

METHAMPHETAMINE USE AMONG THAI WOMEN:
A QUALITATIVE STUDY AT THANYARAK INSTITUTE

By

มหาวิทยาลัยศิลปากร สงวนลิขสิทธิ์
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นายศรัณย์ กอสนาน

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วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาเภสัชศาสตรดุษฎีบัณฑิต

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The graduate school, Silpakorn University accepted thesis entitled “METHAMPHETAMINE USE AMONG THAI WOMEN: A QUALITATIVE STUDY AT THANYARAK INSTITUTE” by Sarun Gorsanan in partial fulfillment of the requirements for the degree of Doctor of Philosophy, Program of Social and Administrative Pharmacy.

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The objective of this qualitative study was to find the factors that lead Thai women to use methamphetamine or Ya-ba using psychological factors, sociological factors, and biological factors as the research framework, and using the in-depth interview as a method for data collection. The population for this research is the women who were arrested by the police as the Ya-ba addicts or Ya-ba abusers and were sent to Thanyarak Institute in Pathumthanee province to attend in the rehabilitation program. There were eight subjects selected as the key informants in this research. The researcher interviewed all selected individuals by himself. The research was processed during July 2005 to August 2006.

All the key informants come from non-wealthy families, and a primary school education is the highest level of education attained. Additionally, they live in the environment of narcotics consumption, and have relatives, boyfriends or girlfriends, spouses, or friends who involve in narcotics. Most of them began taking Ya-ba as teenagers.

The research found that the psychological factors that led Thai women to use Ya-ba were having high self-confidence and high self-efficacy personality that could lead them to think that they could stop using Ya-ba by themselves, having low self-esteem and negative self-concept, lacking of knowledge about how Ya-ba looks like, lacking of knowledge about danger from consuming Ya-ba and having knowledge only in the positive side of Ya-ba, having wrong perception and believes about Ya-ba that it is hardly addicted, has no harm, and could be stopped using whenever needed, having the positive attitude towards Ya-ba, and having the psychological reinforcement. The sociological factors were found to be the identity and role of female that using Ya-ba was related to beauty and enhancement of house and family keeping roles, the peers and family factors which involved in providing the first Ya-ba, the perception in value of using Ya-ba which made them to be in higher status than using others drugs, and the labeling as a drug user. There were social reinforcement factors which were related to enhancing of women's role and solving economic problems. The availability and accessibility to Ya-ba were also the important sociological factors. Because of the limitation of the methodology, although there were no strong evidence supporting the biological factors, the research also showed some variety of symptoms during Ya-ba consumption from individuals which implied to be related with the brain's rewarding system in Thai women.

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คำสำคัญ: เมทแอมเฟตามีน, ยาบ้า, สตรีไทย, บัจฉัย, การวิจัยเชิงคุณภาพ

ศรัณย์ กอสนาน: การใช้เมทแอมเฟตามีนในสตรีไทย : การวิจัยเชิงคุณภาพในสถาบันธัญญารักษ์
อาจารย์ผู้ควบคุมวิทยานิพนธ์: อ.ดร.ผกาภาศ ไมตรีมิตร, รศ.ดร.จุฑามณี สุทธิสีสังข์ และ รศ.ดร.ลือชัย ศรีเงินยวง. 162 หน้า

การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาบัจฉัยที่ทำให้สตรีไทยใช้เมทแอมเฟตามีน หรือยาบ้า โดยใช้บัจฉัยทางจิตวิทยา บัจฉัยทางสังคมวิทยา และบัจฉัยทางชีววิทยาเป็นกรอบในการวิจัย ทำการวิจัยเชิงคุณภาพโดยใช้วิธีการสัมภาษณ์เชิงลึกในการรวบรวมข้อมูล ประชากรของงานวิจัยนี้คือสตรีที่เสพยาบ้าและถูกส่งเข้าโปรแกรมบำบัดฟื้นฟู ณ สถาบันธัญญารักษ์ จังหวัดปทุมธานี โดยมีผู้ถูกคัดเลือกให้เป็นผู้ให้ข้อมูลหลักจำนวน 8 คน ผู้วิจัยทำการสัมภาษณ์และเก็บข้อมูลด้วยตนเองในระหว่างเดือนกรกฎาคม พ.ศ. 2548 ถึงเดือนสิงหาคม พ.ศ. 2549

ผู้ให้ข้อมูลหลักทุกคนมาจากครอบครัวที่ฐานะไม่ดี มีการศึกษาสูงสุดอยู่ในระดับมัธยมศึกษาตอนต้น อาศัยอยู่ในพื้นที่ที่มีการระบาดของยาเสพติด มีญาติ ครอบครัว สามี หรือเพื่อนที่มีความเกี่ยวข้องกับยาเสพติด มีประวัติการสูบบุหรี่และดื่มเหล้า ผู้ให้ข้อมูลหลักเกือบทั้งหมดเริ่มเสพยาบ้าตั้งแต่อยู่ในวัยรุ่น

ผลการวิจัยพบว่าบัจฉัยที่ทำให้สตรีไทยเริ่มใช้ยาบ้าประกอบด้วย บัจฉัยทางจิตวิทยา ได้แก่ บัจฉัยทางบุคลิกภาพ โดยมีความเชื่อมั่นในตนเองสูงว่าสามารถหยุดเสพยาบ้าได้ด้วยตนเอง มีความนับถือในตนเองต่ำและมีความคิดเกี่ยวกับคุณค่าของตนในด้านลบ บัจฉัยเรื่องความรู้เกี่ยวกับยาบ้า โดยผู้ให้ข้อมูลขาดความรู้เกี่ยวกับผลและพิษภัยของยาบ้าที่มีต่อร่างกาย การขาดความรู้เกี่ยวกับรูปร่างลักษณะของยาบ้า และการมีความรู้เฉพาะด้านที่เป็นประโยชน์ของการเสพยาบ้า บัจฉัยในเรื่องการรับรู้และความเชื่อผิด ๆ เกี่ยวกับยาบ้าว่ายาบ้ามันเสพแล้วไม่ได้ติดง่าย และไม่ได้มีอันตรายต่อร่างกาย สามารถหยุดเสพเมื่อใดก็ได้ตามที่ต้องการ บัจฉัยในเรื่องการมีทัศนคติทางบวกต่อยาบ้า และการได้รับการเสริมแรงทางจิตวิทยาจากการใช้ยาบ้า ส่วนบัจฉัยทางสังคมที่จูงใจให้ใช้ยาบ้า ได้แก่ การที่ยาบ้าสามารถตอบสนองอัตลักษณ์ของความเป็นหญิง อันได้แก่การมีรูปร่างผอม สวยงาม และเสริมบทบาทของเพศหญิงในด้านการทำงานบ้านและดูแลครอบครัว บัจฉัยจากเพื่อน และครอบครัวที่มีส่วนแนะนำและจัดหายาบ้าเมื่อดแรกในการเสพ การรับรู้ในคุณค่าของยาบ้าว่าทำให้ตนอยู่ในสถานะที่สูงกว่าการเสพยาเสพติดชนิดอื่น รวมทั้งการถูกตีตราจากคนรอบข้างว่าเป็นผู้เสพยาบ้าทั้ง ๆ ที่ไม่ได้เสพ การได้รับแรงเสริมจากคนรอบข้าง แรงเสริมต่อบทบาทของการเป็นเพศหญิงและ แรงเสริมในการแก้ปัญหาทางเศรษฐกิจ บัจฉัยในด้านความง่ายต่อการเข้าถึงและการมียาบ้าจำหน่าย ในขณะที่บัจฉัยทางชีววิทยา ถึงแม้ว่าการศึกษานี้มีข้อจำกัดในด้านวิธีการศึกษา แต่ก็มีพบความแตกต่างในด้านบุคลิกภาพที่มีผลมาจากระบบการให้รางวัลภายในสมอง อาการหลังจากการเสพยาและผลของการเสพยาบ้าที่มีต่อสมอง อันแสดงถึงบัจฉัยทางชีววิทยาที่มีผลต่อการเสพยาบ้าของสตรีไทย

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ลายมือชื่อนักศึกษา

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มหาวิทยาลัยศิลปากร สงวนลิขสิทธิ์

CHAPTER I

INTRODUCTION

Drug addiction is one of the international social problems. According to “The World Drug Report 2004”, opiates are the world’s most serious drug problem. Opiates are 67 percent of drug treatment in Asia, 61 percent in Europe, and 47 percent in Oceania. But, every region of the world or country has its own problem with different types of drugs. Some countries have problems with opiates i.e. heroin; some have problems with alcohol, marijuana; some have problems with psychoactive substances or stimulants i.e. cocaine and amphetamine derivatives, cocaine is the major problem among US population, but its’ abuse has been declining among students. In Africa, cannabis continues to dominate treatment demand (65 percent). In South-East Asia, the opium poppy cultivation continues to decline in Myanmar and Laos but methamphetamines have become the main problem. (The office on drug and crime prevention 2004).

Several researches have been conducted to explain why people decide to use drugs. Various explanations of drug abuse have been given. Some focus on biological factors; others emphasize environmental influences. Some sociologists believe that drug abuse is associated with continuous and cumulative influences from time of conception throughout the life course (Fishbine, Diana, and Susan 1996). In order to answer the question why people abuse drugs, various biological,

psychological and sociological factors are used to investigate why people use drugs. (Kendall 2001).

Some of the biological studies focus on the relationship between the brain and drug addiction, including brain-reward pathways. These studies have found convincing evidence that drugs act directly on the brain mechanisms, such as stimulating the areas of the brain that create sensation of pleasure and suppress the perception of pain. Consequently, the user receives reinforcement to engage in further drug-taking behavior (Kendall 2001; Carroll 2000; Oltmanns and Emery 1998).

Others focus on genetic factors and have found that they play an important role in the development of substance abuse. The studies also show that genetic factors influence the metabolism and the effects of drugs, thereby contributing to the risk of addiction

(Barlow and Durand 2001 ; Carmi and Farre' 2003)

Psychological explanations of drug addiction focus on personality disorders

on drug-taking behavior. Some studies have found that antisocial personality, psychopathy, impulsivity, affective disorder, anxiety, risk-taking personality are more common among drug abusers than among non-abusers (Kendall 2001; Shedler and Block 1990 : 612-30).

Sociological explanations of drug addiction focus on how drug use and abuse fulfills a function in society. (Kendall 2001) Many people use drugs to relief social strain and social disorganization. Family, peer, social and cultural support, social control and learning also the factors that influence drug abuse.

The three dimension's factors i.e. biological, psychological and sociological factors that affect the drug use behavior of people would be the frame for this research. Since the result of biological factors would be obtained completely by using

true scientific laboratories, this research will focus mainly on psychological and sociological factors.

In Thailand, like other countries, drugs are an important problem.

Thailand's drug problem is multifaceted, as it serves as production, trafficking, transit, and epidemic areas.

Thailand has a border contiguous to the Golden Triangle, which is the world's production center for heroin, opiates, and methamphetamine. Some production sites are located in Thailand. At present, the production sites in Thailand are declining and most of them located in neighbor countries.

Most of the drug trafficking in Thailand focuses on three major drugs, namely heroin, marijuana, and methamphetamine. Heroin trading is scattered in the north, south and Bangkok areas. Most heroins will be transported to other countries.

Marijuana trading is in the northeast and Bangkok areas. However, little marijuana is traded inside Thailand now, and most of it is exported. Methamphetamine (which is called "Ya-ba") trading is scattered all over Thailand. There is no clear trafficking organization for Ya-ba as there are for heroin and marijuana, but many people are involved as individuals or small teams.

As transit area, many drugs are produced and smuggled from neighboring countries into Thailand because of its border with the Golden Triangle and its good transportation system. After smuggling the drugs into Thailand, they will be distributed to USA, Australia, Japan, Europe, and Southeast Asia.

As epidemic area, the most common drug of epidemics and abuse are heroin, marijuana, and methamphetamine. The conventional drugs like opium,

marijuana, and kratom plants still scattered over the country. The violate substances are epidemic in slums and overcrowded communities. Ecstasy, cocaine, and ketamine, the so called “club drug,” are abused among nightclub-goers, wealthy teenagers and tourists. Among all of the drugs that are problematic in Thailand, the major drug problem is Ya-ba (Office of the Narcotics Control Board 2004)

Ya-ba is the most prevalent abused drug in Thailand. The statistics on Ya-ba seizures in Thailand increase every year, from 33.50 millions tablets in the year 1998 to 98.71 millions tablets in 2002. Most of the Ya-ba was produced and smuggled from outside Thailand into the country using various routes and methods. However, there are small-scale production sites located in the central provinces, including Bangkok and its nearby provinces. The main precursor chemicals are smuggled to the producing areas from the border areas of Thailand. From 2001 until now, the epidemic of methamphetamine has increased while the use/abuse of conventional drugs like opium, heroin, marijuana, and kratom plants, which were once widely abused in Thai society, are on the decline. The main users of methamphetamine for the past few years are young people and students. The drug epidemic in the schools is worse since the number of student drug dealers is increasing. Although the main abusers of methamphetamine are young people and students, there are other groups of people who abuse methamphetamine. The statistical report on drug treatment has showed that the unemployment, the skilled worker, and merchant are the groups that have drug problems. (Office of the Narcotics Control Board 2004) Furthermore, the data from the special centre for treatment of drug abusers (Thanyarak hospital, Pathumthanee province) have shown that there are

other interesting groups of drug abusers such as woman, homosexual, or wealthy people.

Most of the researches in Thailand, which have studied to find the reason of using drugs, were conducted with the students. Few researches have been done to get information on other groups of the drug abusers. Because the information on the other groups of drug abusers is not complete, it may effect authorities' strategic planning to solve the drug problems of Thailand. So, it is important to understand why people in Thailand (especially the groups of the drug abusers that we have few data) abuse methamphetamine and what the predisposing factors for drugs using in Thailand are. If the predisposing factors can be found, policies could be setup to cope with the problem of drug abuse.

Few researches on addiction have been conduct in women. There was the research show no male-female difference with respect to trying a drug once an opportunity to do so have been experienced but there was the males are more likely than females to have an opportunity to use drugs. There was the research showed that females were likely to get their first opportunity to use cocaine at an earlier age than were males (age 19 for females, age 20 for males) but that there were no differences among males and females in age of first opportunity to use marijuana, heroin, or hallucinogens. (Zickler 2000) The reasons of start using drugs of women were different from men in some points e.g. the role of partner. (National Abandoned Infants Assistance Resource Center 2006) Most of women use drugs in order to improve mood, increase confidence, reduce tension, cope with problem and, in some cases, sexually abused. Although women in general have lower levels of drug using compared to men for the majority of substance, they are at grater risk of developing

health related problems. (Poole and Dell 2005) For Thailand, there is the more male is arrested and female in the number of cases that were arrested by police and the number of cases in the treatment center. There was little news about social problem or crime which caused from women who used Ya-ba. Since the major drugs problem of Thailand is Ya-ba that is different from the problem of other country. It is interesting to set the research on the drugs problem of Thai women.

Objective of the study

The objective of this study is to find the psychological and sociological factors that predispose Thai women to abuse Ya-ba (Methamphetamine)

Research questions

Main question:

What are the psychological and sociological factors that lead Thai women to begin using Ya-ba?

Further questions:

What are the main psychological and sociological factors that lead Thai women to become addicted to Ya-ba?

Glossary of term

Methamphetamine = Ya-ba

(Ya-ba is a common street name of methamphetamine in Thailand. In this research; the word “Ya-ba” is meaning to methamphetamine.)

CHAPTER II

LITERATURE REVIEW

This chapter composes of the theory and research that related to be the factors as follows:

2.1 Diagnostic criteria for Drug Abuse and Dependence

2.1.1 The DSM criteria for Drug Dependence

2.1.2 International Classification of Diseases – 10 (ICD-10)

2.2 Theoretical approach to the drug use behavior of people: The three dimensions factors.

2.2.1 Biological dimension on drug abuser

2.2.1.1 Pharmacological and physicochemical properties of drugs

2.2.1.2 Genetic factors

2.2.1.3 Neurological influence

2.2.1.4 Brain's rewarding system

2.2.1.5 Allostatsis

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2.2.2.2 Addictive personality

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2.1 Diagnostic criteria for Drug Abuse and Dependence

Diagnosis is the process of identifying and labeling specific conditions such as drug abuse and dependence. Diagnostic criteria for drug abuse and dependence reflect the consensus of researchers as to precisely which patterns of behavior or physiological characteristics constitute symptoms of these conditions. There are many

diagnostic criteria for drug abuse and dependence but there are 2-3 diagnostic criteria that have been widely used and accepted i.e. the criteria of DSM-III-R, DSM-IV and ICD-10.

2.1.1 The DSM criteria for Drug Dependence

Researchers and clinicians in the United States usually rely on the DSM diagnostic criteria. *The Diagnostic and Statistical Manual of Mental Disorder, Third Editions* was published in 1980 and was revised in 1987 (DSM-III-R). In DSM-III-R, the category of dependence was expanded to include both physiological symptoms, such as tolerance and withdrawal, and behavioral symptoms. The DSM was revised again in 1994 and was published as *the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). (National Institute on Alcohol Abuse and

Alcoholism 1995)

Diagnostic and Statistical Manual-III-R (DSM-III-R) (American

Psychiatric Association 1987)

(DSM-III-R is not currently used but has historical utility.)

