in treatment from a general population of 4,000; Jelebu has 136 inmates in treatment from a population of 500; and Seremban treats 35 out of a total prison population of 807. The Henry Guerney School has enrolled 57 of its 372 student body members in the TC.



Staff members working for the programs are committed to developing a caring and supportive rehabilitation environment, whether the inmates are adults or adolescents. The goal is not punishment; instead, goals focus on assisting inmates with developing personal strengths, skills, and goals that will help them make better choices when they leave prison. The benefits of treatment are described by inmates in terms of behavior, attitude, and belief-system changes, especially in the areas of honesty with self and others. Some inmates also mentioned that the self-discipline they were developing—as well as patience, maturity, and unselfish behaviors—were also beneficial.

Critical to the success of the program is the support it receives from upper-level management. Initially the use of the TC model in Malaysia was experimental, but more

Focus groups conducted with inmates confirmed that drugs are plentiful and easy to acquire in Malaysia. All kinds of people use a variety of drugs, but most of those who are drug-dependent use heroin intravenously. Many juveniles started drug use with marijuana and ecstasy, and then began to experiment with other drugs. Their stated reasons for drug use included acceptance by peers, family conflict, and curiosity.

recently it has been strongly supported by prison administrators. One of the greatest challenges to the pioneers of this effort was demonstrating that prison officers were capable of creating a very different environment from the typical prison setting. It is now apparent that the caring atmosphere of the TCs has promoted honesty, hopeful attitudes, and behavioral accountability among the inmates in prison programs.

Physical Setting

The physical settings of all prison-based TC programs are very similar. In all cases, the TC occupies a building some distance from other parts of the prison, separated by fencing and grounds. This creates a very different environment from that of the general prison population. The grounds are carefully raked and swept, and the landscaping is meticulous. Shrubs and flowers are planted to spell out the name of the prison and the TC program. Inmates paint program philosophy, weekly schedules, philosophic verses, and other types of information on the exterior and interior walls in a style that communicates caring, thoroughness, and professionalism. Residential quarters are spartan, with bunk beds, an open toilet, a washbasin, and sometimes, one small desk shared by five or six inmates. Beds are maintained with military-like precision, and all blankets, sheets, pillows, and changes of clothing are maintained similarly.

Meals are extremely small and may consist of rice, a small amount of vegetables, and curry sauce with fish or chicken. No inmates observed were overweight. All were clean-shaven and short-haired, wearing clean, white clothes and sandals or white tennis shoes.

Key Program Elements

Many activities are consistent across all of the prison TC programs, including:

- Different types of group activities (e.g., encounter, peer confrontation, assertiveness training, morning meeting, and house meeting);
- Different types of individual activities (e.g., individual counseling with staff, pull-ups, haircut, and peer confrontation);
- Vocational training;
- Religious education and counseling; and
- House chores.

The programs use volunteers to assist with religious components, which provide equal emphasis on Muslim, Hindu, Christian, and Buddhist beliefs. **Table 1** depicts the schedule for group and religious therapy. Program completion rates range from 20 to 80 percent, depending on the type of prison and location. However, follow-up and continuing care programming exceed the authority of the Prison Department. As a result, both are not offered formally at present.

Morning meeting is a place to be direct and confront problems; it sets the tone for the day. Through peer confrontation, community members learn to be honest and respectful, and to hear things from others that help them become accountable for their behavior.

Table 1: Schedule for Group and Religious Therapy

DAY	ACTIVITY	DURATION
Monday	Encounter Group	90 minutes
Tuesday	Static Group	90 minutes
Wednesday	Peer Confrontation	60 minutes
Thursday	Encounter Group	90 minutes
Friday	Religious Therapy	90 minutes
Saturday	Assertiveness Training	120 minutes

The morning activities include a group meeting and chore time. Typically, one therapy session is held each afternoon. The afternoon schedule also includes group therapy, vocational training, religious instruction, and time for physical recreation. For the most part, the inmates facilitate treatment activities, as no trained therapists are available for this purpose. The inmates who have been in the program the longest (typically over 1 year) facilitate group meetings and therapy sessions. Officers who have counseling responsibilities oversee these activities at all times. Group members are taught how to communicate directly and honestly and how to listen. Walking through the corridors during group therapy, inmates can be heard shouting forcefully at one another, as some try to penetrate the tough exterior defenses of the others. This confrontational behavior is encouraged, and session participants are expected to reconcile after these intense exchanges. The belief underlying these interactions is that brutal honesty is essential to the change process. A detailed daily schedule is shown in **Table 2**.

Table 2: Daily Schedule

PERIOD OF TIME	ACTIVITY/ACTIVITIES
5:30 a.m.–7:00 a.m.	Wake up/bath/morning prayers/head count
7:00 a.m.–7:10 a.m.	Fall in for morning muster
7:10 a.m.–7:20 a.m.	National anthem and flag raising/Run
7:20 a.m.–7:45 a.m.	Pre-morning meeting
7:45 a.m.–8:00 a.m.	Breakfast
8:00 a.m.–9:00 a.m.	Morning meeting
9:00 a.m.–9:20 a.m.	Department meeting/School
9:20 a.m.–11:30 a.m.	Job functions
11:30 a.m.–12:30 p.m.	Literacy classes/Structured free time
12:30 p.m.–1:00 p.m.	Lunch
1:00 p.m.–2:30 p.m.	Seminar/Prayers/Head count
2:30 p.m.–4:00 p.m.	Group activity
4:00 p.m.–4:30 p.m.	Prayers/Evening tea break
4:30 p.m.–6:00 p.m.	Recreation
6:00 p.m.–6:30 p.m.	Dinner
6:30 p.m.–7:30 p.m.	Washup/Prayers
7:30 p.m.–8:00 p.m.	Daily wrap-up/Closing run
8:15 p.m.–9:00 p.m.	Prayers/Close

Adolescent Program

The Henry Gurney School, established in 1950, is an institution that provides both schooling and TC treatment for adolescents. Situated in the historic city of Malacca, the school's motto is "I will rise again." Students there are detained under court order, undergo physical and mental rehabilitation, and receive vocational skills training, along with education according to a regular school syllabus. Staff and students are proud of their accomplishments, and the school is known for its success in music and sports competition.

Students undergo physical training every day, and participation in sports is encouraged. Training classes are held in carpentry, tailoring, welding, radio and TV mechanics, construction, bricklaying, and other job skills. Residents have access to individual, group, and family counseling. Religious classes are also conducted regularly. The youths are detained for the length of time ordered by the court or until their 21st birthdays.

Other Programs Visited

Persatuan Pengasih

In the Malaysian language, *pengasih* means "compassion." Founded in 1991 as a private NGO treatment and rehabilitation institute, Persatuan Pengasih began offering services in 1993. The agency's mission is to facilitate the recovery of drug-dependent individuals, help restore families affected by drug abuse, provide compassionate care for people suffering from HIV/AIDS, and provide preventive education programs in the community. All residents agreed that the love and support they receive from peers and the sense of family that exists within the community are the most valued aspects of the program. Persatuan Pengasih offers a full continuum of care, including outreach, primary treatment, and hospice services. The organization serves more than 300 persons per month.

Persatuan Pengasih's mission is to facilitate the recovery of drug-dependent individuals, help restore families affected by drug abuse, provide compassionate care for people suffering from HIV/AIDS, and provide preventive education programs in the community.

Participation in any Persatuan Pengasih service is strictly voluntary. While parents and significant others may encourage enrollment, no resident is forced to remain in the program; however, there is significant pressure on the individual to remain. Approximately 70 percent of all enrollees complete the full treatment continuum, and

many of those who drop out re-enroll later. Factors contributing to this high completion rate include voluntary admission, an open environment, a flexible enrollment policy that allows residents to return at any time, active outreach services, and a prohibition against discussing political, business, religious, or racial issues during treatment.

Key activities in the treatment schedule, in order of priority, are “static” group (group membership remains the same), encounter group, seminars, morning meeting, religion group, and the Saturday night activity.

Each participant told evaluators of experiences in treatment that were pivotal to their change process. Examples are:

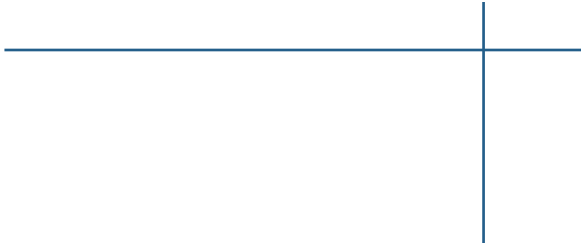
- “. . . Writing a letter to my father with whom I have not spoken in many years.”
- “Processing (my problem) in static group helped me let go of my anger.”
- “I realized at some point that my peers cared for me; they helped me wake up.”
- “My static group is all women; they helped me to be honest, hear feedback, and realize that I cannot change my parents—I can only change myself.”
- “The discipline required here, plus counseling, helped me learn how to cope with stress; I learned I feel better when I discuss my feelings.”
- “In my religion class I learned I have to start with myself.”
- “I was lonely; here, I discovered friends to share with.”
- “In encounter group I get guidance and feedback.”
- “Seminars and staff input taught me how to prevent relapse.”

The following paragraphs provide detailed descriptions of five Pengasih programs: Rumah Pengasih, Bakti Kasih, Sinar Kasih, Muara Kasih, and Lautan Kasih.

Rumah Pengasih

Literally translated as “House of Compassion,” this TC provides peer-oriented supportive treatment for residents with drug dependencies or other maladaptive behaviors. Located on a pastoral 6-acre, villagelike campus near downtown Kuala Lumpur, the facilities contain:

- Multiple meeting spaces;
- Dormitories;
- Kitchen facilities;
- A dining patio;
- An administration building;

- 
- A prayer pavilion;
 - Two fishponds; and
 - Attractively landscaped grounds.

Facilities are meticulously maintained by residents and staff, and feature multiple placards and message boards that communicate program philosophy, the daily schedule, and the “in” or “out” status of all staff and residents. The facility can handle as many as 100 residents. During the week of the evaluation, 93 residents and 26 staff members were on site.

Bakti Kasih

Bakti Kasih is an outreach and drop-in center located in a red light, shooting gallery district in downtown Kuala Lumpur. Serving both the drug-addicted homeless population and those living with HIV/AIDS, the primary program objective is to attract those who are willing to change their lives. Recovering addicts who are HIV-positive staff the program.

A variety of services are offered at Bakti Kasih, including:

- Street visits to drug users;
- Hospital visits to drug-dependent and AIDS patients;
- Drop-in respite care, including showering facilities;
- Places to rest;
- Support group meetings; and
- HIV/AIDS education.

The center also offers individual and family counseling, which provides positive role models, and uses education and counseling to encourage the reunification of families who have a member suffering from HIV/AIDS. A similar center operates in the city of Johor, located in Southern Malaysia.

Sinar Kasih

This re-entry program is available for residents who complete primary treatment at Rumah Pengasih. Residents live in one of two houses and participate in a structured living situation that allows increasing autonomy and freedom of movement under the supervision of two staff members, who also reside on the premises. Residents work toward a successful transition into life in the community. Issues that surface frequently include relationship conflicts, spirituality, work ethics, time and money management, relapse prevention, and job training.

Muara Kasih

Muara Kasih is a hospice for AIDS patients located on the grounds of the Pengasih Village. Staff members assist patients with their health care needs. For example,

Many HIV-positive clients described their struggle with fear and depression resulting from the discovery that they were infected. The HIV-positive staff members seemed especially important to these residents and serve as inspirational role models. This type of innovative programming makes Pengasih unusual and effective with the residents.

patients are provided with support services that include lodging, dietary counseling and meals, spiritual counseling, and emotional support for illness management. All HIV-positive residents and staff of Pengasih Village participate in a weekly support group to address the emotional aspects of HIV infection.

Lautan Kasih

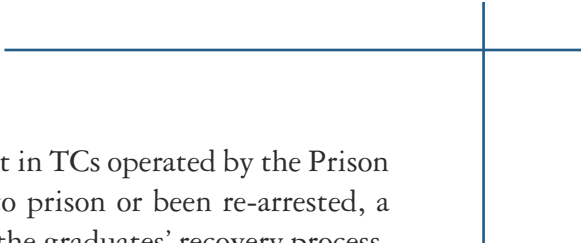
This program provides some drug treatment services in Pengasih's other international settings. While primary treatment occurs at Rumah Pengasih in Kuala Lumpur, this program offers a drop-in center, screening, pre-treatment induction, re-entry, and aftercare services.

Key Findings

Key findings from the site visit to Malaysia include the following:

- The Malaysian Prison Department operates 12 TC programs throughout the country. At the time of the site visit, 545 inmates were enrolled.
- Within the prison program, Kajang Prison has 40 inmates in treatment out of a general population of 4,000; Jelevu Prison has 136 inmates in treatment out of a population of 500; and Seremban Prison treats 35 out of a total prison population of 807.
- The Henry Gurney School has 57 members of its student body population of 372 enrolled in the TC.
- The average age of adult prison participants is 30; the average adolescent participant is 17.

An alumni association of program graduates is active throughout Malaysia. Alumni return to the TC once each year for a celebration of recovery. Current residents describe this "homecoming" event as extremely inspirational.

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- Since 1993, 805 adults have completed treatment in TCs operated by the Prison Department. Of those, 583 have not returned to prison or been re-arrested, a 72.4 percent success rate. However, the status of the graduates' recovery process, family relationships, and employment records is unknown.
 - NGOs account for 52 programs nationwide. The NGOs are primarily small, faith-based organizations with an average of 30 clients per program.
 - The Persatuan Pengasih TC in Kuala Lumpur can accommodate up to 100 residents. Assessment, pre-treatment, and referral centers are found in southern Malaysia and Jakarta, and Indonesia.
 - Approximately 70 percent of all enrollees in Persatuan Pengasih complete the full treatment continuum, and many of those who drop out re-enroll at a later time.

PROMISING PRACTICES: MALAYSIA

After two weeks of extensive staff member and client interviews, focus groups with TC residents, discussions with administrators, and observation of treatment activities in a variety of settings, evaluators reached the following conclusions regarding promising treatment practices in Malaysia.

Perhaps the most critical feature of both the prison and Persatuan Pengasih programs was a highly developed daily schedule of activities, beginning as early as 5:30 a.m. and extending until 11:00 p.m. Both client and staff interview respondents said that this structured environment is key to the success of the programs. In the prison program, inmates' schedules included therapeutic events, work, and other activities until 8 p.m.—routines that were missing during years of drug abuse. Residents in the Persatuan Pengasih program experienced an even more intensive schedule, beginning at 6:00 a.m. and ending at 11:00 p.m. The Pengasih program also incorporates a phased re-entry process during which residents can reduce the rigidity of their schedules gradually. This allows more discretion about their use of time.

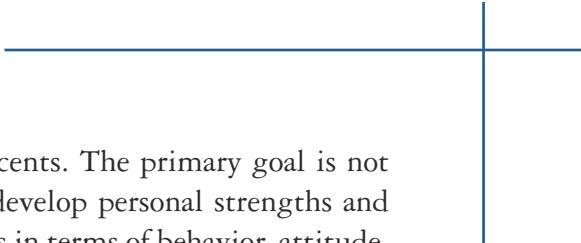
A hallmark of both prison and Pengasih programs is the integration of religious education, counseling, and practice into the weekly schedule. Equal emphasis is given to Muslim, Christian, Buddhist, and Hindu believers. Muslims are encouraged to pray five times daily and are provided with suitable facilities to do so. Christians are provided with religious services on site or transportation to services weekly. Fewer residents are Buddhist or Hindu, but they are accommodated when enrolled. The coexistence of multiple religions is unique in itself, but the notable strength is that religion is used to enhance the growth and personal esteem of each treatment resident. Volunteer clerics and others help them apply their core values to daily behavior.

Often, residents of both the Pengasih and prison-based programs reported that the concept of a loving and caring family was the single most important factor in their satisfaction with the treatment experience. The sense of family evolves through resident interaction in their group experiences (encounter groups, static groups, and

The success of these programs is due in large part to the support received from upper-level management. The top prison administrator initiated use of the TC model in the early 1990s, and commitment to this approach has been strong ever since. The programs are considered so successful that some in the system hope all prisons will eventually be operated under the TC model.

so forth) that yield social bonds and a sense of belonging within the community. Events such as morning meetings and department work group meetings establish a sense of personal responsibility, accomplishment, and contribution to the maintenance of the overall community.

Evaluators found that staff members in the prison programs are committed to developing a caring and supportive rehabilitation



environment, whether the inmates are adults or adolescents. The primary goal is not punishment, but a focus on assisting inmates as they develop personal strengths and goals. The benefits of treatment are described by inmates in terms of behavior, attitude, and belief system changes, especially in the areas of honesty with self and others.

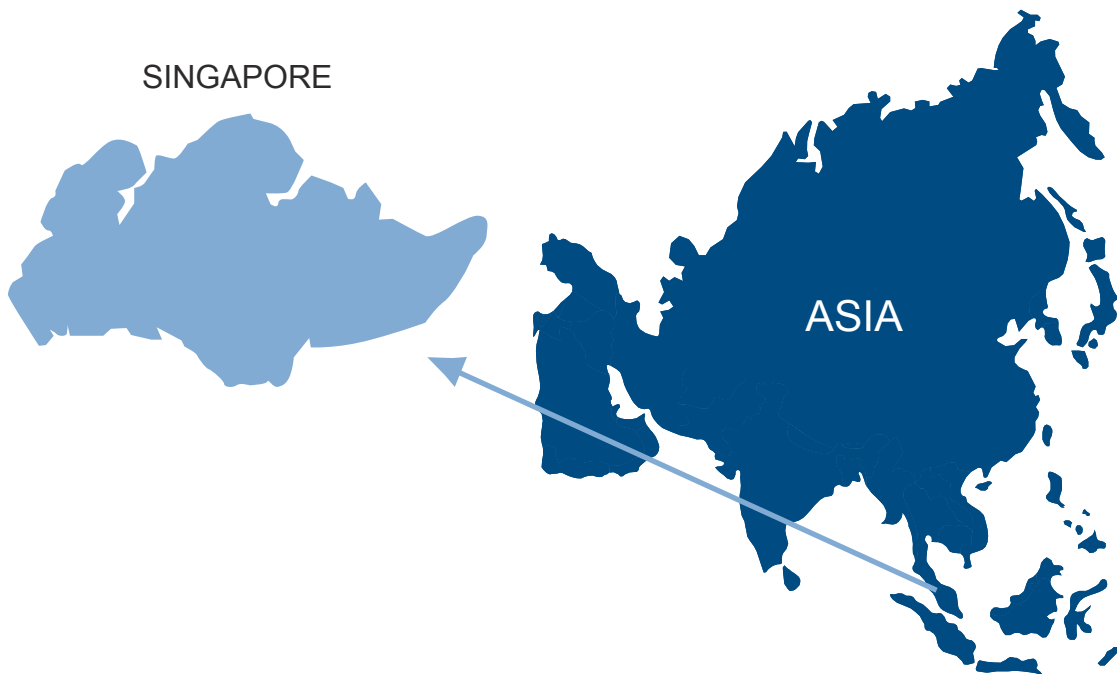
Persatuan Pengasih has incorporated multiple innovations into its TC treatment model, including:

- Integration of men and women in the core TC, where community rules and activities are established to ensure the safety of all residents;
- Special group therapy for patients with special issues, such as HIV infection and high-risk relapse symptoms;
- Incorporation of religious education and practice into the program for all faiths;
- Development of an active alumni association throughout Malaysia, with alumni returning to the TC once each year for a celebration of recovery. Residents described the homecoming event as inspirational;
- Skills needed to succeed in the TC but not typically practiced in Malaysia are taught during the induction phase, such as direct communication, feedback, and peer confrontation; and
- A thorough re-entry program with multiple phases and an emphasis on developing employment skills and finding work.