At least three of the followings are necessary; some of the symptoms of the disturbance must have persisted for at least one month or have occurred repeatedly over a longer period of time:

1. Substance is often taken in larger amounts or over longer period than intended;
2. Persistent desire or one or more unsuccessful efforts to cut down or control substance use;

3. A great deal of time is spent in activities necessary to get the substance (e.g., theft), taking the substance (e.g., chain smoking), or recovering from its effects;
4. Important social, occupational, or recreational activities are given up or reduced because of substance abuse;
5. Continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by use of the substance;
6. Marked tolerance: need for markedly increased amounts of the substance (> 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount;
7. Characteristic withdrawal symptoms;
8. Substance often taken to relieve or avoid withdrawal symptoms; and,
9. Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations or when use is physically hazardous.

Diagnostic and Statistical Manual – IV (DSM-IV) (American Psychiatric Association 1994)

Substance Abuse:

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the followings, occurring at any time in the same 12-month period:
1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work

performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

2. Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use)
3. Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Substance Dependence:

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either:
 - a. need for markedly increased amounts of the substance in order to achieve intoxication or desired effect
 - b. markedly diminished effect with continued use of the same amount
2. Withdrawal, as manifested by either:
 - a. characteristic withdrawal syndrome for the substance; or

b. the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms

3. Substance is often taken in larger amounts or over longer period than intended

4. There was a persistent desire or unsuccessful efforts to cut down or control substance use

5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects

6. Important social, occupational, or recreational activities given up or reduced because of substance abuse

7. The substance use is continued despite knowledge of having a persistent or recurrent psychological, or physical problem that is likely to be caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Specify if:

With Physiological dependence: Evidence of tolerance or withdrawal (i.e., either item 1 or 2 is present)

Without Physiological dependence: No evidence of tolerance or withdrawal (i.e., neither item 1 or 2 is present)

2.1.2 International Classification of Diseases – 10 (ICD-10)

While the American psychiatric community was formulating its editions of diagnostic criteria for mental disorders, the World Health Organization was developing diagnostic criteria for the purpose of compiling statistics on all causes of death and illness, including those related to alcohol abuse or dependence, worldwide. These criteria are published as the *International Classification of Diseases* (ICD). (National Institute on Alcohol Abuse and Alcoholism 1995)

Dependence Syndrome (World Health Organization 1992):

Diagnostic Guidelines: A definite diagnosis of dependence should usually be made if three or more of the followings must have been experienced or exhibited at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance
2. Difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use
3. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects
4. Persisting with substance use despite clear evidence of overtly harmful consequences, depressive mood states consequent to heavy use, or drug related impairment of cognitive functioning
5. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses

6. A physiological withdrawal state when substance use has ceased or been reduced, as evidence by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms.

Thailand used both DSM and ICD10 as a diagnostic criterion for drug abuse and dependence. It is up to the researcher or institute policy.

2.2 Theoretical approach to the drug use behavior of people: The three dimensions factors.

In order to answer the question of why people abuse drugs, various biological, psychological and sociological factors are used to investigate why people use drugs as the three dimension factors. There are theories that explain the drug use behavior of people by following the concept of the three dimension factors. This research used all of the three dimension factors, which affect the drug use behavior of people as the framework of the study. Since the result of biological factors would be obtained completely by using true scientific laboratories, this research will focus mainly on psychological and sociological factors.

2.2.1 Biological dimension on drug abuser

Biological dimension is the dimension that explains the question why people abuse drugs by biological factors of drug users and abusers. The biological factors include the pharmacological and physiological properties of drugs versus the

physiological characteristics of drug abusers, genetics factor and the concepts of neurological influences.

2.2.1.1 Pharmacological and physicochemical properties of drugs

Pharmacological and physicochemical properties of drugs are important factors in drugs consumption. Liposolubility increases the passage of a drug through the blood-brain barrier, water solubility facilitates the injection of drugs, volatility favors the inhalation of drugs in vapor form, and the heat resistance favors smoking of the drug. Characteristics such as rapid onset and intensity of effect increase the potential for abuse. The substances that rapidly reach high levels in the brain e.g. smoking "crack" are usually preferred to intranasal administration. Short half-life substances, such as heroin, produces more abrupt and intense syndromes of withdrawal than long half-life substances, such as methadone. (Cami' and Farre' 2003 : 976)

2.2.1.2 Genetic factors

A great deal of animal research confirms the importance of genetics on substance abuse. In work with human, twin and adoption studies indicated that certain people may be genetically vulnerable to drug abuse. However, most genetic data on substance abuse come from research on alcoholism. (Barlow and Durand 2001 : 357-358)

Genetic factors that influence the metabolism and the effects of drugs contribute to the risk of addiction. Men whose parents were alcoholics have an

increased likelihood of alcoholism even when they were adopted at birth and raised by parents who were not alcoholic, and they also have a reduced sensitivity to alcohol that predicts the development of alcoholism. Carriers of the aldehyde dehydrogenase allele that encodes an isoenzyme with reduced activity are less likely to abuse alcohol owing to the presence of increased levels of acetaldehyde, which is responsible for aversive effects. A Leu7Pro polymorphism of the neuropeptide Y genes has been correlated with increased alcohol consumption. The minor (A1) allele of TaqIA D2 dopamine receptor (DRD2) gene has been linked to severe alcoholism; polysubstance, psychostimulant abuse or dependence; and opioid and nicotine dependence. (Cami' and Farre' 2003 : 976) This gene appears to regulate the sensitivity of D2 receptor sites to dopamine. Blum and colleagues found that about two-third of the alcoholics they examined carried the DRD2 gene, whereas only about one-fifth of the non-alcoholics did. DRD2 gene not exactly causes people to be alcoholic. The research suggested that the DRD2 gene interacts with other factors to increase susceptibility to alcoholism. In other words, just having the DRD2 gene does not by itself cause alcoholism. On the other hand, not having the gene is no guarantee that one is protected from drinking problems. As the dopamine system affects the ability of drugs to provide pleasurable experiences or block unpleasant ones, and the DRD2 gene may increase the positive quality of that experience. This hypothesis seems to be supported by evidence that abuse of drugs in addiction to alcohol is also affected by the DRD2 genes. (Barlow and Durand 2001 : 358) For other drugs abuse, except alcohol, currently no significant genetic research is explored because of the many research design problems with illicit drugs. It may applicable that genetic factors for drug addiction are comparable to the genetic research findings on alcoholism. (Fields 1998 : 10)

Genetic research to date tells us that substance abuse is affected by our genes, but, no single gene causes substance abuse or dependence. Researches suggested that genetic factors may affect how people experience certain drugs, which in turn may partly determine who will or will not become abusers. (Barlow and Durand 2001: 359)

2.2.1.3 Neurological influence

Generally, addictive drugs can act as positive reinforcers (producing euphoria) or as negative reinforcers (alleviating symptoms of withdrawal or dysphoria). The drug users will have long-lasting changes in brain underline the behavioral abnormalities associate with drug addiction, which come through learning and memory mechanisms. The drug addiction results from dysregulation of the reward mechanism and subsequent allostasis, the ability to achieve stability through change.

2.2.1.4 Brain's rewarding system

People, who use psychoactive substances, report that they have the pleasurable experiences. These experiences are positive reinforcement for the drug abusers. The mechanisms of these pleasurable or euphoric experiences come from stimulating the neuronal rewarding system in brain. These neuronal pathways of drug addiction are component of the mesocorticolimbic dopamine systems that originate in neurons in ventral tegmental area. All drug abuses act on this system at different levels. The mesolimbic circuit includes projections from cell bodies of the ventral tegmental area to limbic structures, such as the nucleus accumbens, amygdala, and hippocampus. This circuit has been implicated in acute reinforcing effects, memory and conditioned response link to craving and the emotional and motivational changes

of the withdrawal syndrome. The mesocortical dopamine circuit includes projections from the ventral tegmental area to the prefrontal cortex, orbitofrontal cortex, and anterior cingulate. It is involved in the conscious experience of the effects of drugs, drug craving, and the compulsion to take the drugs.

Both natural rewards (food, drink, and sex) and addictive drugs stimulate the release of dopamine from neurons in the presynaptic ventral tegmental area into the nucleus accumbens, causing euphoria and reinforcement of the behavior. In the case of natural rewards, there is a very rapid adaptive change, or habituation, after a few experiences, and the novelty or unexpectedness of the reward seem to play a major part in the initial response. The response to addictive drugs is not influenced by habituation, and each dose of the drug stimulates the release of dopamine. Moreover, dopamine mediates the hedonic consequences of a reinforcing stimulus, promoting associative learning about the stimulus or anticipating its rewarding effects. During the withdrawal syndrome associated with opioids, cannabinoids, ethanol, psychostimulants, and nicotine, there is a substantial decrease in dopamine levels in nucleus accumbens. (Cami' and Farre' 2003 : 980)

Amphetamines cause neuronal storage vesicles in the cytoplasm to release neurotransmitter to the synapse, inhibit the activity of dopamine (including norepinephrine and serotonin) reuptake transporter which helps regulate synaptic levels of dopamine by carrying the transmitter back into the nerve terminal, and act as mild inhibitors of monoamine oxidase. Amphetamine and methamphetamine seem to be more selective for dopamine and norepinephrine than for serotonin transporter. The increasing of dopamine level can lead to euphorias, hallucinations, and delusions. (Luft 1998: 461-463, Barlow and Durand 2001: 349 Cami' and Farre' 2003: 978-980)

2.2.1.5 Allostasis

Homeostasis, in principle, corresponds to the mechanisms that maintain stability within the physiological systems and hold all the parameters of the organisms internal milieu within limits that allow an organism to survive. It implied originally that deviations from normal set points are automatically corrected by local negative feedback. Homeostasis has been described as a self-regulating process for maintaining body parameters around a set point critical for survival.

In contrast, the principle of *allostasis* proposes maintenance of outside the normal homeostatic range, where an organism must vary all parameters of its physiological systems to match them appropriately to chronic demands (e.g., reset the system parameters at a new set point). Allostasis refers to the negative adaptive processes maintaining stability through change, a stability that is not within the normal homeostatic range. It implies that many, if not all, physiological functions are mobilized or suppressed, as reflected in a cascade of brain-organism interactions overriding local regulation. By simultaneously controlling all mechanisms, the brain can enforce its command and introduce experience, memories, anticipation and re-evaluation of needs in anticipation of physiological requirements.

Solomon and Corbit (1974) have introduced the “*opponent-process model of motivation*”, which represent the effective response to the presentation of a drug. This model represents the initial experience of a drug with no prior drug history, and the “a-process” represents a positive hedonic or positive mood state mood state and the “b-process” represents the negative hedonic of negative mood state. The affective stimulus (state) has been argued to be a sum of both an a-process and a b-process. An

individual whom experiences a positive hedonic mood state from a drug of abuse with sufficient time between re-administering the drug is hypothesized to retain the a-process. In other words, an appropriate counteradaptive opponent-process (b-process) that balances the activational process (a-process) does not lead to an allostatic state. The changes in the affective stimulus (state) in an individual with repeated frequent drug use that may represent a transition to an allostatic state in the brain reward systems and, by extrapolation, a transition to addiction. Note that the apparent b-process never returns to the original homeostatic level before drug-taking begins again, thus creating a greater and greater allostatic state in the brain reward system. In other words, here the counteradaptive opponent-process (b-process) does not balance the activational process (a-process) but in fact shows a residual hysteresis. While these changes are exaggerated and condensed over time in the present conceptualization, the hypothesis here is that even during post-detoxification, a period of “protracted abstinence,” the reward system is still bearing allostatic changes. (Koob and Moal 2001 : 101-106)

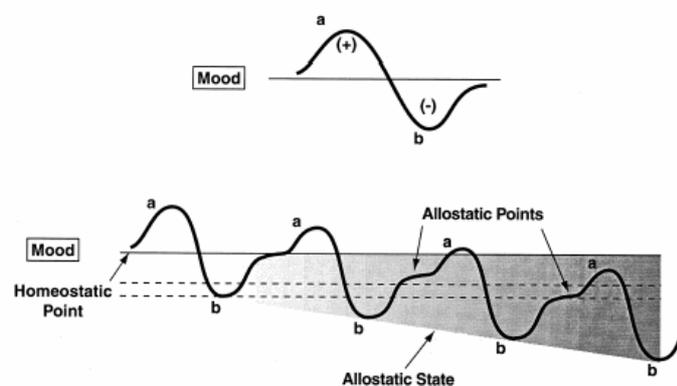


Figure 2.1 The allostatic change

2.2.2 Psychological dimensions on drug abuser

The psychological dimension can be used to explain why people abuse drugs. Psychological factors of drug abusers can be explained in two main models (or theories) as: Psychological models and Behavioral models.

Psychological models

Psychological models focus on theories that drug abusers have psychological disorders or traits that lead them to use drugs. Most of these models focus on the personality of the drug abuser.

2.2.2.1 Personality

Psychologists define personality in many different ways. One definition asserts that personality is a dynamic organization, inside of the person, of psychological systems that create the person's characteristic patterns of behavior, thoughts, and feeling. (Caver 1996 : 5) Another definition asserts that personality is the complex set of unique psychological qualities that are said to influence an individual's characteristic patterns of behavior across different situations and over time. Although, there are many definitions of personality, two basic concepts are common to most: uniqueness and characteristic patterns of behavior. (Zimbardo 1995 : 433) The two concepts of personality that are used to explain the drug abuse are addictive personality and personality traits.

2.2.2.2 Addictive personality

This concept explains that people who use drugs have some inside personality, as a prior psychological factor, that makes a pattern of drug dependence more likely to develop. (Tipawadee 2002 : 37) This simplistic approach labels all abusers or addicts as somehow possessing a particular personality that leads to addictive and compulsive behavior. (Fields 1998 :10) This concept was used to explain why some people use drugs but do not become addicted. The addictive personality is believed that this personality is developed in the stage of development as Psychoanalytic theory. The traditional psychoanalytic view of drug addiction focuses on a fixation at oral stage of development and extends from birth to roughly eighteen month of age (Caver 1996 :217), resulting in oral and narcissistic pre-morbid personality (Fields 1998 :12). Nowadays, the word “addictive personality“ is not specified in DSM-IV.(Tipawadee 2002 : 37-38) The initially simplistic concept of addictive personality is now changed. It is believed that many personality traits can make an individual vulnerable to drug addiction (Fields 1998 :10), but not all addicts have an personality.

2.2.2.3 Personality traits

A personality trait is the predisposition or tendency to behave in a particular way across situations. (Spector 2000 : 104) Many researchers have described and summarized various personality traits of addicts. These personality traits include the followings: (Fields 1998 :11)

- High emotionality
- Anxiety and over reactivity
- Immaturity in interpersonal relationships
- Low frustration tolerance
- Inability to express anger adequately
- Anger over dependence and ambivalence to authority
- Low self-esteem with grandiose behavior (The concept of self-esteem

refers to how we feel about ourselves, our assessment of how adequate and worthy we are in meeting life's challenges and demands.) (Schultz 1998 : 380)

- Perfectionism
- Compulsiveness
- Feelings of isolation
- Depression
- Dependence in interpersonal relationships
- Hostility
- Sexual immaturity
- Rigidity and inability to adapt to changing circumstances
- Simplistic, black and white thinking

In addition, there are some researches that focus on other personality traits such as histrionic traits, sensation seeking, novelty seeking, and antisocial personality. (Epstein 1994: 187-201)

Another disorder that relates with drug abuser and can be include in the psychological models. It is the attention deficit hyperreactivity disorder (ADHD).

2.2.2.4 Attention deficit hyperreactivity disorder (ADHD).

(Fields 1998 : 11)

There has been recent focus on ADHD in adults, especially those who might be drug or substance abuser. The features of ADHD are inattention, impulsivity, and hyperactivity. This disorder more commonly affects males (the male to female ratio is estimated at between 3 to 1 and 10 to 1). The symptoms of inattention of ADHD include in completing tasks, being distracted easily, being unusually disorganized, forgetting daily activities, and losing things. The signs of impulsivity include saying and doing things without considering others' feelings, interrupting others, and generally acting without considering the consequences. It is very possible that one with ADHD will use drugs to self medicate and manage their symptoms.

Behavioral models

There are two main foci for the behavioral models. One is the reinforcement theory, another is the concepts of cognitive factors.

2.2.2.5 Reinforcement theory

Reinforcement theory was developed by B.F. Skinner. It describes how rewards or reinforcement can affect behavior. (Spector 2000 : 181) There are two reinforcements in the theory. One is positive reinforcement and the other is negative reinforcement.