CONCLUSIONS: PRISON DEPARTMENT PROGRAMS AND PERSATUAN PENGASIH

In the past 10 years, the Prison Department has initiated 12 TC programs. It has also begun to develop a second tier of leaders that will ensure the ongoing growth and maturation of TC programs in the future. Throughout the visits to program facilities in Malaysia, the evaluators were highly impressed with the support provided by government officials and program administrators. This solid support is essential to the future of TCs, in both private community organizations and the prisons. Officials' keen interest in learning details about the program and even about day-to-day events in treatment delivery will likely result in strong TC programming and outcomes. Given a supportive administrative climate, it is not surprising that the level of dedication and competence of staff members was uniformly impressive. Such competence and dedication are key assets in Malaysia's treatment system for drug-involved offenders.

Similarly, Persatuan Pengasih has a competent and dedicated management team led by a visionary founder and executive director. The organization has established a full continuum of care based on the TC model and has begun to exhibit leadership internationally within the region. Staff members rate their job satisfaction as high, with a number having been with the agency since it was founded in 1991. Roles are well defined, and emphasis is now being given to building administrative skills and broadening staff training. The competence of the staff members and leaders demonstrates excellence in the quality and organization of services.



EXECUTIVE SUMMARY: SINGAPORE

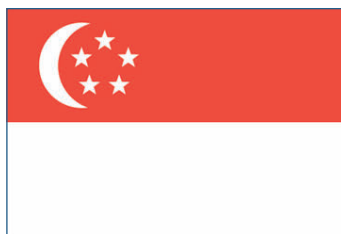
Evaluators from Danya visited treatment programs in Singapore from November 4, 2001, to November 8, 2001, focusing primarily on evaluating practices at the Pertapis Halfway House (PHH). The PHH program is the only genuine TC in Singapore that serves the Malay Muslim community. Several other programs were visited briefly; evaluators' observations of these programs are summarized following the detailed description of the PHH program. Promising practices found are presented below.

PROMISING PRACTICES

- *Careful selection and training of staff, 75 percent of which are in recovery, is an important factor in the program's success. These staff members serve as role models for those in the program.*
- *PHH has strong commitment to continuing staff training and skill development.*
- *The TC model is adapted to fit the local culture, with a focus on individualized treatment plans.*
- *Residents cite a strong sense of community infused throughout the program as critical in the recovery process.*
- *Spirituality is central to this Muslim program, which includes daily teachings and worship.*
- *The well-developed management structure has good leaders who are highly thought of in the community.*
- *Essential elements of the recovery process include family involvement, 12-step meetings, and a graduation ceremony for ex-residents who stay drug-free for periods of 3, 5, and 8 years.*
- *The staff rated the relapse prevention component as the strongest part of the program.*

BACKGROUND: SINGAPORE

The treatment programs described in this report can best be understood in the context of Singapore's laws and customs, and the specific drugs of abuse. The Government of Singapore enforces stringent anti-drug policies through strict laws, vigorous law enforcement, and active prevention programs (INL 2001).



Adopting the theme “Prevention: The Best Remedy,” Singapore authorities organize sporting events, concerts, plays, and other activities to reach out to all segments of society with the message of drug prevention. Drug treatment centers, halfway houses (HWHs), and job placement programs help addicts successfully readjust to society. At the same time, the Government has toughened anti-recidivist laws. Three-time offenders face long, mandatory prison sentences and caning. Convicted drug traffickers are subject to the death penalty (Jayasuriya 1984; INL 2001).

Singapore is not a producer of precursor chemicals or narcotics; however, as a major regional financial and transportation center, it is an attractive target for money launderers and drug shipment. Singapore recently took a step against money launderers and narcotic traffickers by signing a bilateral Drug Designation Agreement (DDA) with the U.S. Once it goes into effect, this agreement will step up efforts against drug traffickers and bolster already excellent law enforcement cooperation. Singapore's anti-narcotics law enforcement agencies are virtually free of drug-related corruption, and their staff members regularly attend U.S.-sponsored training programs (INL 2001).

Primary Drugs of Abuse

While heroin and cannabis abuse in Singapore continues to decline, the increase in methamphetamine abuse, including “ice” and “yaba” is steady. Ice is a crystal form of methamphetamine that is usually smoked; yaba are methamphetamine tablets that are ingested. There has been a substantial increase in the amounts of yaba tablets seized in the last few years, mainly from Thai trafficking organizations operating in Singapore (ODCC 2001). Because of the increase in abuse of these forms of methamphetamines, anyone caught with more than 250 grams of it is subject to the death penalty (INL 2001). Those convicted of having more than 25 grams face charges of drug trafficking, which carries a minimum of 5 years imprisonment and five strokes of the cane (Jayasuriya 1984; Poh Geok 1984).

Policy Initiatives

Singapore continues to pursue a strategy of demand- and supply-reduction for drugs. This means that, in addition to arresting drug traffickers, Singapore has focused on arresting and detaining drug abusers for treatment and rehabilitation.

The country continues to make significant progress in achieving and maintaining all the objectives of the 1988 UN Drug Convention. Domestically, Singapore pursues its plan of rigorous enforcement action to curb the supply and demand in the fight against drugs.

On the international front, Singapore works not only with its neighbors, but also with the U.S. and other countries around the globe. One of the most notable accomplishments is the DDA with the U.S., which Singapore signed after 3 years of negotiation (INL 2001).

As part of the regional Association of South-East Asian Nations (ASEAN) organization, Singapore is pursuing a regional plan called the “ASEAN-China Cooperative Operations in Response to New Dangerous Drugs,” which creates measured targets in the fight against drugs in the region. Singapore, along with the rest of ASEAN member countries, plans to eliminate all drugs in the region by the year 2015 (UNODC 2000).

Through the Misuse of Drugs Act (MDA), Singapore's CNB is empowered to commit all drug abusers to drug rehabilitation centers for mandatory treatment and rehabilitation. Because of this effort, traffickers have seen a reduction in their clientele. This two-prong reduction strategy has been successful in curbing the drug problem in Singapore.

Punishment and Rehabilitation

Singapore uses a combination of punishment and rehabilitation against first-time offenders. In 1995, the Ministry of Home Affairs introduced the Community-Based Residential (CBR) system that involves the community in the rehabilitation of addicts. Many first-time offenders are given rehabilitation opportunities in HWHs instead of receiving jail time. The primary goal of the HWHs is to help inmates with drug problems who are about to be released prepare for life outside the institution. They enter treatment for a period of 9 months or longer after completing sentences in the Prisons' Drug Rehabilitation Centers (DRCs) (Singapore Prison Services 2003). The approach to treatment in the DRC and HWHs visited by evaluators is described in the following sections.

DESCRIPTION OF PROGRAMS VISITED

Program Summary: Pertapis Halfway House

Pertapis is one of the largest and most well established halfway houses in Singapore. This bilingual (Malay and English), nongovernmental HWH for males is based on the TC model. It includes both secular and Muslim-based components, and serves the Malay community. It is an intensive TC, which includes substance abuse recovery and relapse prevention training in its program. PHH has been very careful to adapt the TC model to fit the culture and the strong work ethic that exists in Singapore. In addition, its vision and mission statements provide a clear picture of the program's commitment to quality care and continuous improvement. The PHH vision statement reads:

“By continually assessing, redesigning, and improving itself, Pertapis Halfway House will provide treatment based on proven concepts of the therapeutic community and contemporary treatment modalities. Our effort is to create awareness of other options of meaningful living instead of resorting to drug and alcohol abuse.”

The mission statement reads:

“Our mission is to offer the recovering addicts the opportunity to change their drug-centered lifestyles to drug-free lifestyles. Their eventual reintegration into society is part of our total approach in the fight against drug abuse.”

Pertapis Halfway House started in 1989 as a voluntary program for drug addicts. In 1991, Pertapis adopted the TC approach, with admissions still on a voluntary basis. In 1995, the Ministry of Home Affairs introduced the CBR program, which referred addicts from the Prison Department's DRCs to HWHs for rehabilitation, increasing the role of programs such as Pertapis.

Careful selection and training of staff members, 75 percent of whom are in recovery, is an important factor in the program's success. These staff members serve as role models for those in the program.

The TC modality, as practiced by Pertapis, uses peer pressure, therapeutic sessions, spiritual and moral education, and role modeling to promote change. The goals of the program are to:

- Promote a substance-free lifestyle;
- Promote physical and spiritual health;

Residents who complete the program and remain drug-free for 2 years can undergo an extensive interview process that may lead to a staff position. If selected, they receive a year of supervised internship. After 2 to 3 years, they may receive an additional 4 months of intensive immersion in the TC model.

-
- Promote emotional health;
 - Provide opportunities for education and job training; and
 - Improve social interaction with family and peers.

Physical Setting

The Pertapis complex includes a five-story main building and several other buildings including two mess halls, toilets, and a kitchen. In the main building, the administrative office is located on the third level, and the dormitories for residents are located on the third and fourth levels. The complex itself is very well maintained and the grounds are clean. The written program philosophy, chores and duties charts, schedules, and other important TC information are prominently displayed and meticulously updated. The attention to organizational detail extends to the daily tracking and documenting of electricity and water use.

Key Program Elements

Pertapis is considered the only genuine TC operating in Singapore. The program for addicts lasts from 9 to 18 months and has a maximum capacity of 200 clients. Residents are referred under three “schemes,” with most individuals coming from the prison system into CBR as their last stage of treatment before re-entering the community. There are two types of CBR referrals: CBR drug-free, which requires participation for 9 months; and CBR Naltrexone, a 1-year minimum stay program which began in November of 1998. Under the CBR Naltrexone scheme, residents are required to receive Naltrexone for opioid dependence during their stay in the program. Upon program completion, residents must remain under the supervision of the Central Narcotics Bureau (CNB) for 2 years. The third type of admission is voluntary and accounts for only 10 percent of total admissions.