Positive reinforcement

Positive reinforcement can be used to explain as a factor of drug users in the sense of positive feelings. The positive feelings include experience the “high”, euphoria, feeling good, pleasure, joy and ecstasy. (Carroll 2000 : 34) Drug abusers use drugs in order to alter mood and behavior. (Oltmanns 1998 : 360) Persons who become users often begin taking drugs to experience the intense pleasure of the “high.” These individuals may continue taking psychoactive drugs to feel good or to enhance their feelings of pleasure. (Carroll 2000 : 34) These researches showed quite clearly that many of drugs used and abused by humans also seem to be pleasurable to animals, even those without social and cultural influences. Human research also shows that the psychoactive drugs provide a pleasurable experience. People are often very inventive in how they consume these drugs in order to maximize the euphoric effects. For example, persons who are dependent on heroin sometimes combine it with benzodiazepines to intensify their pleasure. Cocaine users may heat the drug and inhale the fumes or use the highly concentrated form known as “crack” to obtain a more rapid and intense experience. These activities tend to increase as tolerance increases and more of the drug is needed to produce the “high” that is the hallmark of drug use. (Oltmanns 1998 : 360)

Negative reinforcement

Negative reinforcement is the reinforcement that tends to develop escaping or avoiding behavior. Negative reinforcement can be used to explain as a factor of drug users in the sense of less negative feelings. The negative feelings include uneasy, uptight, anxious, feeling down, troubled and worried. (Carroll 2000 : 34) Users who

have negative feelings often begin taking drugs to experience less those feelings.

Many people are likely to initiate and continue drug use to escape from unpleasantness in their life. Many drugs provide escape from physical pain, from stress, or from panic and anxiety. This phenomenon has been explored under different names such as tension reduction, negative affect, and self-medication, each of which has somewhat different focus (Oltmanns 1998 : 360)

Tension reduction usually focus on the drugs or substances which have been used in order to cope with the unpleasant feelings that go along with life circumstance of drug users, such as the soldiers who have the extreme stress of the war. There are some researches found that children who reported negative affect, such as feeling lonely, crying a lot, or being tense, were more likely than others to use drugs.

Many people who use psychoactive substances experience a crash after being “high” and they have to use the same drugs as a self-medication in order to relief unpleasant crash. This causes cycle of drugs using. Researchers have also focus on drugs abuse as a way of self medicating for other problems. For example, some people use barbiturates or alcohol because of their anxiety-reducing or some cocaine addicts who had attention deficit disorder with methylphenidate used cocaine to help focus their attention. (Oltmanns 1998 : 360)

2.2.2.6 Cognitive factors

There is another concept in behavioral models that is used to explain how people abuse drugs. It is the concept of cognitive factors. You make “cognitive factors” sound like a unidimensional construct, which it is not. These factors include

Expectancy theory, Tension reduction theory, and views of self-handicapping and self-awareness.

Expectancy theory

Expectancy theory attempts to explain how rewards lead to behavior by focusing on internal cognitive states that lead to motivation. The expectancy theory is related with the reinforcement theory. Reinforcement theory states that the reinforcement will lead to behavior; expectancy theory explains when and why this will occur. (Spector 2000 : 182)

Expectancies are cognitive processes that tie events, or more precisely, the anticipation of events, to certain outcomes. Through learning principles, the individual learns to anticipate relationships between events in an upcoming situation. (Bukstein 1995 : 14) The basic idea of the theory is that individuals will be motivated when they believe their behavior will lead to outcomes that they want. (Spector 2000 : 182)

Expectancies developed before people actually use drugs; perhaps as a result of peers' drug use, advertising or media figures that model drugs use may be an enforcer even an individual does not have real positive outcomes. Individuals tend to use drugs because they have positive expectancies of the positive outcomes. When drugs give the positive feelings or remove the negative feelings to individuals who use them, they will use drugs again as explained with reinforcement theory.

Tension reduction theory or stress response dampening

Tension reduction theory is largely based on learning principles in which the drug use behavior is reward. The main elements of this theory stated that alcohol or drug reduces tension, which includes fear, anxiety, conflict, and frustration.

Stress response dampening is similar to tension reduction theory. The individuals learn that drug can decrease the physical response to stress, thus prompting and reinforcing drugs use in similar stressful situations. Cognitive process, including expectancies, and individual characteristics such as response and sensitivity to stress may be important in determining susceptible individuals. (Bukstein 1995 : 14 - 15)

Self-handicapping

Individuals who are unsure about their competence in criteria situations may consume drugs or alcohol in order to have their poor performance attributed to their intoxicated state rather than their actual competence. (Bukstein 1995 : 15)

Self-awareness

Drugs affect cognitive process, including the state of self-awareness. The individuals who use drugs become less able to evaluate their own negative experiences including failure or the negative consequence which happen from continuous drugs use, thus, they still use drugs continually. The recognition of the negative consequences of drugs use is essential especially for the adolescent in order to avoid usage or to avoid the progression from experimental to drug abuse. (Bukstein 1995 : 15)

2.2.3 Social dimension on drug abuser

Social factors play a critically important role in health. The need to understand the impact of social conditions on health has become increasingly important in preventing or coping with modern health disorder. There are many social dimensions and theories that be used to explain the drug abusing, but no one can explain why people use drugs exactly. People differ from one another and take drugs for very different reasons. Because of these varied human characteristics, many theories appear vastly different from one another and sometimes even contradictory. (Cockerham 1992, Witters et al. 1992) The social theories that be used for explanation of the drug abuser and dependence are:

2.2.3.1 Social disorganization and social strain theories

These theories focus on how the organization of a society, group, or subculture is responsible for drug abuse by its member. The belief is not the society, group, or subculture that is causing the drug use behavior but that the organization determines the resulting behavior.

These theories identify the different kinds of social change that are disruptive and how people are affected by such a change. Social disorganization theory asks: What in the social order cause people to deviate? Social strain theory asks: Can the way in which a society is organized cause social deviance? This theory believes that frustration results from being unable to achieve desired goal. This perceived shortcoming compels an individual to deviate in order to achieve desired needs.

Nowadays, because of the rapid social change e.g. economics news, community, people who were once affiliated become disaffiliated and lack of effective

attachment to the social order. As a result, these disaffiliate people begin to gravitate toward deviant behavior. The social disorganization theory can be used to describe this situation because while most people can cope with the rapid social change and social strain, some people perceive this change as beyond their control. When people feel lacking of control, they may use drugs as an attractive alternative to coping with confusion and stress. (Witters et al. 1992 : 33-34)

2.2.3.2 Subculture theory: social and cultural support

Subculture theory explains drug use as being caused by peer pressure. This theory asks: How does deviance result from peer-group influence?

In all groups, there are members who are very well liked and are perceived as role models by those who wish to be popular. Drug use that results from peer pressure demonstrates that extent to which the more popular peer-group members are able to influence and pressure others to use or abuse drugs.

In sociology, individual popularity is referred to as status. The individual prestige and status is the key to understanding how members of peer groups may be persuaded to experiment with drugs. In groups where drugs are consumed, the amount of peer influence depends on the prestige level of certain key individuals. The most popular group members are the most successful in influencing newcomers to the group. (Witters et al. 1992 : 34-35)

Adolescence is the subculture group that usually be explained the drug use behavior with the subculture theory. The drug use behavior of the adolescence usually be explained that it was influenced to initiate by peer factor and parent/family factors because peer and parent/family are the closest role models for the adolescence.

2.2.3.3 Peer factor

There is a strong relationship between an individual adolescent's substance abuse. Peer influences are especially prominent in predicting initiation and continuation of use of marijuana and alcohol. More participation in peer-centered social settings, such as dating and parties, favorable to substance use may both reinforce and increase the risk to use substances. Peer influence appears greater for females than males. The mechanisms of peer influences affect the initiation of substance use. Peer-related risk factors which influences in the substance use are a) peer substance use, b) peer attitudes about substance use, c) greater orientation (attachment) to peers, and d) perception(s) of peer substance use/attitude. (Bukstiein 1995 : 58-59)

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2.2.3.4 Parent/Family factors

Parent factors are vary in importance at different stage of substance involvement sequence. For initiation into alcohol use, parent role-modeling of alcohol use and parent homes are factors. Parent use and modeling of hard liquor predicts adolescent use of hard liquor and illicit drugs other than marijuana. Parental beliefs and attitudes about substances, especially attitudes of tolerance and beliefs in the harmlessness of substances, predict subsequent drug use. The belief in the lack of harmfulness of substances and tolerance of use and deviant behavior are strong predictors of adolescent use.

There is another view of parent/family factor that influences the adolescent drug use. It is the parent-child interactions. For the parent-child interactions, lack of closeness and lack of involvement in adolescent's activities were previously noted to

be antecedent to adolescent use. Parenting styles also are implicated as predictors with lack of conventionality, family disruption, negative communication patterns, lack of or inconsistent behavioral limits, and lack of anger control as characteristics of families with adolescent user. Parent/family risk factors to drug or substance abuse can be concluded as: a) parent substance use, b) parent beliefs/attitudes about substance use, parent tolerance of substance use/deviant behavior, c) lack of closeness/attachment with parents, d) lack of parental involvement in child's life, e) lack of appropriate supervision/discipline. (Bukstiein 1995 : 59-61)

2.2.3.5 Social learning theory

Social learning theory explains drug use as a learned behavior. Conventional learning occurs through imitation, trial and error, improvisation, rewarding appropriate behavior, and cognitive mental processes. This theory focuses directly on how drug use and abuse is acquired through interaction with others who use and abuse drugs.

This theory emphasizes the pervasive influence of **primary groups**, which are the close-knit groups that share a high amount of intimacy, spontaneity, and emotional bonding. Examples of primary groups are families and residents of a close-knit urban neighborhood. While the **secondary groups** are groups that share segmented relationships, the interaction is based on prescribed role patterns such as the relationship between a man and a sales clerk in a supermarket.

Learning theory addresses a type of interaction that is highly specific. This type of interaction involves learning specific motives, techniques, and appropriate meanings that are commonly attached to a particular type of the drugs. The novice who is perceived as a first-time user has to learn the technique of drug taking.

Learning to perceive the effects of the drug is the second major outcome in the process of becoming a regular user. When the more experience of feeling the authentic effects of the drug is imparted from the drug users to naive or first-time users, the more they learn how to perceive the effects of the drug and they turn to be the regular drug users. It is said that the members in groups teach first-time users how to enjoy the experience. Once drug use has begun, continuing the behavior involves the following learned sequence; (1) where and from whom the drug can be purchased. (2) how to maintain the secrecy of use from authority figures and casual acquaintances, (3) justification for continual use. (Witters et al. 1992 : 35-36)

2.2.3.6 Differential association theory (The reward system)

The theory approaches to deviance explain why rule violation continues to exist in societies despite pressures to conform and obey? Once the drug use pattern has been established, what part of the learning process sustain drug taking behavior? This theory focus on how other members of social groups reward criminal behavior and what conditions this deviance is perceived as important and pleasurable.

Edwin Sutherland, a criminologist in the field of sociology, believes that the mastery of criminal behavior depends on the frequency, duration, priority, and intensity of contact with others who are involve in similar behavior. His ideas emphasized that criminal behavior is learn through interactions with others. Such learning includes not only techniques of law breaking but also the motive, drives and rationalizations of criminals. He used the term differential association to describe the process through with exposure to attitudes favorable to criminal acts lead violation of

rules. For example, studies point to the describe role that peers play in adolescent delinquency and marijuana.

To what extent will a given person engage in activity regarded as proper or improper? For each individual, it will depend on the frequency, duration, and importance of two types of social interaction experiences- those which endorse deviant behavior and those which promote acceptance of social norms. Deviant behavior, including criminal activity, is selected by those who acquire more sentiments in favor of violation of norms. People are more likely to engage in norm-defying behavior if they are part of a group or subculture that stress deviant values.

For the drugs use and abuse, this theory explains why adolescents use psychoactive drugs. Essentially, the theory says that the use of drugs is learned during intimate interaction with others who serve as a primary group. (Schaefer and Lamm 1998 : 37, Witters et al. 1992 : 36-37)

2.2.3.7 Control theories

Control theories suggest that it is our connection to members of society that leads us to systematically conform to society's norms. These theories emphasize that we are bonded to our family members, friends, and peers in a way that lead us to follow the mores and folkways of our society, while giving little conscious thought to whether we will be sanctioned if we fail to conform. (Schaefer and Lamm 1998 : 191) Thus, control theories place importance on positive socialization. Socialization is the process by which individuals learn and internalize the attitudes, values, and behaviors needed to become participating members of conventional society. Generally, control theories believe that human beings can easily become deviant if left without social

controls. Thus, theorists who specialize in control theory emphasize the necessity of maintaining bonds to family, school, peers, and other social, political, and religious organizations. (Witters et al. 1992 : 37)

There are two control theories that usually be used to explain how drug use and abuse. They are the concepts of Reckless and Hirschi.

Reckless's Social control theory or Containment theory

Walter C. Reckless, a criminologist, developed the "Containment theory" in 1950s-1960s. This theory said that the socialization process results in the creation of strong or weak internal and external control system.

Internal control is determined by the degree of self-control, high or low frustration, positive or negative self-perception, successful or unsuccessful goal achievement, and either resistance to adherence to deviant behavior. Internal control

consists of the motives, drives, disappointments, frustrations, rebellions, and feelings of inferiority that could encourage a person to engage in deviant behavior.

Environment pressures, such as social conditions, may limit the accomplishment of goal-striving behavior; such conditions include poverty, minority-group status, inferior education, and lack of employment.

The external, or outer, control system consists of effective or ineffective supervision and discipline, consistent or in consistent moral training, positive or negative acceptance, identity, and self-worth. Attraction and temptation in society are also influential, as in the case of an impoverished young man who perceives instant wealth by becoming a drug dealer. (Reckless 1961 in Witters et al. 1992 : 37-38)

In applying this theory to the drug abuse; if an individual has a weak external control system, the internal control system must take over to handle external pressures. Similarity, if an individual's external control system is strong from positive socialization based on discipline, moral training, and development of positive feeling self-worth, then this individual's internal control system will not seriously challenged. If either the internal or external control system is mismatched, (in that one happens to be weak and the other strong), the possibility of drug abuse is increased. If both an individual's internal and external controls are weak, he or she is most likely to use and abuse drugs. If an individual's internal and external controls are both strong, the use and abuse of drugs is not likely to occur as in the table:

Internal control	External control	
	Strong (+)	Weak (-)
Strong (+)	Least likely (almost never)	Less likely (probably never)
Weak (-)	More likely (probably will)	Most likely (almost certain)

Likelihood of drug use

Hirschi's Social control theory

Travis Hirschi (1971 : 159), a sociologist, believes that delinquent behavior tends to occur whenever people lack of:

1. attachment to others
2. commitment to goals
3. involvement in conventional activity
4. belief in the common value system

If a child or adolescent is unable to become circumscribed within the family setting, school, and non-delinquent peers, then the drift to delinquent behavior is inevitable.

The application of Hirschi's theory to drug use and abuse as follow:

1. Drug users are less likely than nonusers to be closely tied to their parents.
2. Good students are less likely to use drugs.
3. Drug users are less likely to participate in social clubs and organizations and engage in team sport activities.
4. Drug users are very likely to have friends whose activities are congruent with their own attitude.

The social control theories of Hirschi and Reckless can be compared.

Reckless's theory says that people with weak personalities (those who lack of self-control or exhibit low frustration tolerance and live in neighborhoods saturated with drug-using groups) are likely to use and abuse drug, while Hirschi's theory places less importance on describing internal control functions. Moreover, Hirschi holds the quality and extent of attachment, commitment, and involvement with family, school, and the peer group responsible for conformity.

The similarity of two theories is that they suggest that control is either internally or externally enforced by family, school, and peer-group expectation. In addition, individuals who are either not equipped with an internal system of self-control reflecting the values and beliefs of conventional society or personality alienated from major social institutions such as family, school may deviate without feeling guilty for their actions.

2.2.3.8 Labeling theory

Labeling theory suggests that the image we have of ourselves is largely controlled by other members of society. It implies that we have a minimal amount of control over the image we desire to portray. Instead, members of society have a lot of power in redefining or recasting our image. The image we hold of ourselves is really in hands of the people we admire and look up to. The key of this theory is how we are perceived by society. If its members defined our actions negatively, then the definitions become facts of reality.

Charles H. Cooley, a pioneering theorist and social philosopher, suggested that how we evaluate ourselves largely results from communication with significant others. The basis of how we view ourselves is largely determined by the opinions of people who are important to us, like parents and teachers. (Cooley 1902 in Witters et al. 1992 : 39)

Edwin Lemert (1951 : 133-141) distinguishes between two types of deviance, namely “primary and secondary deviance”. Primary deviance is consequential deviance and occurs without having a lasting impression on the perpetrator. Generally,

most first-time violations of law, for example, are primary deviations. Whether the suspected or accused individual has committed the deviant act does not matter. What matter is whether the individual identifies with the deviant behavior?

Secondary deviance is type of deviant behavior that develops when the perpetrator view or begins to identify and perceive himself or herself as deviant. The moment this occurs, the deviance shifts from being primary to secondary. Many adolescents casually experiment with drugs. If they begin to perceive themselves as drug users, then this behavior is virtually impossible to eradicate.

Howard Becker (1973) suggests about “master status”. He believes that, while most people occupy multiple status positions (such as student, doctor, father, employee, etc.), certain negative status positions (such as alcoholic, mental patient, drug addict, etc.), are so powerful that they dominate others. For example, if people who are important to an individual call him a “druggie,” this becomes a powerful label that will take precedence over any other status positions of the individual. The status of an addicted drug user becomes the master status of the individual. Even if he is also an above-average biology student, an excellent drummer, and a very likable one, those factors become secondary. Further, once a powerful label is attached, it becomes much easier for the individual to uphold the image dictated by members of society. Master-status labels distort an individual’s public image in that other people expect consistency in role performance. Once a negative master status has been attached to an individual’s public image, labeling theorist Schur (1971) asserts that “retrospective interpretation” occurs. Retrospective interpretation is the social psychological process of redefining a person’s reputation within a particular group.