The completion rate for voluntary admissions is significantly lower than the CBR (criminal justice) admissions. The dropout rate for all schemes is highest during the first phase of treatment, which lasts from 1 to 3 months.

Figure 1 presents the PHH Daily Schedule. The day starts early, with residents required to wash and clean up their living areas at 6:00 a.m. The pre-morning meeting starts at 8:00 a.m., so that residents can discuss any issues that occurred during the early morning hours.

At 9:00 a.m., they attend the morning meeting, which includes exercise and a discussion of world and local news, sports, and financial market news. The “Processor Observer,” who is a staff member, provides the

concept of the day and explains its importance to recovery. After the morning meeting, the staff meets to address the residents' issues and share observations about the group process. In the afternoon, group and individual counseling sessions are held and the residents do their chores, study, or go job hunting.

Figure 1
SINGAPORE—PERTAPIS HALFWAY HOUSE
First Week

Time	Weekly Activity	M	T	W	Th	F	S	Sunday Activity
0530 – 0630	Reveille	✓	✓	✓	✓	✓	✓	Reveille
0630 – 0730	Breakfast	✓	✓	✓	✓	✓	✓	Breakfast
0800 – 0930	Pre-morning meeting	✓	✓	✓	✓	✓	✓	Unstructured
1000 – 1100	Induction group	✓	✓	✓	✓	✓	✓	Unstructured
0930 – 1200	Dept. function	✓	✓	✓	✓	✓	✓	Unstructured
1230 – 1400	Lunch / Prayers	✓	✓	✓	✓	✓	✓	Lunch / Prayers
1400 – 1500	Religious class	✓	✓	✓	✓	✓	✓	Unstructured
	Seminar		✓		✓		✓	
1500 – 1530	Health break	✓	✓	✓	✓	✓	✓	Unstructured
1530 – 1630	Dept. function	✓						Unstructured
	Static group		✓					
	Encounter group			✓				
	Caseload				✓			
	Unstructured					✓		
	Induction group						✓	
1630 – 1700	Prayer	✓	✓	✓	✓	✓	✓	Prayer
1700 – 1815	Recreation	✓	✓	✓	✓	✓	✓	Recreation
1830 – 1945	Wash up / Prayer	✓	✓	✓	✓	✓	✓	Wash up / Prayer
1945 – 2030	Dinner	✓	✓	✓	✓	✓	✓	Dinner
2030 – 2200	NA meeting	✓				✓		Weekend group
	Groups (Topic)		✓		✓			
	Seminar			✓				
	Weekend activity						✓	
2200 – 2230	Health break	✓	✓	✓	✓	✓	✓	Health break
2230 – 2245	Feet Off the Floor	✓	✓	✓	✓	✓		Feet Off the Floor
	Unstructured						✓	

Daily work or vocational activities include car washing, cooking, and silkscreen printing. Support groups include Narcotics Anonymous (NA) and family support groups. Residents are considered ready to graduate and re-enter the community when they are gainfully employed, drug-free, and have cultivated supportive family relationships and healthy lifestyles.

Key Findings

Table 3 compares admission and completion data for the voluntary program, which is 1 year long, to data for the first 4 years of the mandated program, which is 6 months long.

Table 3: Voluntary Program Admission and Completion Rates

	JUNE 1989–APRIL 1995*	MAY 1995–SEPTEMBER 1999**
Admissions	398	557
Completed	252 (63%)	393 (71%)
Still in Residence	No data	92 (16%)
Drop-out	146 (37%)	72 (13%)

* Volunteer Program

** CBR (Prison)-referred

In 2000, 98 residents were admitted to PHH as referrals from the CBR program for drug-free treatment; 52 were referred for the 1-year CBR Naltrexone program; and 15 individuals entered voluntarily, totaling 165 admissions.

In the Drug Abuse Treatment Outcome Study (DATOS) (Simpson et. al 1997), which examined community-based treatment in the U.S., retention rates for long-term treatment in TCs, for programs requiring a minimum 3-month stay, ranged from 21 percent to 65 percent. In an earlier U.S. study of the drug treatment effectiveness that used data from the Drug Abuse Reporting Program (DARP), the 90-day retention rate was 56 percent (Simpson & Sells 1982). Table 4 compares the results of these studies with the PHH retention rates of retention during several ranges of time.

Table 4: Comparison of Retention Rates

	DARP	DATOS	PHH		
Years	1969–1974	1991–1993	1989–1995	1995–1999	2001
Retention Rate	56%	21%–65%	63%	71%	69%

Pertapis can accommodate 200 residents and the highest census recorded, 187, occurred in 2001. During the evaluators' site visit, 71 residents were being treated by 18 staff members. On average, the staff/resident ratio is 1:15, but during this site visit, it varied from 1:8 to 1:10.

From May 1995 through January 1999, 557 residents were referred to Pertapis from the prison system. Of these residents, 393 completed the program successfully (70.5 percent), while 92 were still undergoing treatment (16.6 percent). Seventy-two residents (13 percent) dropped out. Fifty residents absconded, 13 were dismissed for misconduct, 3 were dismissed for relapse, and 6 were dismissed for unsuitability to the program. During the same period, 398 individuals entered the program voluntarily; however, only 63 percent, or 252 residents, completed treatment. Thirty-seven percent dropped out of the program, 122 absconded, and 7 were arrested.

As Table 5 indicates, during a 4-year period the dropout rate among the voluntary admissions was much higher than that of admissions from prison referrals.

Table 5: PHH Admissions May 1995–January 1999

	CBR REFERRED	VOLUNTARY
Total Admissions	557	398
Completed Program	393 (71%)	252 (63%)

Summary of Other Programs Visited

Most drug treatment in Singapore takes place in HWHs located on Government premises. The stated program goals are spiritual development, counseling (with the aim of behavior modification), and vocational training. However, the HWHs vary widely in terms of the types of programs offered. Some focus on a combination of spiritual development, relationship building, and work therapy, but offer little formal counseling.

Several modalities are available, including: the TC model, Christian religion-based houses, and Muslim religion-based houses. Regardless of type, most houses have a substantial religious component included as part of the therapeutic approach.

Selangor Park Drug Rehabilitation Center

Selangor Park Drug Rehabilitation Center (SPD) is one of three DRCs in Singapore. In all DRC programs, drug addiction is viewed as a social and behavioral problem rather than a medical problem. At SPD, the program includes a 1-week orientation; 1 week of detoxification (or “Cold Turkey”); 1 week of recuperation, followed by work, education, and religious activities; and counseling over a period of 6 to 24 months. These phases of treatment are depicted in **Figure 2**. The inmates are then transferred to other DRCs based on a “rehabilitation classification.” The rehabilitation framework attempts to carefully allocate scarce resources to the most suitable inmates. The system therefore categorizes inmates as either:

- Class A—Likely to change with or without treatment;
- Class B—Likely to change with appropriate treatment;
- Class C—Unlikely to change with or without treatment; or
- Class D—Those in the system only briefly (e.g., a very short sentence).

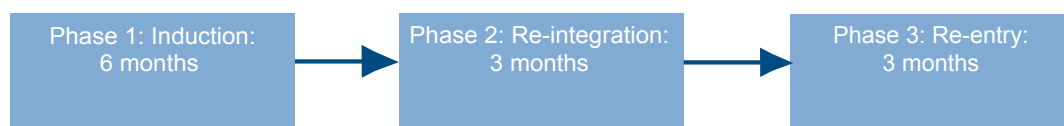


Figure 2: Phases of Treatment: SPD

SPD takes only Class B inmates or those who need medical attention. Within this population, more opportunities are given to those who are genuinely attempting to change. The philosophy is one of treatment and rehabilitation rather than punishment. Addicts are considered responsible for the consequences of their own actions and it is up to them to overcome the drug habit. The DRC Review Committee and a medical practitioner review cases every 6 months.

The treatment process for inmates upon entering prison consists of:

- 1 week of detoxification;
- 1 week of recuperation;

- DRC assignment; and
- 1 week of orientation, followed by work, education, and counseling.

Danya evaluators observed inmates participating in work therapy programs designed to teach discipline and work ethics. Vocational training is available in garment packing, general maintenance, car care, information technology, barbering, and food production.

Certificates of Competency are awarded for some of the courses offered. Other program activities include:

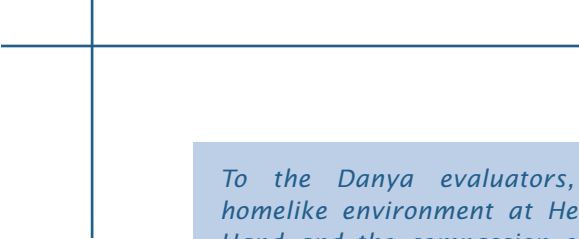
- Counseling, provided by either the Singapore Anti-Narcotics Association (SANA) volunteer counselors and case managers or prison counselors;
- Family education program;
- Referral of inmates' families to assistance programs; and
- A playroom for inmates' children.

“Hard core” drug addicts are subject to two types of long-term (LT) imprisonment. For LT1, the minimum penalty is 5 years of imprisonment and 3 strokes of the cane. The maximum penalty is 7 years of imprisonment and 6 strokes of the cane. For those who have been through LT1 already, LT2 ranges from 7 years of imprisonment and 6 strokes of the cane to 13 years of imprisonment and 12 strokes of the cane.

Helping Hand

This Christian-based work rehabilitation program for men is a well-established HWH with a large enrollment. Staff members, who are themselves recovering addicts, view drug addiction as a spiritual problem. Specifically, clients must be comfortable with the tenets of Christianity to participate. The program has four components: spiritual, work, physical, and social (going to church). Recovery is viewed as a lifelong process, and the overall goal is to change the individual's lifestyle. The focus of Helping Hand is not psychological therapy. Recovery is achieved through daily indoor and outdoor work activities, daily prayer and devotion groups, and weekly church attendance.

As with the other HWHs, Helping Hand uses a system of “resident development” by systematically promoting each resident to a higher status and awarding privileges for making progress in recovery. This progress is measured by changes in attitude and by increasingly responsible behaviors. Social pressure is used to engage new residents and bring them into conformity with the culture of the house. Staff members actively attempt to build relationships, cultivating an interest in each new resident through informal interactions. In such situations, the new resident is faced with the choice of learning to become part of the “Christian family community” or not.



To the Danya evaluators, the homelike environment at Helping Hand and the compassion of the staff seemed to enhance resident morale. For example, the residents were allowed to keep birds and some other types of pets, just as they would if they were living at home.

Although the staff includes several certified counselors, there is little formal counseling or other therapy.

Helping Hand has an informal aftercare system that consists of placing residents in churches within their own communities. However, these churches do not provide specific addiction recovery services.

Teen Challenge

At Teen Challenge, the evaluators reviewed the Drug and Alcohol Recovery Program component for adults. This 1-year program includes induction (in-house for 6 months), re-integration (3 months), and re-entry (3 months). This approach, founded on the principles of Christianity, is client-centered and community-based.

No formal individual or group counseling or substance abuse recovery training is provided. Counseling consists of an informal type of “sharing.” A large percentage of the day is devoted to religious teaching, during which a structured curriculum is used for Bible study and life training skills. In terms of vocational elements, the program offers work therapy with some skills training. Teen Challenge also has adolescent programs, a crisis center, and prevention programs.

SCORE

Formed in 1976, the Singapore Corporation of Rehabilitative Enterprises (SCORE) is a statutory board whose mission is to assist offenders and ex-offenders—including those with alcohol and drug problems—in the transition back to society. This includes finding jobs for residents through a centralized job bank run by supportive private sector employers. The organization also competes on the open market for contracts and operates the largest Asian laundry service outside of Japan. SCORE assesses inmates for placement into various workshops, striving for 100 percent job placement.

PROMISING PRACTICES: SINGAPORE

The Pertapis program conducts an extensive resident intake assessment that includes a brief biopsychosocial assessment and completion of a comprehensive admission form that addresses medical, psychosocial, sexual, legal, psychological, psychiatric, vocational, behavioral, cognitive, affective, spiritual, and academic information. Treatment plans are based on the results of the assessments and developed in coordination with the patient. Each plan is simple, yet structured. Evaluators noted many promising practices in the highly structured TC environment of PHH. They include the following:

Staff members reported that the major strengths of the program are the importance of role modeling healthy behaviors, program length, careful planning of individualized treatment plans with clients, and limited goal setting. Clients reported that the sense of community, structure, and constructive use of confrontation as the most helpful parts of the program.

Pertapis held graduation ceremonies in 1994, 1996, and 1999, with more than 80 ex-residents participating. Pertapis is now considering and has proposed to SCORE an alumni drop-in center for recovering addicts, which would include family therapy and self-help group sessions, as well as outpatient aftercare counseling sessions.

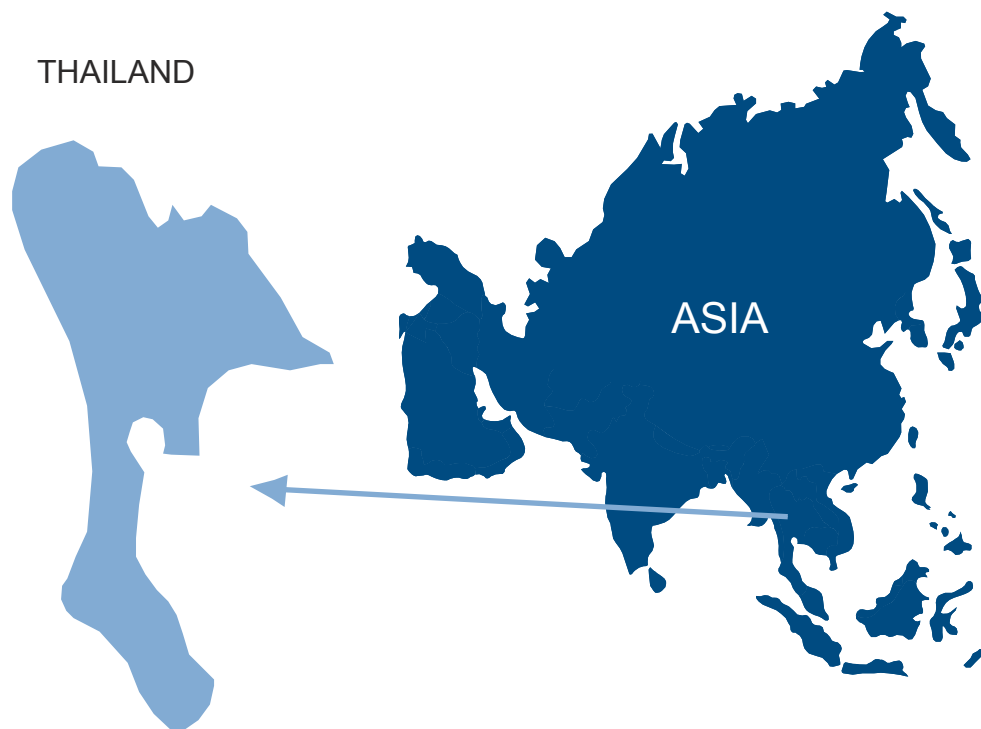
Keys to the program's success cited by both the staff and the Program Director were the knowledge, skills, and attitudes of the current staff and the process of cultivating new staff, which is comprised of:

- Careful selection and training of new staff, including an extensive interview process;
- A 1-year supervised internship; and
- Participation in TC trainings.

The current Pertapis staff has an average of 6 years experience working in the program. In an effort to continually upgrade the skills of the current staff, counselors attend courses conducted by local agencies, such as the National Council of Social Services. Administrators and staff also may attended regional, national, and international seminars on anti-drug strategies and the TC model.

CONCLUSIONS: PERTAPIS HALFWAY HOUSE

As PHH has become increasingly well established, it serves as a model for other programs in Singapore and greater Southeast Asia. Trainees have come to PHH from such places as Malaysia, South Africa, and Indonesia to complete a 3-month internship on the TC modality. The Program Director and the staff appeared extremely open and willing to adapt and/or improve the TC modality to match the cultural needs of the residents. The evaluation team found that the program's vision and philosophy were reflected in the organizational structure and its processes, staff attitudes, and workforce development activities. Part of the PHH vision statement says, "By continually assessing, redesigning, and improving itself, PHH will provide treatment based on proven concepts of the therapeutic community and contemporary treatment modality . . ." It appeared that all aspects of its operations clearly reflected its vision statement.



EXECUTIVE SUMMARY: THAILAND

In 2001, teams of evaluators conducted two site visits in Thailand to assess promising drug treatment programs. In November of 2001, site evaluators visited several programs run by the Institute for Juvenile and Family Development, located at Tulakarn Chalermparkiet Hospital. The Institute and the family court system have adopted the TC model to treat youth who are delinquent and/or have problems with substance abuse. In addition to providing treatment and rehabilitation, the Institute provides an array of prevention programs and works with communities, schools, and vocational training centers.

The purpose of the second site visit was to collect data on the prison-based TC model used in Thailand's criminal justice system and to examine treatment programs for methamphetamine addicts. Information on the results of both site visits is detailed in the following pages. Promising practices found are presented below.

PROMISING PRACTICES

- *A comprehensive approach to outpatient and residential treatment that includes aftercare and follow-up, and a range of medical and psychological services;*
- *A humane approach to the treatment of juveniles;*
- *Integration of cultural and spiritual practices, such as meditation;*
- *Strong, charismatic leadership;*
- *A focus on staff training in the TC model and other cognitive-behavioral approaches;*
- *Caring and committed staff members;*
- *Family and community involvement in treatment;*
- *Effective use of many volunteers; and*
- *Vocational rehabilitation.*

BACKGROUND: THAILAND

Thailand is part of the “Golden Triangle,” which also includes Burma and China. The Golden Triangle is the source of a large portion of the heroin exported to the United States. Decades of U.S. assistance, economic development, and annual eradication campaigns have greatly reduced Thai opium production; however, heroin still transits Thailand for international markets, including the United States. Thailand also remains an important base of operations for brokers and financiers involved in international heroin trafficking.



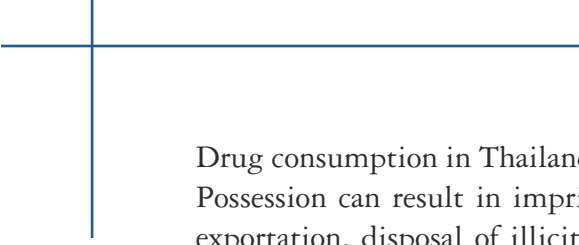
The use of heroin and other opiates remains a major problem. There are almost 1 million illicit drug users in the country; 50 percent are yaba, or methamphetamine users. Of these, almost 30 percent are adolescents. Other major drugs of abuse in Thailand include the local narcotic kratom, marijuana, and ecstasy. In fact, the amount of ecstasy seized in Thailand in 1999 amounted to 15 percent of the world total seized that year (United Nations Office for Drug Control and Crime Prevention 2001).

The Thai Government has described the domestic problem of methamphetamine addiction, which primarily affects teens and young adults, as a national crisis. The main markets for methamphetamines are central Thailand and the capital city of Bangkok, where more than one-third of all methamphetamine-related treatment takes place (INL 2001).

To deal with the surging methamphetamine and ecstasy problems, the Thai Government has implemented treatment programs based on a manualized cognitive-behavioral approach to treatment. This approach is under study in several regions in the U.S. Family involvement is an integral part of this approach, and it is particularly important given the young age of the clients.