William I. Thomas's (1923) summarized this theory in the theorem that "If men define situations as real, they are real in their consequence." In other words, if the collective definition of a situation is subjectively perceived in a certain direction by other members of the society, the perception becomes fact. Thus, according to this theory, when someone perceived as a drug user, the perception functions as a label of that person's character and shapes his or her self-perception. There is considerable evidence of the importance we attach to the images we portray, as expressed in terms of grooming, demeanor, manners, styles of clothing, and material goods consumed.

Labeling theory does not explain why deviant behavior occurs in the first place, but it does explain how you can come to identify yourself as a deviant because of other people's perceptions. (Witters et al. 1992 : 39-41)

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2.2.4 Other predisposing factors on drug user and abuser

There are many addition ideas and reasons that tried to explain why people use and abuse drugs. The ideas and reasons such as:

2.2.4.1 Availability

Drug availability is an enabling factor for drug use and abuse. If there are inexpensive, readily available, or easily purchased drugs in community, it produces marked increase in rate of addiction. Furthermore, if drugs are available and easy to buy, individuals, who are dependent on drugs, are hardly stop using drugs, even they know about harmfulness and illegality of drugs using (Tipawadee 2002 : 30, Wanapa 2000, Smith : 2003)

2.2.4.2 Facilitation of social interaction

One of the most widely recognized and an accepted beneficial function of mood-modifying drugs is the facilitation of social interaction. Drugs which are used as social facilitators are generally the milder intoxicants such as alcohol, marijuana. The drugs are most commonly used to produce mild euphoria and some degree of emotional disinhibition, the feeling of joviality, conviviality and ease of communication. A potent drug may be use to produce mild intoxication or euphoria if only a small dose is employed.

2.2.4.3 Enhancement of sensual pleasure

Another type of pleasurable effect is the enhancement of gustatory and other experience. The use of wine with meals is a common example. Some drugs such as marijuana and LSD are reported to enhance the pleasure obtained from listening to music, or from looking at beautiful scenery or paintings and other work of art. They have been reported to increase the sensual pleasure derived from sexual activity, and one of the motives of intravenous use of large dose of amphetamines is to prolong sexual activity before attainment of orgasm.

2.2.4.4 Mystical experience and self understanding

Another function of certain drugs which is held to be beneficial by some users, is the facilitation of mystical and religious experiences (transcendence). Cannabis, LSD and mescaline are common drugs employed. (Chopra 1971 : 43-45)

2.2.4.5 Self medication and quasi-medical use

Self medication and quasi-medical use is perhaps the most important beneficial function of regular heavy use of these drugs. In many cases a drug is deliberately and consciously taken for specific and recognized situations. The stimulants can augment hypomania, relieve depression, or counteract hyperactivity and attention deficit. Coca leaves are chewed by Indians of Bolivia and Peru to ease hunger pangs and enhance performance or endurance. The use of amphetamines for the same purpose has been socially sanctioned for specific situations such as by air crews on long missions, and socially condemned in other instances, as by students wishing to stay awake in order to study for examinations. The self-medication hypothesis states simply that drugs relieve psychological specificity. Probably it could be stated in general terms, that most drug use by self-medication is to change one's prevailing emotional state from depression, anxiety, apathy, over aggressiveness or other emotional unease, to a sense of well being. (Chopra 1971 : 45, Johnson 2003)

2.2.4.6 Cultural factors

Behavior can be examined as it appears in different culture. Considering to psychoactive drugs, each culture has its own preference for psychoactive drugs as well as its own proscriptions for substances it finds unacceptable. Cultural norms affect the rates of substance abuse and dependence in important way. For example, in Korea, people are expected to drink alcohol heavily on certain social occasions. Cultural factors not only influence rates of substance abuse but also determine how it is

manifest. Whether substance use is considered a harmful dysfunction often depends on the assumption of the cultural group. (Barlow 2001 : 363)

2.2.4.7 Demographics

Demographics are distinct social characteristics and vital statistics of human populations. They provide a unique insight into various predisposing forces that appear to determine or strongly influence the use or nonuse of drugs and alcohol. The demographics that has been studied on large populations of Americans are:

Age and gender Younger people drink and use drugs more often than older people. Males typically drink more often than women at any age level, and men are much more likely than women to abuse psychoactive drugs.

Family structure Single and divorced people tend to drink more heavily, all things being equal, than married people, however, marital instability dose not always lead to increased usage.

Income The more affluent individuals, in terms of real family income, typically drink more than the less affluent. [On the other hand, poor economic conditions in certain parts of the world limit the availability of drugs. (Barlow 2001 : 363)]

Education Education tends to lower the likelihood that a person would use drugs.

Employment Employed adults less currently use drugs than unemployed. (Carroll 2000 : 27)

2.3 Women and substance use

There were some reports that show the different pattern of illicit drugs use between men and women. The research shown no male-female difference with respect to trying a drug once an opportunity to do so have been experienced but males are more likely than females to have an opportunity to use drugs. A research shows that females were likely to get their first opportunity to use cocaine at an earlier age than were males (age 19 for females, age 20 for males) but that there were no differences among males and females in age of first opportunity to use marijuana, heroin, or hallucinogens.

The reasons of using drugs of women were different from men in some point, it can be concluded the interesting issues about women's substance using as follows:

(Zickler 2000).

1. Most of women use drugs in order to improve mood, increase confidence, reduce tension, cope with problem and in some cases there was related to sexual abuse.
2. Since women have grater vulnerability to physical health than men, It makes women more vulnerable to addiction and other health problems associated with use.
3. Key transition such as moving from one neighboring to another, or moving from high school to college, are times when women are at higher risk for substance misuse.
4. Sexually abuse is strongly related to problem with substance use.
5. Female addicts are more likely than male to have a partner who uses illegal drugs (National Abandoned Infants Assistance Resource Center 2006)

6. Although in general, women have lower levels of drug using compared with men for the majority of substance, they are at greater risk of developing related health problems. (Poole and Dell 2005)

7. Socio-economic status, ethno-cultural identity, occupation, family roles, reproduction, and vulnerability to sexual and intimate partner violence also the important issue that related to women's substance use

Social attitudes about women also affect their substance use and treatment.

The research documented that the social attitude was the barrier to treatment and it affect females more than men. The research demonstrated that women experience

“greater resistance on the part of family and friends” and “more negative consequences attached to treatment entry” (Zickler 2000).

Because of the different between women and men, it has been suggested that gender specific treatment and prevention programs may be more effective than those that use a mix gender approach. (Sloboda and Bukoski 2003 : 357-359) The understanding to the pattern and the reasons of drugs using will be an important things for setting up the drugs treatment program.

In Thailand, there is the difference between male and female in the number of cases that were arrested by police and the number of cases in the treatment center.

There were more cases of male than female. Most of the researches in Thailand, which has been performed to find the reason of using drugs, have been conducted with the students. Since few researches have been done to get data on women, it may effect authorities' strategic planning to solve the drug problems of Thailand. So, it is

important to understand why Thai women abuse methamphetamine and what are the factors of predisposing to the drugs in Thailand. If the predisposing factors can be found, policies could be setup to cope with the problem of drug abuse.

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CHAPTER III

METHODOLOGY

This study used the qualitative method (the in-depth interview) to investigate the psychological and sociological factors that predispose Thai women to abuse Ya-ba. The research was processed during July 2005 to August 2006. This chapter explains details of the research process and methodology. This chapter composes of:

3.1 Research site

3.2 Populations

3.3 Instrument for collecting data

3.4 Sources of the data

3.5 Data collecting process

3.5.1 The preliminary discussion and interview

3.5.2 Entering the field work

3.5.3 Samples and the key informants' selection

3.6 The in-depth interview

3.6.1 Topics for interview

3.7 The data verification

3.8 The data analysis

3.1 Research site

The research was conducted at Thanyarak Institute, Pathumthanee province. This institute is the main rehabilitation and treatment centre for drug abusers in Thailand.

Thanyarak Institute has been set up as a hospital for treatment for drug-dependent persons since 1966, under the auspices of the Department of Medical Services, Ministry of Public Health. This institute is the biggest drug-dependent treatment centers of Thailand. The facility is consisted of seven drug-dependent treatment centers through out Thailand. With a total of 770 beds, they treats about 30,000 in-patients annually.

The responsibilities and functions of Thanyarak Institute are to provide treatment and rehabilitation for drug-dependent persons, both as out- and in- patients, to serve as the Ministry of Public Health's authorized center for the identification of suspected drug-dependent consumption cases, to serve as a diagnostic and treatment center for drug-dependent persons who are HIV Positive, to encourage each and every patients discharged from treatment programs, to participate in active after-care programs in order to protect them from relapsing into drug abuse, and to offer rehabilitation, including vocational training, using the FAST model for in-patients and Matrix program for out-patients, thus enabling them to lead productive lives in society. (The Eleventh United Nations Congress Preparation Office 2005)

3.2 Populations

The population for this research is the women who were arrested by the police as the Ya-ba addiction or Ya-ba abuser. They did not come to Thanyarak Institute voluntarily. They were sent to the rehabilitation program: FAST Model of Thanyarak Institute in order to treat Ya-ba addiction by the government's policy. The government's drug prevention and suppression policies have been classified as a high priority action under the concepts, "Drug addicts must be treated".

In 2005, there were totally 7,335 drug related patients who were treated at the Thanyarak Institute, Pathumthanee province. They could be divided as 3,875 in-patients (3,182 males and 693 females) and 3,460 out-patients (2,852 males and 608 females). The population for this research was the women who were treated at the rehabilitation wards at Thanyarak Institute. At the time when this research started (in July 2005), there were nearly 160 patients in 3 women in-patient rehabilitation wards.

It had to be remarked here that any answer of all patients would not effect their legal problem because their legal cases were finished by court's judgment and they were sent to Thanyarak Institute by the judgement.

3.3 Instrument for collecting data

This study used the in-depth interview method as a major method to investigate the psychological and sociological factors that predispose Thai women to abuse Ya-ba. The researcher interviewed the individuals by himself. The interview will be conducted along with the observation of all verbal, non-verbal expression and behavior of the samples. Both close-ended and open-ended interviews were used to

assist the person's reflection and recall the information. A fieldwork note and a voice recorder were used for collecting the data from the in-depth interview.

3.4 Sources of the data

Sources of the data for this study were the in-depth interview data which was conducted from the key informants and the nurses who were taking care of the key informants at the rehabilitation ward. The documents which were managed by the police and the institute would be evaluated and used for more details and for the data confirmation. The discussion plus some interviews with the nurses also processed for more data.

It was concluded that the research collected data from three ways:

1. The data from the key informants by the in-depth interview method
2. The data from the documents which were managed by the police and the institute
3. The data from the discussion and the interview with the nurses who take care of the informants

The data were kept as fieldwork note and voice record by using a fieldwork paper and a voice recording instrument under the permission of the informants.

3.5 Data collecting process

3.5.1 The preliminary discussion and interview

The preliminary discussion with the pharmacist who works at the institute was done in order to get the overall background of the ward and the institute. After

that, the researcher had interviewed 5 men and 5 women patients in order to get more background data and to evaluate the feasibility of doing research. The researcher also interviewed the nurses who responsible for the rehabilitation ward (both men and women's ward). The data that received from both interviews were brought to discuss with the thesis advisors and the pharmacist who works at the institute. This preliminary discussion was concluded that, for men, there was no interesting information which was different from the information of other researches. The information from women patients was different. There was some interesting information especially the reasons for start using Ya-ba.

From this preliminary interview and discussion, the researcher decided to use the women's rehabilitation wards as the research site and the women as the key informants of this research. There are three women's rehabilitation wards at Thanyarak Institute. All wards had same rehabilitation program could be implied that there was no different in patient's characteristics among these three wards. The researcher asked the nurse who is responsible for the wards for the willingness to be the research site. The "Anyamanee" ward was the ward which was selected to be the research site. There were 60 patients in the ward at that time.

3.5.2 Entering the field work

After receiving the permission letter from the director of Thanyarak Institute, the researcher started entering the field. The researcher performed fieldwork at the "Anyamanee" ward at least once a week for 5 months before collecting the data. The researcher collected data by discussing with the patients, nurses and other officers and joined almost activities with them along with the FAST model program.

The FAST model is the therapeutic community program in Thanyarak hospital that has been adapted to fit the addicts of each kind of drugs. It is the treatment model for in-patients at the Thanyarak Institute. The concept of FAST model is to use the rehabilitation program to rehabilitate both physiological and psychological of the drug abusers in order that they can go back and live with their families as normal. The FAST model composes of:

F = Family, Family involves in treatment program since the beginning of the program and responsible for the patient as normal living.

A = Alternative treatment activity, Alternative treatment activity is selected for each background of an individual.

S = Self-help, It is the process that make patients learn to adjust and solve their physiological, psychological, and sociological problem by themselves. By using behavioral modification, attitude and transactional training, the patients would have their mind strong enough to live in their society as normal and separating from drug.

T = Therapeutic community, the patients must have the valuable living in their society by using the therapeutic community. The example of the therapeutic community methods are help to self-help, peer pressure, behavior modification, social learning and frame of reference maturity.

The duration of treatment is four months. During the first month, patients adjust to the center routine. During the second and third months, treatment and rehabilitation are the focus. In fourth months, patients become engaged in vocational training and agriculture.

In the first five months, the researcher attended the ward at least once a week in order to join the activities of the treatment process. At the first week, the researcher

was introduced to the ward's staff and the patients as a Ph.D. student by the chief of the ward. This eased the patients to join the study when the researcher came to join their activities because there were many students came to study and observe the treatment process almost every months, so, most of the patients were familiarized with this situation.

As an observer, the researcher had joined the morning meeting group, which composed of all staffs and all patients. They all discussed about their problems which they met everyday, the problems of new comers. They discussed about the way to solve problem and gave the willpower for ones who have problem.

Other meeting groups that the researcher joined were the group for the differences adjustment, the health education group, the psychotherapy group and the self-help group. The researches joined the groups both as an observer and the staff member. There were many chances for talking and discussing with staffs and patients.

The researcher also joined the activities that were conducted as the alternative treatment activity in FAST model. The example of activities that the researcher joined both a member and observer were a walk-rally, sport day etc.

During the first five months, the researcher had chances of discussing with the patients, nurses and ward's staffs. The preliminary interview and observation were processed along the activities. The researcher joined all activities until all of them felt familiar with the researcher and whenever they met the researcher they were not shown any nonverbal signs of unfamiliar.

3.5.3 Samples and the key informants' selection

After the first five months, the researcher discussed with the nurses about the patients who were suitable for the research. The documents about the patients' background were verified along with the discussion with the nurses in order to find the interesting cases. The researcher also asked for the willingness and permission before processing the in-depth interview with the patients too. Thirty patients were selected for the in-depth interview. The information from this interview was verified. Since there were some samples that did not have completed information and cannot be followed up for further interview, these samples were cut out from the key informants. Although some samples were excluded, all information received from the preliminary in-depth interview still kept for more explanation in this research. There were eight samples be selected to be the key informants and presented in this research. They were the representative of the women in variety of ages, reasons of Ya-ba using, women's roles, reasons for selling, and reasons for re-abuse.

3.6 The in-depth interview

The questions for interview also were composed of demographics data, experiences, and history of drug use, drug use behavior, feeling, attitude, opinion, belief, and knowledge of the selected samples. The interview was set up in order to find which factors are the major reasons for the samples in making a decision to use Ya-ba and to find the relationship among the psychological and the sociological factors, demographics of the samples, and other factors that may be found from the interviews. The interviews were conducted along with the observation of all verbal, non-verbal expression and behavior of the samples.

Both close-ended and open-ended interviews were used to assist the person's reflection and recall the information. The researcher interviewed individuals by himself. The interviews were conducted in a semi-private place that the informants could tell their story conveniently. The researcher spent at least 1.5 hour for each interview and if the obtained data was unclear, another interview was rescheduled. The interviews were performed until the data which was received had no change among the informants.

3.6.1 Topics for interview

The topics which were used in the in-depth interview were as follows:

1. Demographics data:

- age, sex, education, work, financial status, marital status
- location of living
- environment of living
- people in family, number & relationship
- history of abuse in the family, neighbors, peer

2. The reason for going to the treatment centre & ever been here or not

3. Knowledge about drug and their harmfulness.

4. Experience of drug using:

- type of drug at first used until present
- method of use
- single use or mix drug
- frequency of use

- feeling before, during and after drug used

5. Psychological reason for the drug using

- personality : especially emotional and risk taking personality
- self-concept, self-esteem
- psychological reward
- motivational issue for drug using

6. Sociological reason for drug using

- influence from environment, peer, family, culture
- social motivation

7. Meaning of addiction, harmfulness, withdrawal

8. Experiences from other abusers

9. Other opinions about drug addiction, government policy on drug or treatment process etc.

3.7 The data verification

The internal validity of the data was verified by triangulation technique. The key informants were asked the same questions at different time in order to confirm the validity of the answers. The researcher also compared the data which were received from the informants, the nurses, and the documents. If the data from these three sources were the same meaning, it shown that the data is valid.