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To further compound the problem of drug use in Thailand, waves of HIV infection have reached epidemic proportions within the last 20 years. The first wave, in the late 1980s, exploded among injection drug users, rising from almost zero incidence to 40 percent in a single year. The second wave infiltrated the sex worker population and reached 31 percent of all sex workers nationally by 1994. This launched subsequent waves of the epidemic among male clients of sex workers, as well as their wives, partners, and children (UNAIDS Report 2000; World Bank Report 2000).



Drug consumption in Thailand can result in imprisonment from 6 months to 10 years. Possession can result in imprisonment from 1 to 10 years. Production, importation, exportation, disposal of illicit or controlled drugs, and possession for the purpose of disposal can result in prison sentences ranging from 1 year to life and includes the death penalty, which is carried out infrequently. Under Thai laws, a term of imprisonment is a determinate sentence and must be carried out until its termination. An estimated 20 percent of the total prison population is incarcerated because of narcotics crimes. To manage this segment of the prison population, the Department of Corrections has established Correctional Institutions for Drug Addicts, eight prisons specifically for drug offenders, segregating drug-addicted prisoners from the main prison population.

DESCRIPTION OF PROGRAMS VISITED: THAILAND

The Institute for Juvenile and Family Justice Development

From November 8 through November 15, 2001, a team evaluated the Institute for Juvenile and Family Development, housed at Tulakarn Chalermparkiat Hospital. The hospital was opened in June 1996, primarily as a hospital for juveniles referred from the Observation and Protection Centers and the Juvenile and Family Court system; however, it is a full-service hospital that provides care to juveniles with physical, mental, and drug addiction problems. It also has services for state employees, their families, and local residents. The hospital is a five-story structure that provides the following services:

- Outpatient examination rooms;
- Rest areas for doctors and nurses;
- A pharmacy;
- A dental office;
- A laboratory;
- X-ray services;
- Medical records storage;
- A 60-bed inpatient facility;
- Administrative offices;
- A library;
- The Institute for Juvenile and Family Justice Development with its own meeting rooms and offices; and
- The Center for Families and Kids in Crisis, an observation and evaluation unit for Juvenile Detention, and a venue for family evaluation and preliminary hearings.

The Institute for Juvenile and Family Justice Development programs were visited by a team of evaluators focusing on its Drug Rehabilitation Outreach and Counseling Center, the Baan Magluae Community School and Wat, the Vocational Training Center, and the Ayutthaya Therapeutic Community components. As mentioned above, the Tulakarn Chalermparkiat Hospital houses the Institute. Judge Vicha Mahakun, Deputy Chief Justice, Central Juvenile and Family Court, founded the Institute and continues to serve as its Chairman. The Institute and the family court system have adopted the TC model to treat youth who are delinquent and/or have problems with substance abuse. In addition to providing treatment and rehabilitation, the Institute provides an array of prevention programs and works with communities, schools, and vocational training centers.

In the past few years, under the guidance of Judge Mahakun, the Thai Government has developed a two-part system designed to provide maximum protection for minors while preventing delinquents from escalating their criminal behavior. The two components are the Juvenile and Family Court and the Observation and Protection Center. The purposes of this system are to expedite the arrest process and assess the juvenile as quickly as possible. Toward that end, after arrest, a minor is placed in an Observation and Protection Center within 24 hours. A biopsychosocial assessment helps authorities determine an appropriate course of action for each juvenile. In most cases, the prosecution of a minor must take place within 30 days of the arrest. The court system has found that 80 percent of juvenile offenders are using drugs. The Juvenile and Family Court is responsible for adjudicating the cases with actions ranging from release to the family to incarceration.

The Danya team collected data on each of these and other programs, and their services, which encompass drug abuse prevention, intensive and highly structured TC treatment, and varying types of inpatient and outpatient treatment. In addition, team members met with parents of children who had completed the program.

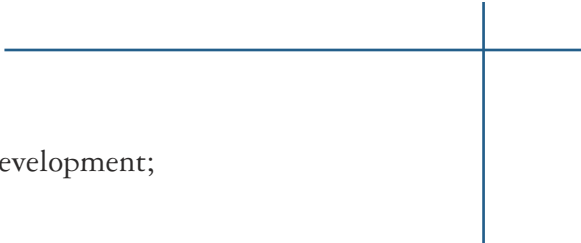
Staffing

The Institute has 25 regular staff members, most of whom are volunteers. It is managed by an Executive Director and three Deputy Executive Directors. The Institute provides training for juvenile and family justice system staff on innovative programs for treatment and rehabilitation and research. Individual staff members come from a wide variety of professions, including law, psychology, probation, pharmacy, nursing, and education. In addition, 38 experts in the fields of children and families, research, development and dissemination, management and administration, and TC treatment participate regularly in Institute activities. These activities include conferences, training courses, seminars, special courses, research, and technical assistance to the community.

Projects

In all, the Institute operates 17 projects, and each has one staff person in charge. The projects are:

- Juvenile and Family Court's Judge Development;
- Associate Judge of the Juvenile and Family Court Development;
- House Master's Work Development;

- 
- Observation and Protection Center Volunteer Development;
 - Social Work Development;
 - Therapeutic Community Development;
 - Vocational Instructor Development;
 - Moral and Ethics Development;
 - Medical and Nurse Development;
 - Academic Instructor and Library Development;
 - Psychological Development;
 - Probation Development;
 - Research Development and International Cooperation;
 - Family Mediation Development;
 - Teen Court;
 - Legal Advisor; and
 - Reformatory School Development.

Drug Rehabilitation Outreach and Counseling Center

The Drug Rehabilitation Outreach and Counseling Center has six basic objectives:

- Training volunteers and staff in the TC model;
- Conducting an anti-drug media campaign;
- Providing outreach through an after-school program for students who have used drugs;
- Involving the community in prevention programs;
- Providing follow-up services after treatment; and
- Evaluating treatment outcomes.

The TC model used at the Drug Rehabilitation Outreach and Counseling Center is comprised of five stages that are described below.

Rehabilitation Stage. As the first phase of the program, this addresses the psychological and emotional dependence on drugs, and involves family therapy.

Treatment Stage. This phase focuses on changing the attitudes and behaviors of clients and redirecting their antisocial, counterproductive behavior into positive attitudes and behavior. Good work habits and self-esteem are the focus of this stage.

Re-entry Stage. During re-entry, preparation for release from the TC is started 1 month before leaving the TC. Lectures and advice are provided, and youths attend outside activities, such as camping and study tours. The social worker prepares the families for what to expect.

Aftercare. A social worker continues to provide support for the family and child during the aftercare phase.

Follow-up and Evaluation. A social worker visits the home or workplace to conduct follow-up and evaluation between 1 to 3 months after release. The social worker monitors drug use and work status, and will provide referral for services if the need arises.

Treatment includes a 1-month residential program for adolescents. Psychiatrists and psychologists come to the Institute weekly to provide therapy and perform assessments. The patients, all of whom use methamphetamines, are provided with group, individual, and family counseling.

For the second and third months, the clients come to the program every day after school for a 1-hour group counseling session. During Months 4 through 6, individualized treatment plans include a weekly urinalysis and family counseling. **Figure 1** shows a graph of the phases of treatment.

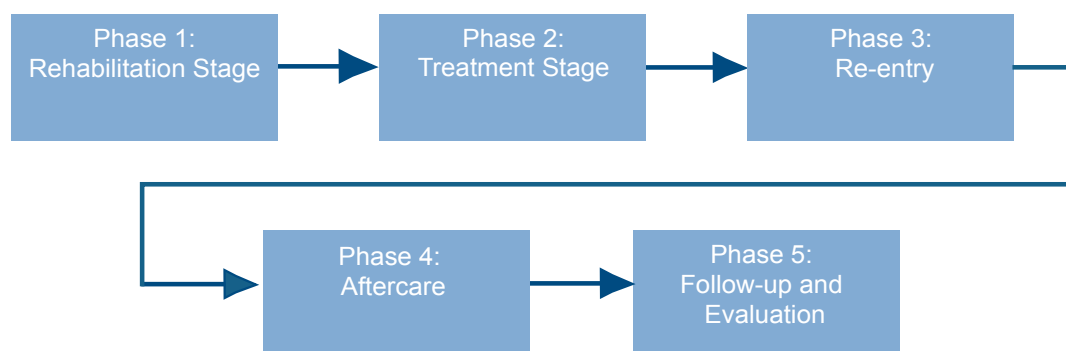


Figure 1: Phases of Treatment: Drug Rehabilitation Outreach and Counseling Center

Baan Magluae Community School and Wat

This school-based program has several components that use different strategies depending on each child's risk level. The strategies include:

- A voluntary 21-day program for students who have tried drugs but are not addicted;

-
- A leadership training program for students who can serve as peer leaders;
 - A sports program;
 - Classroom instruction to provide drug education; and
 - A buddy system to help students stay drug-free.

The program in this elementary school was started 2 years before the evaluation visit, when 14 students were found in need of treatment. The Institute plans to build on this effort, using the school as a model program.

Vocational Training Center

A technical college located across the street from the Tulakarn Chalermparkiat Hospital houses a program for juvenile addicts and convicted drug dealers that is part of the Institute's comprehensive strategy to provide treatment and aftercare. The program uses a combination of TC and cognitive-behavioral elements.

At the time of the evaluation, 19 students in treatment were enrolled in the 3-year program. They had access to the same courses in electronics, accounting, auto mechanics, and sewing as other Center students. The program staff conducts follow-up meetings with the juveniles' families at 3, 6, and 12 months.

Ayutthaya Therapeutic Community Center

This 80-bed residential facility operates as a drug-free TC for juvenile offenders, many of whom were arrested for non-drug-related crimes. Combining elements of the TC and cognitive-behavioral approaches, the program provides comprehensive treatment, including medical services, psychological services, religious programs, vocational and educational programs, and family programs. Upon entering the TC, juvenile offenders undergo a complete biopsychosocial assessment and program orientation. Once they enter treatment, the youths live in a highly structured environment. When they complete rehabilitation, they are sent to a re-entry center.