3.8 The data analysis

After field notes were taken, voice recording were transcribed into written field notes. The researcher checked missing data, inconsistencies and mistakes in recording while the researcher collected the data in the field work.

Data processing was performed by categorizing, coding, and grouping all data in written field notes. The data were analyzed by using the framework and theories of three dimensions (the biological, psychological and sociological factors) that affect the drug use behavior of the drug abusers.

Finally, the researcher would conclude the findings, review them, recommend for the drugs situation solution and suggest for future research.

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CHAPTER IV

RESULTS

The results of this study are divided into three parts. The first part is the background of the informants. The second part is the data obtained from the research. The data in part two showed all interesting sociological, psychological factors and information that were obtained from the in-depth interview although those data were not the direct predisposing factor. The third part is the summaries as the psychological factors, the sociological factors and the biological factors. The details in each part are listed as follows:

4.1 Background of the informants

4.2 The data obtained from the research

4.2.1 Taking Ya-ba for the first time, and subsequent times.

4.2.2 Encouragement and suggestion from significant others, giving key informants the desire to experience

4.2.2.1 Labeling

4.2.2.2 Desire to make themselves valuable

4.2.2.3 The Motivation from financial status, motherhood, and family

4.2.2.4 The expectation in the stimulation for feeling sleepless

4.2.2.5 Ya-ba could make you not drunk

4.2.2.6 Consuming Ya-ba to present the superiority over consuming other kinds of drugs

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4.2.4 How to consume Ya-ba?

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4.3 Summaries as the psychological factors, the sociological factors and the biological factors

4.3.1 Psychological factors

4.3.1.1 Personality: High self-confidence, high self-efficacy

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4.3.1.3 Psychological reinforcements

4.3.1.4 Knowledge

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Ya-ba and having knowledge only in the positive side
of Ya-ba

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4.3.2 Sociological factors

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4.3.2.5.4 Availability of Ya-ba

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4.3.3 Biological factors

4.1 Background of the informants

The key informants for this research were the women who were arrested by the police for the Ya-ba addiction or Ya-ba abuser. They did not come to Thanyarak Institute voluntarily. They were sent to Thanyarak Institute in order to treat Ya-ba addiction according to the government's policy. The government's drug prevention and suppression policies have been classified as a high priority action under the concepts, **"Drug addicts must be treated"**. The informants of this research never used so much Ya-ba that they had hallucination. They still lived as normal in society before they were arrested.

I, the researcher, entered fieldwork at Thanyarak Institute at least once a week for 5 months before collecting the data. The researcher spent time discussing with the patients, nurses and other officers and joined almost all activities with them until they were familiar and trusted the researcher. After that, the researcher discussed with the nurses about the patients who were suitable for the research. The researcher also asked for the willingness and permission before proceeding to the in-depth interview with the patients. In this research, there were eight key informants who gave information of their life and experiences about Ya-ba. The names of the informants shown in this research are not the real name in order to protect personal privacy and right. Some detailed summaries of the key informants were as follow:

Name	Age at interviewed	Age when first taking Ya-ba
Bus (บุษ)	29	17-18
Nan (แนน)	16	13
Amp (แอม)	16	14
Boon (บุญ)	33	17-18
Sri (ศรี)	31	18
Eye (อาย)	41	20
Sao (สาว)	23	22
Da (ดา)	14	12

The backgrounds of individual key informants were described below.

มหาวิทยาลัยศิลปากร สงวนลิขสิทธิ์

4.1.1 Bus: “Strong confidence in her own decision”

“Bus” is a 29 years old woman. Her home town is in Nakornsawan province.

Her family is considered poor. She ran away from home since aged 13 after learning that she was adopted. She first started using inhalants while drinking. At that time, she worked as a nighttime singer, a waitress, and even provided services (sexual relations) with the customers. She has emotional, strong confidence personality. “Bus” has had many drug offenses. She was arrested and has been sentenced to prison (but the sentence was suspended) many times (this time is the 4th time), all including this time were for using Ya-ba. This time she was sent to treat at Thanyarak Institute.

“Bus” first started using Ya-ba when she was 17-18 years old. Her boyfriend was the one who introduced her to Ya-ba. At first, she did not know what it was (she

knew what Ya-ba was but at that time she did not know what Ya-ba looked like), and she did not believe that the drug her boyfriend urged her to try was Ya-ba. She wanted to see if Ya-ba was addicted or not. After that, she continued using Ya-ba. “Bus” said, at that time, she felt she was alone and could do what she wanted, without regard for her family because they were not her real family. She also had no regard for her health. She became addicted and only thought about how to get her next Ya-ba. When using Ya-ba, she always used it with her friends and every time she used it, she had to smoke cigarette. When she took Ya-ba, she usually had pleasure (euphoria) with no hallucination. After she began using, she became a seller in order to have enough money to buy Ya-ba everyday. She could use half for herself and sell the other half.

In her opinion, she thought that her biggest influence in using Ya-ba was herself. Every time when she was freed from prison, she started using Ya-ba again. She said she never thought about giving up Ya-ba. She loved to use it. Furthermore, she still met her friends who were Ya-ba users and still lived in an environment of drug use. It was hard for her to give up Ya-ba. She said when she was released, she had nowhere to go, and no job, and when she returned to this environment she started the cycle of Ya-ba again. She thought that as long as there was Ya-ba in our society, there would continue to be a problem of Ya-ba spreading. She could find Ya-ba at anywhere she went and any time she wanted. She said every drug abuser could find it. In her opinion, she thought that the government should take action and get rid of all Ya-ba from society. She also said that, if she had a job after finishing her treatment at Thanyarak Institute, she could stop using Ya-ba.

4.1.2 Nan: “She has girlfriends”

“Nan” was born in a large poor family in Angtong province. At the time of the interview, she was 16 years old. She studied in the primary school but had to give up studying during the fourth grade because of the financial problem. She lives at home with no job, helping her mother take care of her younger children. Her mother had 7 children from 3 marriages. “Nan” is the first child of the third father. She has 2 brothers and 1 sister from the first and the second marriages of her mother. As her age, she is the middle child of her family. The area where she was living had many problem of Ya-ba spreading.

“Nan” started using Ya-ba since she was 13 years old. When she was asked about the reasons why she started using it, she immediately answered “My parents do not understand me”. She said, she likes to go shopping with her friends (all girls). This behavior caused her to come home late at night. The parents said that she was surely using drugs. She said that at first she really hated drugs and Ya-ba. But after being blamed by her parents, she wanted to spite her parents. She bought Ya-ba from the older woman who lived next to her house. She took her first Ya-ba in the seller’s house.

After the first Ya-ba, she needed to take Ya-ba everyday and became a dealer. She invested her money with the woman who sold the first Ya-ba to her. Her customers were people in her community. Meanwhile, she began using Ya-ba more and more until she was taking 10-20 tablets per day. At this time, she had a (girl) friend who was studying nurse. Her girl friend asked her to stop using Ya-ba but she did not listen. Three months later she was captured by the police and was sent to the

Khon Kaen drug treatment center. Her parents did not know before she that she used Ya-ba until she was arrested.

When she finished her treatment, she began using Ya-ba again because she was labeled by her brother as a drug user. She wanted to spite her brother. This second time, she used and sold more Ya-ba than the first time. She used 20-30 tablets per day and increased her selling from 20-30 tablets per day at the first time to 1 “bag” (200 tablets per bag) a day. At this time she still believed that her family did not actually know if she used Ya-ba or not.

In the second time, she met her nurse girl friend again. She was asked to reduce the amount of Ya-ba she was using. She tried to cut back until she was down to only 2-3 tablets per day before she was captured by the police again.

“Nan” said that when she used Ya-ba, she got pleasurable effect, felt euphoric and could not rest or stop her activities. She felt that she had to find something to do and but not finish anything. She used both marijuana and Ya-ba (but not at the same time) but if you asked her to choose, she would choose Ya-ba because marijuana made her eat, Ya-ba did not.

“Nan” never believed that she could permanently stop using Ya-ba. She thinks she can only stop temporarily. She never thought that she was addicted to Ya-ba because she could stop using it by herself many times before and she had no withdrawal symptoms. In her opinion, an addiction must have withdrawal symptoms, like when a person stops using heroine. Treatment at Thanyarak Institute only made her stop using it for longer period than she could do by herself.

“Nan” regretted the effect her behavior had on her mother. She thought highly about her mother. She thought the ones who brought her the willpower to stop using Ya-ba were her mother and her girl friends.

4.1.3 Amp: “Who loved the nightlife”

“Amp” is 16 years old. She lives in Bangkok. The community where she lives has no drug problems. She lives with guardians who she calls “mother” & “father”. She has no contact with her real parents. She has no conflict with her guardians but always felt that they did not love her because they were not her real parents. This reason made her decide to use drugs. She has two older sisters who also had used drugs. One died in a motorcycle accident after using drugs, the other stopped using drugs because she became pregnant. “Amp” has been involved in Ya-ba since she was 13 as a buyer for her sisters, but she really started using Ya-ba by herself when she was 14. Before she started using Ya-ba, she usually smoked 3 cigarettes per day. When she was in the Mattayom 2 (the 8th grade), she usually went out with her friends and would come back home late at night. At that time, she started smoking. When she was a Mattayom 3 student (the 9th grade), she started using Ya-ba. She said that when she went out with her friends, she saw that her friends used Ya-ba and could stay out late without drowsiness. She felt that she was the only one who felt sleepy, and it was not fun. Her friends introduced her to Ya-ba for the first time. She lived not being sleepy. At that time, she knew that the tablets which she received from her friends were Ya-ba but did not know about its harmful side effects. She neither knew Ya-ba can be addicted. After the first day of using, she needed Ya-ba again because she felt tired and sleepy and she wanted to go out with her friends in the morning. She

bought Ya-ba from one of her friends. Later, she used Ya-ba more and more, therefore, she had to find more money in order to buy more Ya-ba. Her friend brought her Ya-ba to sell. She said, the more she sold the more fun she got. She felt amused and did not think of anything. Using Ya-ba, she felt she was not afraid of anybody.

“Amp” lived with her husband when she was caught by the police. Her husband was a Ya-ba seller too. She had just found out that she has been pregnant for one month when she was sent to a juvenile detention facility. At first, she did not want to keep the baby, but after discussing it with many people at the facility, she changed her mind and wanted to keep the baby. She has been worried that Ya-ba may affect her baby. Now, her baby and her mother are her reasons for quitting Ya-ba.

In her opinion, although her friends were the ones who influenced her start using Ya-ba, she thought that she has to take responsibility too. If she knew how to stand up to her friends maybe she would not be addicted to Ya-ba. She said that everybody in her community could easily find Ya-ba if they wanted it.

4.1.4 Boon: “No one hires a woman aged over 30 and Ya-ba made me had income”

“Boon” is 33 years old. She was caught by the police for selling Ya-ba and was sent to prison for seven years and six months. This is the third times that she was caught for selling Ya-ba.

“Boon” was involved in Ya-ba since she was the Mattayom 2 student. She has one sister and brother-in-law who were the Ya-ba sellers. She helped her sister sell Ya-ba to the customers around her neighborhood. The customers knew that her house have Ya-ba for selling. At that time, she did not want to try Ya-ba. “Boon” started

trying Ya-ba when she was 17-18 years old. She met her friend who came to buy Ya-ba from her and convinced her to try. He taught “Boon” how to smoke Ya-ba. She said, her feeling of her first Ya-ba was good. It made her feel diligent, pleased, alert, no sleepy but she did not want to go out for fun (she said she usually stayed rather than going out, It is her habit.)

In 1997, she was arrested by the police and was sent to prison for seven years and six months. After she had passed over the punishment, she had to go to the cycle of Ya-ba again. She said she tried to find a job but no one wanted to hire women over the age of 30. She said men can find a job easier than women. She tried to find a job for 3 months but was unsuccessful and she had no money. So when her friend whom she met in the prison had become a Ya-ba seller again and led her to sell Ya-ba, she eventually decided to be a seller again. The reason was that she did not have to invest any money and had free Ya-ba for her own use. This time, she did not directly contact the customers. She had someone to work as a messenger. She sold and used Ya-ba until she was caught with methamphetamine in her urine and was sent to Thanyarak Institute.

“Boon” believed like other informants that Ya-ba was not a strong drug. She used it when she had it, but if she could not get Ya-ba, she could stop using it without withdrawal symptoms. She just felt sleepy for a week and then felt well.

4.1.5 Sri : “Her boyfriend introduced her to Ya-ba”

Sri’s first experienced Ya-ba was when she was 18 years old. Now she is 31. “Sri” was working at night. She lived with her boyfriend (as her husband). She had a normal relationship with her family but they were not close because her family lived

in other province and she visited her family only once a year. Before using Ya-ba, she used marijuana. Her boyfriend introduced her to Ya-ba. She saw her boyfriend smoke it. She wanted to know what it was. She said it was strange that the tablet melted when her boyfriend heated it. It was different from any medications she had ever seen. She asked her boyfriend if she could try it. Her first effect was different from other people that she felt sleepy. She used it until the following 2-3 using days, the effect changed to being awake. When she felt the effects of Ya-ba, she felt good, diligent, and tried to make herself useful by doing laundry or cleaning the house. She used 1-2 tablets per week for three years before she was captured by the police for the first time. During the first three year, she occasionally stopped using Ya-ba for totally 3 to 4 months per year just because she just felt she did not want to use it. After these first three years, she stopped using Ya-ba for another three years because she had gone to live with her mother. Later, she started using again at the persuasion of her friends and husband.

She began using 1-3 times a week for three years until she was captured this time.

During the last three years, she would stopped using it for an average of 4 or 5 months each year because she had no money and sometimes just did not want to use.

“Sri” said she always denied when her mother asked about her drug usage.

Her mother just knew that she was using Ya-ba when she was captured. She said she had to accredit her mother. She did not want to regret her mother. She thought that she herself was the only one who influenced her to use drug Ya-ba. She also said that she believed she could only temporarily stop using Ya-ba not being able to completely giving up using it.

4.1.6 Eye: “Who could work more in a field by using Ya-ba”

“Eye” is the oldest person I interviewed. She is 41. She works as a sugar-cane cutter. Her income comes from day by day working. She has two sons. Now she is divorced.

“Eye” started using Ya-ba when she was 20. It was given to her by her friends at work. Her group said that using Ya-ba could give them energy and could cut more sugar-cane. At that time she wanted to make more money in order to support her sons. Everybody who worked as a sugar-cane cutter used one Ya-ba tablet a day. She said she used Ya-ba only when she worked in the field. When she had to work and did not have Ya-ba, she used canned coffee instead (together with 2 tablets of paracetamol if she got headache).

“Eye” was captured by the police when she was asked to test if she had Ya-ba in her urine as they observed that there were many people lived together and came to visit her house. Those people used her house as a place to smoke Ya-ba. The police doubted that there were people who used Ya-ba in her house, so they asked everybody to take a urine test and found that “Eye”’s urine had Ya-ba. She said she received Ya-ba from her husband’s sister. She gave Ya-ba to “Eye” and wanted her to try it. She said she could not refuse a request and she thought it was for a special occasion.

It can be concluded that the reason for “Eye”’s first using Ya-ba came from her need to work more in order to receive more money for her sons. Now her sons are working. She promises her sons that she will stay in Thanyarak Institute until she finishes the treatment, and when she comes home she will not be involved with Ya-ba again. She will not allow anybody use Ya-ba in her house again. She said she is really suffering because she cannot see her sons during this treatment.

4.1.7 Sao: “Who seek excitement”

“Sao” was pregnant when she was interviewed. She is 23 years old. She started using Ya-ba when she was 22. At that time, she already had one daughter with her former husband. She was not working and stayed home to take care of her daughter. She had her father and mother help her taking care of her daughter. She received Ya-ba from her friend. Her friend wanted her to try it and told her that it would help her diligent and wake her up. She said she was curious to find out the truth about Ya-ba, to see if it could wake her up as she had seen on television. She already knew that Ya-ba was harmful but she did not believe that Ya-ba could be easily addictive. Ya-ba could make her more industrious. It made her feel good. Her husband and her mother told her to quit but she could not do so.

When the government implemented strong policies to eliminate Ya-ba from society, she stopped using Ya-ba for 3 months. However, when such a policies were no longer enforced, Ya-ba came back again. “Sao” met her same friends and got Ya-ba. She still did not have to work. She met her new husband whose family was wealthy. She just lived with her husband and took care of the house of her husband’s mother. She and her husband got monthly payment from his mother and did nothing more than taking care of the house and pets. They lived alone and had no people older than them living in that house. She and her husband both used Ya-ba before they had been captured by police. It reason for using Ya-ba mainly came from feeling free and no need to work. Unemployment made people use Ya-ba, and Ya-ba was easily found. She thought she could easily give up using Ya-ba by herself. She did not believe it could be addictive. Now, she is thinking of her mother, her daughter and the baby in

her womb. They give her willpower to stop using Ya-ba. She will find a job to work when she finishes this treatment.

4.1.8 Da : “Ya-ba brought courage to her”

“Da” is 14 years old. Her involvement with drugs started with cigarette when she was 12, then she tried marijuana and inhalant, she first received Ya-ba came from her friend. She usually went out to enjoy the nightlife with her friends until she went to work as a bar-girl which required night long work. She saw that her friends could stay up all night without sleeping. She asked her friends how they could stay awake, and her friends persuaded her to try it. At that time she did not know that it was Ya-ba. She said she knew about Ya-ba, but she did not know what it looks like. After her friends told her that was Ya-ba, she was not surprised. She said that even if her friends had told her that it was Ya-ba, she still would have not hesitate to try it. She knew that Ya-ba can be addictive, but she thought she would just try it. She did not think she would get addicted. She felt good about the effect of Ya-ba, and she had many reasons that motivated her to use Ya-ba. She was able to go on all night with her friends, and if she wanted to continue being with her friends again in the morning, she did not need to sleep. “Da” also did not have a good relationship with her second grandfather. To him, she was a bad girl, and very lazy. He would blame her for things and argument. When she used Ya-ba, she felt brave enough to argue with her grandfather. Furthermore, she could do more housework. This brought her praise and she felt good about that. Later, she said she always stayed home because she was afraid that she might run into police. Also, her health deteriorated, and her body was emaciated. She

said she was afraid of the places with many people and felt that the society was not conceded her.

She said at that time if her father and mother had not allowed her to use Ya-ba, she would have stopped using it. Only her father and her boyfriend forbade her, but her mother did not. She said her mother did not say anything because she used Ya-ba too. She used to ask her mother to stop using Ya-ba but she could not do so, which made “Da” wonder why her mother could not stop. This led her to try it.

After she was arrested and sent to Thanyarak Institute, she said she knew that she had people in her family who loved her. Her father and the first grandfather came to visit her many times. She said when she finishes the treatment, she would go back to school again.

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In conclusion, all the key informants come from non-wealthy families, and a primary school education is the highest level of education attained. Additionally, they live around areas with narcotics consumption, and have relatives, boy/girl friends, spouses, or friends who are involved with narcotics. Most of them began taking methamphetamine (Ya-ba) as teenagers. Most have close relationships with both parents. While some key informants have relationship problems with family members, they have support and understanding from others such as mother, aunt or grandfather. All key informants either have boy/girl friends or are married, and may also have children.

After understanding about the background of all informants, the in-depth interview were performed in order to find the factors that caused them to consume Ya-ba. The data obtained from the in-depth interview showed the reasons, relating to the Ya-ba consumption of our informants.

4.2. The data obtained from the research.

The data obtained from the research showed all interesting sociological, and psychological factors affecting Ya-ba consumption. Information obtained from the in-depth interview was also interesting although they were not the direct predisposing factors.

4.2.1 Taking Ya-ba for the first time, and subsequent times.

Almost all key informants have either smoked tobacco or drank alcohol before using Ya-ba. Very few used Ya-ba as their first drug. All used Ya-ba for the first time after accepting it from friends or boy/girl friends. Most of them were not aware what drug they used until the provider let them know it was Ya-ba. The key informants understood the dangers of drug use, but did not realize how drug use would lead to the problems. It should be noted that the main reasons for their first drug use was **“wanting to try it”** and **“suggestion by others”**

“Just wanted to try and accepted the drug from friend, and could not even stop, then continued to take it” “My friend persuaded, we were available and not working”

“The first time of taking drug was with my old neighbors. I saw them used it, then asked why use it, and asked to try. They mentioned it was good, so I just took it. At that time I did not even know the Ya-ba. They told me it was a drug. What kind of drug, I asked. They said whateve, and just let me use it. Finally, I knew it was Ya-ba, but I did not feel anything” When the researcher asked whether she knew how Ya-ba would affect her, the key informant said, *“I knew a little, from hearing about it from some people. I saw some drug addict get spooked and confused”* When asked if she wanted to try, knowing it was Ya-ba, she said *“Yes, that time I really wanted to try it”* *“I knew it can lead to addiction, but just want to try and not become addicted.”*

“My boy friend was working unscheduled hours, and used the drug. What is it? I asked. It’s Ya-ba, he said. I did not know Ya-ba before, and did not truly believe it was what he had. He let me try, and after I tried, became addicted”.

“Started taking when 18” *“The first time I saw it from the foil of my*

boyfriend, a user. I’d never seen it before. It was a tablet, smelled it, it smoked up, and I breathed in. I watched my boyfriend use it and just wanted to know what it was. I asked to try and he asked if I wanted to, then try. I started using when I found out my boyfriend was a user. Others figured out we used drugs, but I fell asleep, and they said what a waste. Seeing it used, I tried, and when knew the tried, became a user.

During the interview, the key informants were asked whether they knew what drug it was that their friends were introducing to them. Some key informants knew it to be Ya-ba, but did not know what physical effects would result from being addicted to Ya-ba. And when asked whether they knew the Ya-ba was addictive and possibly dangerous, there were those that did not know. And having used Ya-ba for the first

time, they did not know that using Ya-ba would be dangerous, and answered “later realized it was dangerous, but still needed it.”

“I knew it was the drug Ya-ba, Methamphetamine, but didn’t know how it would affect my body.” “I knew the drug was like, at night I’d see friends sit and use it, and I’d just sit and feel sleepy, and it wasn’t any fun. My friend would use it, so I’d try some. Yeah, you don’t get sleepy, so you’d use it, and you’d get addicted. In the beginning you’d use it with friends. Later on you’d use it alone.

The data obtained from this interview provided the reasons and motivations that led to using the drug for the first time. Sometimes the reasons for continuing using Ya-ba and the subsequent uses that led to addiction were similar. Thus, the reasons and motivations leading to drug use and subsequent consumption and addiction are summarized and included together as follows.

4.2.2 Encouragement and suggestion from significant others, giving the key informants the desire to experience

Referring to the above information, in case of Ya-ba, we found that friends and boy/girl friends were the most influencing factor to either inducing or encouraging drug usage. We may call this peer factor which the most influencing factor that leads to first time drug use among the sample group.

4.2.2.1 Labeling

They were labeled drug users even when they were not. Therefore, they used drug in a purposefully self-destructive way, especially when labeled by influential people who are important to the key informants such as their parents. Key informants felt their parents did not care or understand what they were going through, and thus led to attention seeking self-destructive drug use. This reason occurred more commonly with young key informants.

“Dad and Mum did not understand. I just went out with friends. When I got home late, they assumed I was using drugs. Since I wasn’t using it, I tried to explain, but they wouldn’t believe me. Later on, I decided to use it”.

*“Use drug in a sarcastic way. I use with an **older neighbor**, who sold the drug from her house.*

“Dad and Mum often complained that I used drugs, so I sarcastically took it”

“Brother thought my boyfriend used drugs, and so complained to me. After that I used the drug because I was sensitive”

“Dad and Mum didn’t understand. I went out with friends. They complained that I got home late because I used drugs and had become a drug addict. I didn’t take drugs and I tried to explain, but they did not believe me.” “Begin using drugs when 13-14 years old. Before, I only stayed at home and studied. Between semesters in Mathayom 2 (the 8th grade), I was very close to my friend. At the beginning, I did not use drug. I always went out with friends, and got home late. When knowing new friend, after finished school, I would not go back home straight away, but we went out. New friends and new groups meant they would be different, right? This group

introduced smoking, as I could not smoke, I felt wanting to try it. I thought it was cool at that time, this lead me to try it. After success at smoking, I moved to Mathayom 3 (the 9th grade), I heard friend talking about drug, which helps stopping you from getting sleepy. During semester break, I tried it. At the beginning, I used just a small amount, but needed larger doses later. It was like I could not stop and always needed drug.

4.2.2.2 Desire to make themselves valuable

Some key informants reasoned that they used drug because they were unemployed, had no objective and doing nothing except domestic chores. Therefore, they felt valuable when using drug. From this result, some of them were complimented as they admire because could work tirelessly. This case is not encourage to begin use drug same as the others, who is unemployed, but they can feel the effect result from the first tablet, then use subsequent times.

“Almost drug user is unemployed and just stay at home”

“Yes, I want to do the housework. Before I am lazy, just sleep and eat, no rather do anything. When using drug, I feel better and it make me diligent.

“Feel good when smoke up, it make me diligent”

“When staying at home, I feel lazy. Hearing complain. So, I use drug. Sometimes, I did not wash clothes, so I used drug to finish it. When using drug, I do all housekeeping.

*“Begin trying Ya-ba at the first time. **Friend**, (who comes with older sister to buy drug from the key informants), induced me. At home, I tried by following his*

advise such as smoking. I feel diligent after use at first time. I used the first tablet and feltl good, diligent, do anything, non-stop for day and night. I felt happy. I did not want to go out as usual. When use drug, I need no sleep.

4.2.2.3 The motivation from financial status, motherhood, and family

The financial status, motherhood, and family were the motivations driving the decision in starting consuming Ya-ba because of the expectation of more income. There were some informants indicating that they decided to consume Ya-ba since they needed more money to support their families. They expected that Ya-ba would help them to work harder which they found to be true. Therefore, they were pleased to consume Ya-ba continuously.

“I think I need it. You know, the more you can cut (sugar cane), the more money you will get. I have to think a lot about my family and my children. What they would be, if I cannot earn enough money.”

“What made me use it is the intention to work harder for my children. Well, just work slowly like that was not enough at all.”

“I used it as my friends. We all had to use it or we could not make it. You know, the sun shines so brightly but Ya-ba can make you feel O.K. no matter how bright the sun is.”

“I first consumed Ya-ba through smoking when I was 20.” “My friends in the group of sugar cane cutting workers told me that Ya-ba could make us feel tireless. It helps us feel energetic so we just used it.”

“I used it as my friends. We all have to use it or we cannot make it. You know, the sun shines so brightly but Ya-ba can make you feel O.K. no matter how bright the sun is. My friends did not tell me that it was Ya-ba. They just told that it was a stimulant.”

4.2.2.4 The expectation in the stimulation for feeling sleepless

In this part, the motivations were similar to the previous part especially for the informants working at night as a partner. They reported that Ya-ba helped them to be able to work all night long. Therefore, this reason was considered as the reason concerning the work habit of the informants as well. Nevertheless, the difference was that they did not intend to work more for supporting their financial position or for their families. On the contrary, they earned to support themselves. Ya-ba helped them to be able to work all night, to be happy until the morning so that they could hang around as they wanted. This reason was considered different from those consuming Ya-ba for work only. In other words, in this part, the reason in consuming Ya-ba was the expectation for sleeplessness so that the informants could enjoy with their lives more.

“I saw my friends’ action and I was very curious about that so I asked them why they could stay so energetic until the morning. They suggested me to try it as them because I would also be energetic.”

“When I wanted to go out in the morning, I would take Ya-ba so I did not want to sleep and could catch up with my friends.”

4.2.2.5 Ya-ba could make you not drunk

Some informants also drank alcohol. This group of informants revealed that a factor causing them to consume Ya-ba was that they did not want to get drunk. Their friends suggested that when consuming Ya-ba, they could drink more and were not drunk. They found this was true since they felt less drunk. Therefore, they consumed Ya-ba continuously almost every time they drank.

“This while I cannot drink without smoking Ya-ba.” They meant that they had to take Ya-ba first so that they could drink alcohol otherwise they would get drunk.”

“I felt so drunk that dizzy. However, if I took Ya-ba before drinking, I would be O.K and not drunk.”

“I never got drunk ever. Once I felt drunk, I just took it so I could drink again and again.”

4.2.2.6 Consuming Ya-ba to present the superiority over consuming other kinds of drugs

Other kinds of drugs mentioned here were those such as the evaporations. This motivation was driven from the informants’ peers as well as the support from the society they lived in. They were instilled the wrong value that consuming Ya-ba could make them look superior over consuming other kinds of drugs they had ever consumed. They misinterpreted that it could help them to possess the higher social status among the narcotic user.

“I first took Ya-ba when I was about 19 or 20. Before that I had taken the evaporation for 4 to 5 months. Later, I met the friends who were in the higher status. They taught me how to take Ya-ba and also many things about it. Then, I was addicted to it continuously.”

4.2.2.7 The campaigns from the government to prevent consuming Ya-ba consumption became the encouragement to try it

Some informants revealed that the government campaigns for preventing consuming Ya-ba were another factor that encouraged them to try Ya-ba.

Nevertheless, this factor may not work without the persuasions from friends. However,

the data showed that most of the informants did not think that these campaigns were considered the real factor encouraging them to try Ya-ba. Therefore, it could be

concluded that the campaigns were the reason affecting only those who were just

curious, love the risk and the new challenges only. On the contrary, they indicated that

these campaigns would not be the effective motivation leading them to try Ya-ba

without the effects from the persuasion from friends at all. They accepted that the

campaigns may not be the main reason for deciding to take Ya-ba since some of them

insisted that the persuasion from friends affected them more. To sum up, the

campaigns were considered only the factor stimulating the informants to want to know

more about Ya-ba and, therefore, it caused the affect from the persuasion from their

peers achieved easier.

“I saw in the television that the Ya-ba consumers were blamed as the bad guys so I wanted to try it myself. I also heard that it could make us feel energetic and sleepless.”

Besides the above reasons, the informants also mentioned about other motivations or factors causing them to decide to consume Ya-ba rather than other kinds of drugs, which were detailed as follows.

4.2.2.8 Consuming Ya-ba for better appearance

The data showed that the informants, actually consumed many kinds of drugs. To them, the best drug was Ya-ba since it helped reducing their weight, which was unlike marijuana. This motivation was not considered the initial factor influencing the informants’ decision to consume Ya-ba. In fact, it was the reason why they decided to consume Ya-ba continuously. They found that Ya-ba was really better than other kinds of drugs they had ever used.

“I took Ya-ba because marijuana increased my weight which was unlike Ya-ba. When consuming Ya-ba, I did not want to eat anything.”

“Actually, I am hungry but I just cannot swallow. I love dressing so much so being slim would match many dresses.”

4.2.2.9 Consuming Ya-ba for being more confident, daring to fight with the opponents, and creating power

The issues mentioned above were also the factors motivating Ya-ba consumers to consume it again and again. The informants experienced that they were braver and more confident to fight with other family members, especially with the elderly in the family, after they consumed Ya-ba. Before they had taken Ya-ba, they were in the pressure since they had to keep them calm and to be patient from the complaints from the people around. Later, when they consumed Ya-ba, they were more confident to express all of their ideas.

“They scolded my mother and I hated that so I just shouted aloud. Ya-ba made me more aggressive because without Ya-ba I just could not do that. Ya-ba made me bad-tempered and brave enough to argue. By the way, at the beginning I may feel so great about this but later I really could not see why I had to fight like that.”

Besides the motivation in starting consuming Ya-ba and consuming it continuously as presented, this research found other factors affecting these behaviors as well, for example, personal believes concerning consuming Ya-ba which would be further illustrated later.

4.2.3 How did the people decide to consume Ya-ba?

Although all of the informants indicated that they initially consumed Ya-ba since the persuasion from the people around them, they accepted that the most influential person for this was themselves. They revealed that it was them who

decided to really consume Ya-ba. Many of the informants were very confident, and short-tempered. They were confident that they could manage all of the results occurring from taking Ya-ba. Furthermore, they believed that Ya-ba would never overcome them and they could stop using it as they wanted by themselves. They saw many people around them being able to stop taking Ya-ba without any problems. In addition, they strongly believed that their behaviors in consuming Ya-ba were not considered as the drug addiction symptoms at all.

“It was all because of me. Well, I followed my heart. I did what I wanted to do. I wanted to try everything even the drugs.”

“If my boyfriend had not used it, I would not have used it too. It’s like if you use, I will use then. No one would surrender or lose the benefits for another.”

“It just was like when I had been detained and waiting for reporting the duty.

I can tell you that the first two times I had been waiting for reporting the duty, my heart was very strong and did not touch Ya-ba at all. Actually, at that time I saw many people bought it, may be one or two roles, and I also cheered them up to buy it. I saw them smoking it and I helped them to unpack it too. I serviced them and watched them smoke. When the smell was so bad, I just walked out. I never had used it at all. However, before the last time for reporting the duty, I felt so discourage and just accepted to the faiths. I decided to use it finally five days before I came here.”

“Everything depends on us only. Even though, we see many people use it, we can always walk out if we do not want to use it.

“It is all about ourselves. It depends upon whether we can force our own selves or not.”

4.2.4 How to consume Ya-ba?

All of the informants consumed Ya-ba through smoking, not through ingesting. They used the aluminum foil they peeled from the pack of the cigarettes package and folded it in the boat shape. All of them similarity called this folding as the same that the “boat”. When consuming it, they put Ya-ba tablet into this boat and burnt it slightly by the lighter at the bottom of the boat. Then Ya-ba would be evaporated into the form of smoke. After that, they used the tube made from folding the outside part of the cigarette package in order to smoke the evaporated Ya-ba until that tablet of Ya-ba could not be evaporated more and became just the black dirt.

Normally, they would put only one tablet of Ya-ba into the boat. In case that Ya-ba was very rare, they would put only a quarter (ขา = leg) or a half (ครึ่งตัว = half body) of it into the boat.

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Regarding to the method for consuming Ya-ba, it was seen that the informants always smoked both the cigarette and Ya-ba at the same time. Besides the reason in pharmacology that they needed the stimulation from the cigarette in order that they would be able to reach the relaxation at the level they wanted, the package of cigarette was their main tool for consuming Ya-ba. Therefore, we could see that cigarette was both the supplementary drug and the instrument in consuming Ya-ba as well. Hence, it was very difficult to separate those people consuming Ya-ba and those consuming cigarette. We may assume that those people being addicted to Ya-ba also those addicted to the cigarette. Some of the informants reported about this issue as the following examples.