The program's 24 staff members come from a variety of professional backgrounds, such as social worker, computer programmer, hairdresser, and mechanic. The staff conducts follow-up activities with the juveniles using a mailed questionnaire. Self-reported data from recent questionnaires indicate that in the past 3.5 years 1,000 juveniles completed the program, and 80 percent of them stayed drug-free and out of trouble after completion. A schedule of activities for the Ayutthaya Therapeutic Community center is depicted in Table 1.

Table 1: Daily Schedule of the Ayutthaya Therapeutic Community Center

Time	Weekly Activity	M	T	W	Th	F	Saturday	Sunday
0600 – 0700	Wake-up/exercise	✓	✓	✓	✓	✓	Wake-up/exercise	Wake-up/exercise
0700 – 0730	Job function	✓	✓	✓	✓	✓	Job function	Job function
0730 – 0800	Take a bath Respect to Thai flag	✓	✓	✓	✓	✓	Take a bath/Respect to Thai Flag	Take a bath/respect to Thai flag
0800 – 0830	Breakfast	✓	✓	✓	✓	✓	Breakfast	Breakfast
0830 – 0900	Pre-morning meeting	✓	✓	✓	✓	✓	Washing a slip, a blanket and bed sheet	Agriculture
0900 – 1000	Morning meeting	✓	✓	✓	✓	✓		
1000 – 1030	FREE TIME	✓	✓	✓	✓	✓		
1030 – 1130	Seminar	✓						
	Psychotherapy group		✓					
	Static group			✓			Cleaning locker	Manual labor
	Life skills group				✓			
	Younger/Older member group					✓		
1130 – 1300	Lunch	✓	✓	✓	✓	✓	Lunch	Lunch
1300 – 1400	Art therapy	✓	✓	✓	✓	✓	FREE TIME	FREE TIME
	Encounter group	✓	✓	✓	✓	✓		
	Agriculture manual labor	✓	✓	✓	✓	✓		
	Guardian visiting	✓	✓	✓	✓	✓		
	Seminar	✓	✓	✓	✓	✓		
1400 – 1500	Art therapy	✓						
	Work therapy		✓					
	Agriculture Manual labor			✓				
	Haircut				✓			
	Physical group					✓		
1500 – 1530	Job function	✓	✓	✓	✓	✓	Job function	Job function
1530 – 1630	Sports	✓	✓	✓	✓	✓	Sports	Sports
1630 – 1700	Dinner	✓	✓	✓	✓	✓	Dinner	Dinner
1700 – 1800	Take a bath Go to dormitory	✓	✓	✓	✓	✓	Take a bath Go to dormitory	Take a bath Go to dormitory
1800 – 1900	Men's group	✓					Writing diary Meditation Watching T.V.	Writing diary Meditation Watching T.V.
	Seminar		✓					
	Working team meeting			✓				
	Recreation				✓			
	Weekend wrap up					✓		
1900 – 2200	Writing diary/ meditation/T.V.	✓	✓	✓	✓	✓		
2200	Bedtime	✓	✓	✓	✓	✓	Bedtime	Bedtime

Department of Corrections Programs

From June 4 through June 9, 2001, a site visit was conducted specifically to evaluate the Department of Corrections TC programs for adult offenders run by the Division for Coordination of Drug Abuse Treatment in the Ministry of Public Health. The Danya team collected data on the prison-based TC model used in Thailand's criminal justice system and examined treatment programs for methamphetamine addicts.

Currently, the Department of Corrections has eight prisons called Correctional Institutions for Drug Addicts. These facilities are generally designed as minimum and medium security prisons for drug users and traffickers with a capacity of over 10,000; however, when the evaluation was conducted, across all prisons there were 240,000 inmates, 40,000 of whom are women.

In some areas, the tenets of Buddhism are incorporated into the program. Many facilities emphasize vocational rehabilitation over group or individual counseling.

The TC programs operated in these facilities run from 6 months to 2 years, depending on the individual's prison sentence. All TC programs use a similar format, which has been adapted for compatibility with Thai culture. For example, encounter groups are not used because they are considered too confrontational.

Bangkok Central Correctional Institution for Drug Addicts

This facility houses 6,000 inmates and has a staff of 120. The TC has 242 members and a staff of 8 people. It is housed in a separate section of the facility. The members range in age from 18 to 25 years, have a basic education, and are serving a first sentence for drug use. Their day starts at 5:45 a.m. with an exercise program and shower. The schedule includes two prayer and meditation sessions, as well as a 2-hour morning meeting. All of the TC members who met with the evaluators expressed a desire to find jobs and become productive members of society. **Table 2** shows an activity schedule for the Central Correctional Institution for Drug Addicts program.

**Table 2: Central Correctional Institution for Drug Addict Offenders
Daily Schedule**

Time	Weekly Activity	M	T	W	Th	F	Saturday Activity	Sunday Activity
0600 – 0700	Cell unlocked & morning exercise	✓	✓	✓	✓	✓	Cell unlocked & morning exercise	FREE TIME
0600 – 0700	Private time & breakfast	✓	✓	✓	✓	✓	Private time & breakfast	
0805 – 0815	Meeting of group leader to hear problems	✓	✓	✓	✓	✓	Work as assigned	FREE TIME
0815 – 0845	Religious indoctrination or meditation	✓	✓	✓	✓	✓		
0845 – 0900	Small group meetings	✓		✓	✓	✓		
	Encounter group		✓					
0900 – 1000	Morning meeting	✓	✓	✓	✓	✓		
	Newcomers attend meeting				✓			
1000 – 1200	Working as assigned	✓	✓	✓		✓	Group experience meeting	FREE TIME
1300 – 1400	Working as assigned	✓	✓	✓		✓		
	Group inquiry, divided into four groups				✓			
1400 – 1500	Seminar (new update and self development)	✓						FREE TIME
	Work as assigned		✓		✓			
	Sport & recreation (every fourth night)			✓				
	Counseling group and pre-release group					✓		
1500 – 1600	Private time and supper	✓	✓	✓	✓	✓	Private time and supper	FREE TIME
1700 – 1900	Hair cut	✓	✓	✓	✓	✓		
1900 – 1920	Praying time	✓	✓	✓	✓	✓		
1920 – 2045	Hair cut	✓	✓	✓	✓	✓		
2045 – 0545	Bedtime	✓	✓	✓	✓	✓	Bedtime	

Pathumthani Correctional Institution for Male Drug Addicts

All of the inmates in this institution have been sentenced to less than 10 years and are incarcerated for drug use or trafficking. The average age is between 25 and 28 years old. There are 10 sections in the facility, all of which have some TC components. One “full TC” has 266 people and 15 staff members. The Director initiated an additional component to explain the TC to the families and prepare them for the inmates’ release. This TC also developed a community outreach program.

Pathumthani Correctional Institution for Female Drug Addicts

All of the women in this institution are drug offenders—either users or traffickers—sentenced to 10 years or less. There are 2,760 women and a staff of 72 persons in the facility. The TC has 90 inmates and a staff of three people. To become a TC resident, each inmate must be accepted by a committee that includes the chief of each division. The TC unit is separate from the rest of the institution.

Tanyaburi Women Drug Addict Rehabilitation Center

The addicted female inmates recommended to this institution have completed a detoxification program at another institution and are serving sentences of less than 10 years. The treatment programs attempt to reform and rehabilitate inmates mentally, physically, and behaviorally.

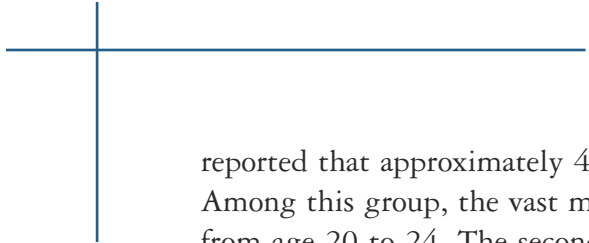
The tenets of Buddhism fit well into the TC prison program philosophy, and the use of religious practices, particularly meditation, are perceived to be supportive of treatment goals and recovery. Monks are brought into the prisons once a week.

Education is another important approach to prisoner rehabilitation. An adult school is set up in each prison, and vocational training is stressed. Over 25 types of occupational training are offered on subjects such as barbering, dressmaking, woodcarving, and carpentry.

The women are provided with vocational training, educational programs, and religious study. There are 2,760 inmates at the center, 761 of whom committed a drug traffic offense, and 1,999 of which committed a drug use offense.

Key Findings

According to data received from 296 drug treatment centers in Thailand (including six regional drug rehabilitation centers), the Office of the Narcotics Control Board



reported that approximately 42,000 drug addicts were attending treatment in 2000. Among this group, the vast majority of clients were males. The largest group ranged from age 20 to 24. The second largest group ranged from age 15 to 19. Most of the addicts were employed. Approximately 15 percent of those in treatment were students (Office of the Narcotics Control Board 2001).

Program-specific findings include:

- In 2000, 1,312 outpatient and inpatient juveniles from Tulakarn Chalernparkiat Hospital successfully completed the program.
- Through follow-up, the Ayutthaya Therapeutic Community Center found that in 2000, 1,000 juveniles had completed their prevention program during the past 3.5 years, and 80 percent of them remained drug-free and stayed out of trouble.
- In the Baan Magluae Community School and Wat, community prevention efforts have produced significant results, including a 100 percent negative urinalysis response from students 1 year after program initiation in 2000.

PROMISING PRACTICES: THAILAND

The Institute for Juvenile and Family Justice Development

Evaluators found the following promising practices at the organizational and structural levels of the Institute's treatment programs:

- A comprehensive approach to outpatient and residential treatment that includes aftercare and follow-up, and a range of medical and psychological services;
- A humane approach to the treatment of juveniles;
- Integration of cultural and spiritual practices, such as meditation;
- Strong, charismatic leadership;
- A focus on staff training in the TC model and other cognitive-behavioral approaches;
- Caring and committed staff members;
- Family and community involvement in treatment;
- Effective use of many volunteers; and
- Vocational rehabilitation is an integral aspect of many programs.