“We used the tube and the boat, the foil. Then we burnt at the bottom of the boat by the lighter. We just smoked thorough the smoke of Ya-ba as the way it flew. Once it was melt all, it would become the black ash at the boat. When the smoke was out, you could throw it away then. In my first time, I took it 4 to 5 tablets at once.”

“At the beginning, I took 2 to 3 tablets at once. I used the lighter to burn at the bottom of the boat and used the tube made from the cigarette package to smoke. Someone may use the bottles”

“After I took a quarter of it and its effect began to be faded, I would take another quarter. I waited for 2 or 3 hours for each round.”

“I took it through its smoke. I peeled the foil out and folded it into boat shape. After that, I took the package of the cigarette to fold as the tube. Then I put Ya-ba into the boat and burnt the boat containing Ya-ba.”

“Few of people eat Ya-ba directly. Most of the adolescence chooses to smoke through it. They peeled the cigarette package. Well, firstly we had to soak the cigarette package which is the inside part that is very white. Then we peeled the paper out and left only the foil. We just folded at the head and the foot of it into the shape as the boat. The outside part of the cigarette package which is red, we folded it as the tube.”

The data obtained from the interview indicated that everyone consuming Ya-ba took it through smoking method. This was different from when the Ya-ba was called “Ya-Ma”, which was generally consumed through eating. All of the informants noticed that at the present time, there was almost none of the consumers who took Ya-ba through eating. They told that most of Ya-ba consumers who consumed it through

eating were the laborers or the truck drivers. In other words, this group of consumers was considered the lower class of people who consumed it for work rather than joy and happiness. This lower class needed Ya-ba to make them tireless and be able to work harder or drive for longer duration. To consume Ya-ba through smoking created the better feeling whereas the eating method extended Ya-ba effect for longer duration. This fact was in accordance with the discovery that the effect of Ya-ba is different depending upon the methods of consuming, the quantity of Ya-ba taken, and the speed of methamphetamine reaching the brain. To consume it through injection into the vein, the consumer would immediately reach the relaxation. They may feel like the intense flush, very similar to the orgasm when having sexual intercourse. This feeling happened immediately and brought extreme pleasure to the consumers.

Consuming Ya-ba through eating, the consumer had to wait about 15-20 minutes before reaching that feeling (National Institute of Health 2006, Viroj Sumyai 2000:

83-90). Some examples obtained from the interview concerning this issue were as follows.

“There were only the laborers who ate it. We smoked it because it looked better and more enjoyable. However, to eat it, it would affect much stronger. When consuming it, we applied the foil in the cigarette package as the tool. We had to make a tube and burnt it. When its effect was gone, we slept unconsciously. Once we woke up, we felt so hungry and had to eat first then we would take it again.”

“Those eating it mostly were the truck drivers. They drank it with Kra-Thing-Dang (the refreshment beverage). Only those who were the laborers would consume it through eating.”

Besides the expectation of the relaxing feeling, the informants perceived that the eating method was not as good as the smoking method, the image in consuming Ya-ba through eating were considered comparatively low and it was for the laborers. Therefore, none of the informants took it through eating anymore. There was one informant reported the disadvantage of consuming Ya-ba in that it caused tooth decay and destroyed the health of the consumer.

“My grandchild ate it so much that all of his teeth were decayed. When it cost 80 baht a tablet, he ate it until he did not have any teeth left.”

“Well, it severely destroyed your teeth. You know, if you eat it like chewing, it would destroy all your teeth.”

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4.2.5 How the symptoms occurring while consuming Ya-ba

Of the entire informants, none of them took Ya-ba so much that they had illusion. Among female consumers, they further expressed their opinions that there was almost no one who took it so much that they had illusion. They took it only for feeling relaxed only. They always smoked the cigarette at the same time they consumed Ya-ba in order that the feeling of relaxation would stand still for a while. They would take another tablet of Ya-ba, once that feeling began to fade. While consuming Ya-ba, some of the informants told that they touched the feeling of happiness deep inside of them. They completely forgot everything around them and felt only happy.

Besides the emotional feeling of the informants such as the relaxation, they also presented the physical symptoms occurring to their bodies. They indicated that

when consuming Ya-ba at the beginning, they felt palpitated, could neither look at the sun shine nor stay still. They were not hungry and did not want to eat or sleep. These were the results from the pharmacological characteristics of methamphetamine affecting the brain.

“I felt almost dying when I first took it. I felt very much palpitated. All my arms and face were so numb.”

“After I took it for the first time, I could not sleep at all. My eyes were half-closed. I felt very sleepy inside but I could not sleep. It was like my eyes were shaking and I had to harden them. I closed my eyes but I did not sleep. I decided to tell this to my friends and they just said “looked at you, looked at you.” I asked them what happened to me. I just had no ideas what was that but I thought that it might be the normal symptoms.”

“When I was consuming it, I felt O.K. However, a while later, I felt so energetic...something like that. I so enjoyed everything I did and could not finish each activity.”

“In the day time, my eyes were so weak to the sun shine. It was like I am a ghost. My eyes could not look at the light.”

“I felt nothing but happy. However, someone would feel so much about its effect. They may have to squeeze their face and their acne. Some may have to clean the house, the dishes, and the clothes. But those symptoms did not happen to me. I felt just happy and I sat so still. I was absent-minded and thought about the non-sense things. I did not know and had no idea about what I ought to focus on. All I worried

was where to get more money and how I should do in order to be able to buy it again.”

“I completely forgot everything and felt only the happiness inside me.”

There was one informant indicating that her first time in consuming Ya-ba made her feel like sleepy but later when she consumed it continuously she felt energetic more and more. In this case, we could see that it was the natural effect of Ya-ba that besides stimulating the nerves system through neurotransmitter, dopamine, it also blocked serotonin reuptake. This effect created a lot of neurotransmitter serotonin in the cerebellum. The serotonin in the cerebellum affected the sleeping process of human and the feeling of sleepy, therefore, was possible to occur at the beginning when people consumed Ya-ba. Some Ya-ba consumers could get this effect until they consumed Ya-ba continuously for a period of time, then the effect in stimulation would occur afterwards.

“I felt energetic automatically. I perceived this effect myself that it made me sleepless. It stimulated deep inside of me. Well, like it made me working hard and did not sleep. When we knew that it was the natural effect of it, we would understand this feeling. You know, every drug must have its natural effect.”

4.2.6 Consuming Ya-ba and managing households

One interesting issue to observe was the action showing after the informants consumed Ya-ba. Generally, one symptom that must occur to those people consuming Ya-ba was the activation. In other words, they could not stay still. It was interesting

that the expression of this activation in the informants was through managing the households. This was a characteristic of the female identity. Women perceived that they were expected to be a good housewife who should pay a lot of attention to the house. The female informants felt that they had to make themselves useful for the house. When being interviewed about the difference in the actions showing after consuming Ya-ba between male and female, the informants noticed that male and female really expressed the different actions. Female consumers preferred to stay home since they felt that going out too much was considered an inappropriate behavior. They were also afraid that other people would notice that they were the narcotics. On the contrary, the male consumers loved to go out, drink, ride the motorcycle, or pull down everything in the house. Male consumers seemed to ignore about others' opinion towards them.

With regard to some informants, to manage the households from the effect of

Ya-ba that made them energetic was like being rewarded or as if it was the positive reinforcement. This positive reinforcement was in accordance with the Reinforcement Theory of B.F. Skinner. Ya-ba drove the informants to want to do the households even though they were previously labeled as the lazy people. Consuming Ya-ba, in turn, made the informants being admired by the people around them in their behaviors for managing households. Therefore, this was significantly the positive reinforcement for them and caused them consuming Ya-ba continuously.

“It was not bad that we could become the hard working person. I cleaned clothes and house. Some of the consumers may keep plucking their hair something like that. But I preferred cleaning. I cleaned a heap of clothes, wiped the floor again and

again. Even though no one praised me, I loved doing that way. I knew that it was not my real self but I still kept doing it. I tried to be a useful person for my house.”

“When I consumed Ya-ba, I had to do the household. Other consumers may sleep if their bodies were too familiar with Ya-ba to reject it. However, in my case, I had to work a lot for my children. I would not take it if I did not have the necessary things to do. I tried to clean the house and wash the clothes for my children. If there was someone calling me for the work, I would go for it after I had finished the households.”

“I did not feel like going out but I wanted to do the households. I became the diligent person after consuming it. Besidest, I was not hungry at all. It was very good to me; it made me more hard working.”

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4.2.7 Having illusion after consuming Ya-ba

None of the informant used Ya-ba until they had the illusion. They mostly used it until they felt happy for their real situations. They revealed that they had seen someone with illusion before. They further explained that to reach that state, the consumers must have other personal symptoms; for example, being stressed, taking too much Ya-ba, and using many kinds of drugs at the same time.

“It depends upon each person. Someone may be very stressed and they take it so much that the illusion appears. Someone may hear a lot of noises and get out of their mind. As you know, it was the stimulator so it was possible to have an illusion. Well, it depends.”

“I have seen someone reaching that state before. They could sit until bleeding. Some may talk to the dogs. Women can also feel that state. They may smoke until they get blurred and talk to themselves alone. However, these people must take so much of it, perhaps 10 tablets a day.”

When the consumers took Ya-ba for a long time, they would be stronger to resist to its effect. Ya-ba would affect to them less and less and less. Finally, they would not feel energetic after consuming it at all. They may be able to sleep, eat normally after consuming it. This was different from when they used it at the beginning; they felt so active, did not want to sleep nor eat.

“Later, I had to use it before I went to bed or I couldn't sleep. Its effect was not as strong as when I first used it. Well, it was like its effect was absorbed to my body already so it could affect me no more. Therefore, when I got used to it, I could sleep and eat easily.”

4.2.8 Ya-ba and Cigarette

Although every informant has history of cigarette smoking, some smoked only when enjoying with their friends and some smoked only 2 to 4 cigarettes per weeks but the information found in this research showed something interesting. Everybody gave the information that every time they smoked Ya-ba, they had to smoke cigarette. They had to smoke cigarette continuously until they felt that the effect of Ya-ba finished and then started to smoke new tablet. This behavior and feeling happened with every informant. All gave information that if they had not

smoked cigarette, they felt they cannot reach the feeling which was called “rush” or “flush” or “high” (or “Pream” in Thai).

“Smoked (Ya-ba) continuously, smoked a lot, all day and all night, more than 20 tablets a day, tablet by tablet. Smoking Ya-ba made me smoke more cigarette. If I did not smoke, I felt something was lost. It still had strong desire for feeling.”

“Smoked (cigarette) only when using Ya-ba. When ever using Ya-ba, it had strong desire for smoking cigarette”

“Yes, smoked a lot. If I did not smoked, it felt something was lost, high-strung. I had to find cigarette for smoking.”

“It had to smoke. Otherwise, it did not hit the satisfaction point.”

“Yes, smoked a lot. I did not know. If I did not smoke cigarette, I did not use Ya-ba, but, whenever I used Ya-ba, I would smoke cigarettes”

This information which was received from the informants could be explained by the principle of the brain’s rewarding system. As the principle, people who use psychoactive substances report that they have the pleasurable experiences. The mechanisms of these pleasurable or euphoric experiences come from stimulating the neuronal rewarding systems in brains.

Immediately after smoking Ya-ba, the user experiences an intense of “rush” or “flush” or “high” that lasts only a few minutes (This is different from snorting or oral ingestion producing euphoria, a high but not an intense rush. Snorting produces effects within 3 to 5 minutes, and oral ingestion produces effects within 15 to 20 minutes.). Rush is a feeling which can be extremely pleasurable. (National Institute

on Drug Abuse 2006) This experience comes from the stimulation of the neuronal rewarding systems in brains. It increases extracellular dopamine level in the system through the releasing of dopamine from the vesicular storage in cytoplasm and also inhibit the activity of dopamine norepinephrine and serotonin reuptake transporter which helps regulate synaptic levels of dopamine by carrying the transmitter back into the nerve terminal, and act as mild inhibitors of monoamine oxidase. (Luft 1998 : 461-463, Barlow and Durand 2001 : 349, Cami' and Farre' 2003 : 978-980, Nordahl, Salo and Leamon 2003 : 317-322)

All informants used Ya-ba by smoking the vapor of Ya-ba after heating it on the aluminum foil. This is the method that can bring the “rush” feeling immediately.

(Viroj Sumyai 2000 : 83-90) Most of the stimulant drug user often use a pattern of “binge and crash”. It means that pleasurable effects of Ya-ba disappear even before the drug concentration in the blood falls significantly. (National Institute on Drug

Abuse 2006) The method of using Ya-ba by all informants is burning and smoking Ya-ba tablet by tablet. The dosages of methamphetamine in smoked Ya-ba which bring rushing is more than 50 mg. (Erowid 2006) Because, there is no real quality control of the content of methamphetamine in Ya-ba tablet. It can be assumed that they will not receive methamphetamine in the same dosage each time they smoke Ya-ba. If they want to keep the “rush” or “high” feeling for long time until they feel they have to smoke new tablet, they have to use another stimulant that they are used to and cigarettes is the answer.

Cigarette has nicotine, the major chemical component which can stimulate the brain’s rewarding pathway as methamphetamine. Nicotine directly activates nicotinic acetylcholine receptors. Cholinergic neurons arising from the laterodorsal

tegmental area near the border of the midbrain and pons activate nicotinic and muscarinic acetylcholine receptors on dopaminergic neurons in the ventral tegmental area which is the part of the brain's rewarding pathway. The stimulation of these nicotinic receptors by nicotine activates the dopaminergic brain's rewarding pathway. (Galanter and Wartenberg 2005 : 256-260) The result of this activation is the same as methamphetamine. Furthermore, nicotine also stimulates some neurotransmitters which affect the central nervous system such as acetylcholine, norepinephrine, serotonin, etc. These neurotransmitters bring the pleasurable experiences, concentration and satisfaction to the cigarette smokers. (Jones and Benowitz 2006) The Ya-ba users will receive the feeling of rush for a long time until the additive results of methamphetamine and nicotine are lower than the pleasurable experiences they need. They have to smoke a new tablet of Ya-ba again.

Another thing that was received from the interview about the Ya-ba and

cigarette using behavior was that cigarettes had the role of the smoking equipments.

The Ya-ba abusers who smoke cigarettes would have a lighter in hand. The lighter was the important equipment which was used for burning Ya-ba tablets in order to make them vaporize. The Ya-ba abusers also used aluminum foil from the cigarette envelopes as the receptacles for burning Ya-ba tablets by folding the foil in form of a boat and burn under that boat with a lighter. For smoking the vapor of Ya-ba, they also used aluminum foil from the cigarette envelopes by rolling them into pipes and smoked the vapor through these pipes.

4.2.9 The development to be the seller

Generally, Ya-ba consumers always develop themselves to be the sellers. In that case, most of them were the retail sellers. They claimed that it was because of their financial situations. They explained that if they only consumed it, they had to earn more money to buy it from other retailers only in few quantities. Nevertheless, once they became the seller themselves, they were able to buy it in the huge amount and in the cheaper price than buying it in the few amounts. In addition, they could make the bargains from selling it to compensate Ya-ba they consumed. In other words, it could be said that they consumed Ya-ba for free or even made money from the Ya-ba they sold. This caused them feel that it was the very effective solution for their consuming Ya-ba situation. In addition, if they could gain a lot of clients, they could approach the whole sale sellers easier in order to get the more special price and make more benefits then.

“It made me find Ya-ba much easier because I could buy it very cheaply. Buying it by a tablet, it may cost 300 to 500 baht a tablet. But buying it by roles, maybe 5 to 6 roles or 50 to 60 tablets, I would get more reasonable price. Furthermore, I could reach the whole sale seller, I would get the very special price. You know, from 2,000 baht a role would become only 1,700 baht a role. Then I would get a half much more benefits.”

“It helped me find Ya-ba easier and I did not have to restraint at all. Even though I smoked 5 tablets of it, I still got the benefits. I did not have to care much about tomorrow.”

“There were many sellers being not addicted to it. But those sellers addicted to it would get it for free.”

“Later, I was addicted to it so much and the worse was that I didn’t have money. I tried to think what to do so I decided to go to see my friend. She gave me Ya-ba to sell. Then the more I sold, the more I enjoyed. It’s like I had nothing to care or worry about. When I used it, I more dared. I felt like I was great; I both used it and sold it, something like that.”

4.2.10 The accessibility and the availability for Ya-ba

All of the entire informants lived in the places surrounded by Ya-ba. They were very familiar with Ya-ba and heard a lot about it. In addition, all of them knew the people, such as husband, couple, peers, relatives, neighbor, who dealt with Ya-ba a lot. Some of the informants had the family members addicted to Ya-ba, such as parents, brothers or sisters. Some of them may also have the family members selling Ya-ba as the retailer. Therefore, they dealt with Ya-ba since they were very young and became the consumer and the seller subsequently. Their initial behavior in consuming Ya-ba mostly resulted from the persuasion of the people around them especially their peers and husbands. These people brought them the first tablet of Ya-ba. The exception in this case was the informants who sold Ya-ba out of the intention to earn more income for their family only but later consumed it themselves.