The following paragraphs fully describe the promising practices warranting further investigation that were identified by the evaluation team.

At the Institute for Juvenile and Family Justice Development, there is a focus on staff competency, training in substance abuse prevention and treatment, and the relationship with juvenile justice. This emphasis was evidenced by the numerous workforce development projects and offerings (trainings, workshops, internships) targeting a wide range of health care and juvenile justice disciplines.

The efficacy of the program appeared to be enhanced by the seamless integration of prevention and treatment strategies for youth, as well as its focus on workforce development support for staff members.

The TC has been modified and adapted to the Thai culture and includes a diverse offering of education and group psychotherapy for youth through weekly seminars, life skills groups, younger-older member groups, and men's groups. In addition, using the tenets of Buddhism, including meditation, the program was found to closely complement the TC philosophy (more than 97 percent of the population in Thailand practices Buddhism). Within the Institute, symbols of Buddhism were prominently

This program is unusually comprehensive. It includes:

- *Treatment and prevention services;*
- *Medical services;*
- *Psychological services;*
- *Religious programs;*
- *Vocational and education programs; and*
- *Family programs.*

displayed, and time for meditation was built into the daily schedule. Finally, the evaluation team found that aftercare and follow-up were integral aspects of all the programs visited. Given the young ages of the clients, emphasis was placed on reintegration into society and preparation of the family by a social worker.

Additional Promising Practices: Department of Corrections Programs

Promising practices seen in the prison-based programs include:

- An emphasis on teaching inmates vocational skills so they can become responsible members of society;
- Development of personal skills, such as self-control, discipline, and constructive communication;
- Incorporation of religious practices into the program; and
- Successful adaptation of the TC model within the prison system.


Following is a complete summary of the promising practices and challenges identified in Department of Corrections TC programs for adult offenders.

It is important to note that many of these programs are relatively new and did not have significant data for comparison, which made identification of promising practices difficult. In general, the treatment focus is shifting away from the creation of more programs, toward increasing the quality of services and further developing prevention and diversion programs.

The emphasis at some of the facilities is on teaching inmates to work independently so that they can become productive, responsible members of society. Thus, vocational rehabilitation is a critical program component. Inmates learn skills such as fishnet, jewelry, and furniture making; or they learn how to operate a chicken farm or tend a garden. The inmates indicated that they had developed a number of important personal skills through the TC as well. These included self-knowledge, self-control, discipline, constructive communication, honesty, and responsibility. They

also expressed that the morning meeting was a critical aspect of the program, and many of them rated the staff as “very important” to their success.

The tenets of Buddhism emphasize abstinence from alcohol and other drugs, and therefore complement the TC philosophy. Some religious practices, particularly meditation, are perceived as supportive of treatment goals and recovery. Music, provided by a band comprised of inmates or a disc jockey, was an integral part of the



day at all of the correctional institutions. In one institution, the director was forming a choir composed of all the TC residents. Another men's institution had started a family program, with the goal of helping families understand and support the TC program and then progress to helping the offender upon release. The evaluators found family involvement to be an integral part of some of the prison programs. This is particularly important in juvenile facilities, given the young ages of the inmates.

CONCLUSIONS: PROACTIVE APPROACHES TO TREATMENT

In Thailand over the last 10 years, domestic production of heroin and opium has declined, primarily due to a concerted effort by local and international law enforcement officials to curb opiate production and trafficking in Thailand. This effort has led to an increase in the use of methamphetamines, particularly among youth. However, Thailand has taken a proactive approach to methamphetamine abuse by implementing cognitive behavioral treatments into its treatment system, which was already using an adapted TC model. Data reviewed by evaluators in the hospital-based TCs and treatment centers indicate good rates of treatment completion.

Another significant issue in Thailand is the large number of persons in prison for narcotics consumption—an estimated 20 percent of the total prison population. The Thailand Department of Corrections has taken several steps to address this issue. It has:

- Established correctional institutions specifically for drug-addicted prisoners;
- Segregated drug-addicted prisoners from the main prison population;
- Introduced the TC technique into more prisons; and
- Implemented drug prevention and control in prisons.

Although these programs look promising, they are in the early stages of development. Anecdotal and some of the qualitative data collected by the evaluation team suggest that the prison programs are working and they have had a profound effect on staff attitudes and on the treatment of prisoners.

Finally, in most of the programs visited by the evaluators, the support, resources, and technical assistance provided by United States–led organizations—the most important being the State Department’s INL—and the Thai government programs have been instrumental in strengthening the delivery of treatment and prevention services in Thailand.

APPENDICES

APPENDIX A METHODOLOGY

The main goal of the evaluation was to identify promising practices that seemed to be related to the program's success. Quantitative data and qualitative data was collected as appropriate during the site visits. Before conducting these site visits, information regarding the projects was collected to tailor the data collection plan and instruments appropriately. This information was collected through a self-study in which the Program Director (PD) and selected staff members and clients responded to questionnaires. If possible, information from records was also reviewed before each site visit. In addition, reports and other descriptive materials on the program were requested in advance. Once the site visits began, interviews with staff members, including the PD, clients (currently or previously in the program), family members of clients, and community members were conducted. Focus groups were conducted when possible. As part of this study, a full description of the program is being provided, including program characteristics, dynamics, outcomes, characteristics of clients, and information regarding the experience of clients in treatment.

The following describes the key forms of data collected:

- In-person interviews with key staff (three or four staff members, including the PD, a supervisor, a front-line person, and a medical staff member, if available);
- Abstraction of information from client records for data on retention, drug use, and treatment compliance (preferably from all clients or a random sample of clients currently in program), if available;
- In-person interviews with clients in treatment (five to eight clients); and
- Additional information available about the program, such as pamphlets, brochures, descriptions, reports, statistics, or findings from previous evaluations.

In addition, when possible, the following were conducted:

- Focus groups with staff members;
- Focus groups with clients;
- Interviews with family members of clients in treatment (one to three); and
- Interviews with clients who have left treatment (one to three).

APPENDIX B

DEFINING PROMISING PRACTICES

The critical first step in developing the protocols that would govern the collection of data and information on substance abuse treatment programs in Europe, Latin America, and Southeast Asia was to define the criteria that would be used in determining a program's successful implementation of a "promising practice." Promising practices would be those program components that, when effectively carried out, would enhance the likelihood of overall program success and, therefore, be considered promising for replication by programs in other areas of the country or in other countries. After a careful review of the literature, the following definition was developed.

We began with the premise that a substance abuse treatment program is a composite of structured intentions and that the practices employed by a program have an overall goal of making those intentions a reality. Not every intention can be expressed in a manner that reflects a measurable outcome. Therefore, a practice for the purposes of this project is defined as any discrete program component that can be isolated, defined, described, and observed. It may be as broad as "recruitment of at-risk youth" or as narrow as an "intake interview." In the first case, there will be a measurable outcome that will allow the practice to be identified as "promising" (for example, a steady increase in program participants). In the second case, there will be no such measurable outcome (only a sense that the interview collects the best information for working with prospective participants), but the manner in which the information is used may lead to a "promising" designation.

A "promising practice" must contribute to one or more of the following intentions:

- Involvement of key stakeholders in the entire program development process, from planning and implementation to sharing of recognition and rewards of success;
- Building partnerships and collaborative efforts to ensure that scarce resources are applied most effectively and avoiding nonproductive duplication of effort;
- Employing a "life-cycle" approach to development that includes needs assessment, development of specific objectives related to needs, planning and design, implementation based on a clear plan and specific design, monitoring of results based on objectives, and evaluation based on measurable results;
- Tailoring activities to local needs and drawing support from local strengths;
- Emphasizing positive, proactive, and prevention-oriented activities and outcomes as part of treatment;
- Reducing substance abuse and other dysfunctional behaviors;
- Empowering communities to take responsibility for themselves through the empowerment of individuals;
- Working with families as a unit or with whole systems;
- Investing in client development;
- Integrating multiple programs and activities and providing intergenerational services;
- Contributing to the removal of social, cultural, and economic barriers within and beyond the community;
- Contributing significantly to public safety and security;

- Providing for effective program management, especially through accountability;
- Achieving program sustainability;
- Improving the transfer of skills and technology within and among communities;
- Applying effective outreach and media strategies;
- Maintaining committed and strong leadership at both the program and community levels;
- Recruiting and retaining motivated volunteers; and
- Identifying, recruiting, and retaining clients based on client needs and program objectives.

APPENDIX C PROGRAM OBJECTIVES

The International Demand Reduction program established the following four objectives:

- Strengthen the ability of host Nations to conduct more effective demand reduction efforts on their own;
- Encourage drug-producing and transit countries to invest resources in drug awareness, demand reduction, and training to build public support and political will for implementing counternarcotics programs;
- Improve coordination of, and cooperation in, international drug awareness and demand reduction issues involving the U.S., donor countries, and international organizations; and
- Utilize accomplishments in the international program to benefit U.S. demand reduction services at home (INL 2000).

APPENDIX D
INSTRUMENTS/TOOLS USED TO CONDUCT SITE VISITS

INSTRUMENTS/TOOLS	NO. OF PAGES
PROGRAM DIRECTOR INTERVIEW	8
PROGRAM STAFF INTERVIEW	3
RECORD ABSTRACTION FORM	2
CLIENT EXPERIENCE INTERVIEW	3
FAMILY MEMBER INTERVIEW	4
CLIENT FOCUS GROUP QUESTIONS	1
STAFF FOCUS GROUP QUESTIONS	1

These instruments are available at:

Danya International, Inc.
8737 Colesville Road, Suite 1200
Silver Spring, MD 20910
Phone: (301) 565-2142, extension 2531

APPENDIX E REFERENCES

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