The informants mostly bought the later tablets of Ya-ba from their peers or their familiar people. Nevertheless, the data obtained from the interview indicated that the informants could always find Ya-ba even though they did not have the familiar people dealing with Ya-ba. They just asked the people around and knew where to buy

finally. They insisted that finding Ya-ba was a piece of cake. However, when polices seriously suppressed Ya-ba, it was difficult to look for it. At that time, many consumers stopped taking it. The main reason for disposing it at that time was that they were too discouraged to find it. They, nevertheless, revealed that even though when Ya-ba was not easy to find, it was possible to find it if they really wanted.

“I sold it to my friend for my elder sister. My friend recommended me to try it so I did it.”

“My neighbor sold it.”

“You know the narcotics well. If you really wanted it, you just asked for it around. Later the source for getting it would reach you very soon. You should make a lot of friends and then you just asked and asked for it then you would know where to buy.”

“Oh, it was very easy for me. My friend sold it for me.”

“My friend did not tell me where she got it. She just let me smoke it but I bought it from her; it was not free. At the beginning, I asked to buy only a quarter of it from her and then a half of it and more and more.”

The existing as well as the availability of Ya-ba made it easy for the people in that community to find it for consuming. This was the factor causing the expansion of drugs as well as the increasing of the consumers. In addition, it prevented the disposing process of the former consumers. In other words, those consuming it for a long time were still pleased to take it continuously although they knew well about its danger and illegality. This was because of the comfort in accessing it (Tipawadee

2002 : 30, Wanapa 2000, Smith 2003). Regarding those who had never used it before, they could easily become the narcotics. Especially, when they were persuaded by the people around and the environment they lived. It was noted that the informants heard about the movement of Ya-ba in their community all the time. Therefore, whenever they wanted to consume Ya-ba, they could find it easily. This was also the factor increasing the number of Ya-ba consumers including the informants themselves. In addition, we found that the informants noticed that at the time the polices seriously suppressed Ya-ba, many of the consumers automatically stopped having it. They agreed that if there were no Ya-ba existing, they must dispose of it automatically as well. To sum up, we may conclude that the accessibility and the availability of Ya-ba were one of the main factors causing the Ya-ba consuming behaviors. Therefore, if the government intends to solve Ya-ba situation, they must empty Ya-ba for sell or make it rare to find as much as possible. Then the Ya-ba situation could be solved partially.

4.2.11 Mother and motherhood; the influencer for disposing of

Ya-ba

Mother was the first person the informant thought of when they were asked about the person supporting them and encouraging them in attending the treatment at Thanyarak Insitute until the end of the program, 4 months. Their mothers were also the person they leaned on for stopping taking Ya-ba, especially in the informants who did not have any children. We found that some of the informants very cared for their mothers. They tried not to let their mothers know that they were addicted to Ya-ba. Even though their mothers could notice that they were really addicted to Ya-ba and tried to force them to tell the truth, they tried to deny. They gave the reason in doing

so that they did not want to make their mothers sad or disappointed. In other words, they tried to make their mothers happy.

“I did not tell anything about this to my mom because I honored her. She must be sad if she knows this. If she tried to ask me the truth, still I kept it confidentially. Well, I tried to honor the place I belonged to. My friends could not talk anything to my mother too. I told my friends that my mother stayed home and you could not busy her. I realized that whether I was a good or bad guy depending upon myself only not anybody else. I had to make my mother as happy as possible. However, I just could not stop taking it. What I could do was stop having it before her face only.”

“My mother was another factor driving me here. She and my sister pleaded me and sent me up here. They asked me to stay here and not try to escape. They told me that everything was just for myself. She offered herself to look after my child and let me comfortable. She afforded me everything as well. I really care for my mother because she also suffered a lot from me. I miss my mom.”

Besides their mothers were the people they put their faith with. As for the informants having the children, motherhood and their children were the motivation driving them to dispose from Ya-ba. This group of informants did not want to be apart from their children and wanted to be back and stay with their children as soon as possible. They did not want to let their children down in them. It could be noticed that the children of these informants were not addicted to Ya-ba at all. The informants being a mother tried their best to teach their children not to deal with Ya-ba no matter

what. They were so proud of the well manner of their children. In addition, their destination in disposing from Ya-ba was their children.

“Previously, I tried to walk out from those persuading me. But you know I had to live with them. They were my friends and my family members. It was hard to reject them. However, now, I don’t care at all. I am done with it and I will not deal with it at all. I really hate to be apart from my children.”

“My child knows that I both take and sell Ya-ba but none of the young in my family is addicted to it. The relatives of my husband tried to teach my child that Ya-ba is not good. However, when my child sees the police, he will run to tell me. He might learn this through the environment he lives or there may be the neighbor telling him to do so. I gave him many reasons why I have to sell Ya-ba. In the same time, I emphasized that this was such a bad thing I had to do and told him not to be as me. I had to do that because I needed money. I am ok if he would drink alcohol or smoke cigarette. One thing that I beg him is not to be like me.”

4.2.12 the return to Ya-ba cycle

Many of the informants had been arrested in the allegation concerning Ya-ba before they attended the disposing program at Thanyarak Institute even though they had actually stopped taking it for a while. They revealed that while they were arrested, they did not take it at all. However, once they were free, they returned to it. This was because they either had to go back and live the environment full of Ya-ba or they had to deal with Ya-ba again. Normally, they would go back to the same group of friends or houses dealing with Ya-ba since they could not move to live in other places.

Therefore, when there was someone persuading them to deal with Ya-ba again, and at the same time they did not intend to dispose from Ya-ba absolutely, they returned to the cycle of Ya-ba again.

“It began when I went back to my friends. I know well that they were still addicted to it and I did not want to dispose from it too. Well, I had no idea what it would be if I had to live in other places or other society. To go back to what I was familiar with which was my friends taking and selling Ya-ba seemed to be the best thing for me. It was like the proverb that dog has ever eaten its shit.”

There was another significant issue concerning the return to Ya-ba among the old informants having family and children. The main factor driving this group of informants to return to Ya-ba either to sell or to consume it in this case was the financial problems. They did not have the job to do which was the result from their female being. When the weakness in the gender combined with their age as they grew older, they could not find any jobs to do. Even though in factories where many of uneducated females worked, it accepted only women age no more than above. We can see that there was no the requirement in education level for working in the factories. Therefore, the only limitation for working in the factory was age. On the contrary, for male workers, there were no limitations for accepting them to work at all. The informants reported that there was always the chance existing for male in finding a job. There were many workplaces accepting male to work without the qualification about the age at all. They further explained that male also had more advantage to do many fields of jobs even the jobs like laboring. When giving information in this issue,

the informants expressed the strong oppression towards these sexual and age discriminations.

“I am 30 up now. I applied to many workplaces but none of them hired me. All I can do is just sleep at home without any works to do. I have been out from the institute for a few months but there is no works for me.”

“I wish there are works provided for us. The work I got before I came here was gone. We have to sell it since we just don’t have other works. We are 30 now; no one would like to hire us anymore. I went out from jail when I was almost 31.”

Since the informants could not find any jobs to work, they had no money, and they met the friends from the jail and at home, when they were persuaded they decided to sell and consume it again, although they had never touched Ya-ba at all for 7 years in jail. To sum up, the return to Ya-ba solved the informants’ financial problems.

“I had stopped taking it for 7 years. Then I was free from jail and worked for 2 years. Later, I returned to consume it again because I met my old friend (my sister was still in jail, I left first). That friend had been in jail with me. She returned to sell it first and persuaded me to do like her. I did not have to invest anything. I could get both Ya-ba to consume for free and the money to use as well. Actually, I had my followers helping me to sell it. They used to help me doing so before. They always came and asked me if I started doing that again or if I had some Ya-ba. They left their telephone numbers for me too so I decided to do it again.”

4.2.13 The perceptions and believes towards Ya-ba and being addicted to the drugs

The researcher found that the informants possessed the wrong perceptions towards Ya-ba in two aspects. They were the wrong perceptions in the possibility of being addicted to Ya-ba and the danger or the violence of Ya-ba. These led to the wrong believes towards Ya-ba afterwards and caused the informants to consume it finally.

According to the perception in the possibility of being addicted to Ya-ba, we found that every informant perceived that Ya-ba was a kind of drugs that we could be addicted to it. However, they experienced that everyone who consumed Ya-ba could always stop taking it once they wanted to. In addition, it was not the temporary disposing but it was a long term disposing. Therefore, the information presented through many media that Ya-ba was a drug was very contradictory to their direct experience. In addition, they did believe that in case that they were really addicted to it, they could stop taking it very easily. Until they tried it themselves, they just realized that they could not overcome it and had to use it continuously.

“I did not know that I could be addicted to it such easy. I always thought that it could be disposed but that was not true.”

“I thought that I would never be addicted to it and I could stop taking it. Actually, at that time, I knew that it was the dangerous drug but I underestimated it.”

“I was just curious and wanted to try the new things at that time. I wanted to test if I would be addicted to it or not. Besides, I found myself just staying home all

day; I did not have to go out to do anything. Hence I just thought that it would be alright if I was addicted to it.”

The informants did not accept that they were addicted to Ya-ba even though they had to take it more than 10 tablets a day. This was because they misunderstood that they could stop using it very easily. The symptoms occurring after this disposing from Ya-ba was just sleepy and fell asleep in a short time. After that, they would be only hungry and recover very soon. They indicated that these kinds of symptoms were not the symptoms of drugs addiction. They thought that the symptoms of drugs addiction must be like the dysentery from craving heroine and would be much more painful. Therefore, they did not see themselves as the narcotics and they felt that Ya-ba did not harm their bodies at all. We may see that the information presented from the media like “The Ya-ba consumers must die and the seller must be in jail.” very contradicted to the informants’ direct experiences. They had never seen anyone immediately die from being addicted to Ya-ba before so they viewed Ya-ba had no dangers. They misunderstood that if being addicted to Ya-ba was very dangerous then the narcotics must be in pain or even die immediately when stopping it, just like the symptoms from withdrawing heroine. On the contrary, the informants saw only the benefits they got from Ya-ba; for example, being happy, relaxing, hard working, being admired, having more income, getting along well with friends, and being braver. These were significantly wrong perceptions about Ya-ba and being addicted to Ya-ba that the informants possessed. In addition, they led to Ya-ba consuming behaviors due to the perception that they were not addicted to it.

“I could stop having it as I wanted. Besides feeling sleepy, I felt nothing”

“It was not the same as being addicted to heroine which you must feel so painful deep in your bones. You know no one has dysentery from Ya-ba.”

“After withdrawing it at the beginning, I may feel strange a little bit. But few weeks later I am O.K. with it.”

“I stopped it completely at once. My friends still persuaded me but I did not take it at all.”

“I believed that I stopped it myself (promptly reply) because I was not addicted to it.”

“To stop taking Ya-ba did not feel like you think. We just felt sleepy and hungry but nothing like being upset at all. I could sleep for a very long period. For a week later, everything was just O.K. I ate and then slept.”

“Ya-ba could not be compared to heroine at all. Heroine is much stronger. I will never take heroine at all ever. For Ya-ba, I can take it or stop it very easily. Just depends on the situation.”

“Ya-ba has never killed anyone. We may feel sleepy at most. Those people getting mad and robbed other people, I believe that they must take other kinds of drugs with Ya-ba. When consuming Ya-ba, we were just nervous about the coming of the police.”

“To stop taking Ya-ba, we just have to rest enough; eat and sleep for week, and then it would be O.K. There are no effects to the health.”

4.2.14 The definition of stopping and withdrawing from Ya-ba in the informants' views

The informants viewed stopping and withdrawing Ya-ba differently. This led to the level of the confidence they had in being treated in the program. Their views towards these two behaviors were as follows.

To stop consuming Ya-ba It was just a break from taking Ya-ba for a while. It was acceptable to return to take it again; for example when they met the friends, or when they wanted to try. Some of the informants in this case may be able to stop taking Ya-ba for years.

To withdraw from Ya-ba It was the absolutely disposing from Ya-ba. The informants in this case would never return to Ya-ba no matter what.

The informants' definition of stopping and withdrawing Ya-ba could lead to the estimation in the achievement for their treatment. They all were unsure if they would go back to deal with Ya-ba or not since it must depend on the environment they lived. Their old environment may cause them go back to deal with Ya-ba again. Many of them believed that they may consume Ya-ba again even though they completed the rehabilitation program: FAST Model of Thanyarak Institute.

“If you mean to stop taking it for a while, then yes, but if you mean to withdraw from it forever, then no. To stop taking it for a while mean I will return to take it soon, while to withdraw it forever means that I will never deal with it for my entire life which is absolutely impossible. By the way, if I take it again in the future, I will use it only in the less quantity, perhaps half of what I used to take. What I am doing now in the program is just like I am in the break only. If you mean to withdraw

from it forever means that I must go away from it forever and it is impossible. You know it depends on the environment we live. I can stop taking it for a while but I certainly cannot withdraw from it forever.”

“It’s very sure that I cannot withdraw from it forever but it is O.K. for stopping taking it for a while. To stop taking it and to withdraw from it forever are different. To stop is like having a break but to withdraw from it is like go away from it forever and this is impossible for me. You know I have to face with it all the time among my friends, my family.”

“It is O.K. to stop taking it for a while but to withdraw from it forever never happen no matter with whom. To withdraw from it forever is not to deal with it at all even to sell it. Among all of us, none can do that.”

“When I stopped taking it, my body was O.K. and felt nothing. However to withdraw from it forever is much more difficult. When I stopped taking it, it was very simple. I don’t want anyone to urge me and that is all.”

The definitions the informants gave to the behaviors like to stop taking it and to withdraw from it forever reflected the informants’ believes towards Ya-ba as well. With regard to the officers providing the treatment for the informants, they assumed that the treatment could make the informants disposed from Ya-ba. They believed that the informants should be strong enough not to consume it again. According to the research concerning the FAST model (the effectiveness of rehabilitation stage program (FAST model) in Thanyarak Institute of Drugs Abuse), there was an indicator they employed in testing the achievement in treating the patients which was that the patients did not go back to consume Ya-ba again within 1 year (Vimol

Luckkanapichonchat et al. 2003). Nevertheless, the informants viewed that the return to consume Ya-ba again no matter when was not considered as being able to withdraw from Ya-ba. Therefore, they believed that they could never dispose from Ya-ba while they did not feel that Ya-ba was dangerous at all since they could stop using it as they wanted. This may affect the country's solution for Ya-ba.

4.2.15 The opinions towards sexual differences concerning Ya-ba

When being asked about the differences between genders; male and female, concerning any behaviors about Ya-ba, the informants thought that there were both the similarities and the differences between the two genders in Ya-ba issues. The issue that they found no differences between male and female about Ya-ba was the cause in consuming it. Most of the informants revealed that the initial behaviors in consuming Ya-ba were caused by the same influence both in male and female which were peers, people around, and environment. What were different between male and female in consuming Ya-ba were the methods of taking Ya-ba, the actions after consuming Ya-ba, and the purposes in consuming Ya-ba. The informants reported that male consumers would take more Ya-ba than female. After male consumers taking Ya-ba, they always went out, drank, and rode the motorcycle. On the contrary, female consumers preferred staying home, cleaning their houses, and making themselves useful for their residences. Some of the informants further indicated that the reason why female consumers loved to stay home after consuming Ya-ba was that they were aware that others may know that they were the narcotics and may put them down. Male consumers, generally, did not care about this issue. For the purposes in

consuming Ya-ba, the informants explained that male consumers mostly wanted to enjoy the effects of Ya-ba while female consumers, especially those having family and children, were concerned more about their jobs and occupations. In addition, female consumers seemed to pay more attention to the financial situation in their families, therefore, they consumed Ya-ba in order to be able to work harder and make more income for the families.

“It must be very different. The man must take more. But for the women like me, I took it for working reason and never did it just for fun.”

“Both men and women just feel the same when using it but they would act differently. Men love to demolish everything; the cars all destroyed, they love going out to drink, and they always drive around. Women consumers love staying home only.”

“Frankly, I used it for work. I wanted to work more. At the beginning, I did not use it at all. Later, my friends told me that it would help me a lot. When I worked without using it, I got 120 to 130 a day. Once I used it, I got 200, 250 to 280 a day.”

4.2.16 The society’s points of views towards Ya-ba

The informants indicated that the social always saw it was strange if the women were addicted to Ya-ba, especially in case that the women consuming it gathered in group. The informants further explained that actually it was just normal when women consuming Ya-ba were in group. Among the Ya-ba consumers, they did not see that this behavior was strange at all. However, the social expected that the Ya-ba consumers gathered together in group should be male rather than female.

“When I was arrested for the first time, I took a lot of Ya-ba. The police saw us as the strange creatures. Well, we were in the Ban Pai, Khon Kaen Province. There were only women there; totally 5 people. Many polices wanted to look at us with their eyes. They had never seen women gathered together such many. They watched us carefully and arrested us. But the worse was that there was no water in the toilet so we could not flush down the 12 tablets of Ya-ba. The police challenged me to eat it so I swallowed all of them at once. Finally, they wrote the report that we each took it 5 tablets and 11 tablets. Well, we were arrested and fined. My mother came to pay for it.”

The informants revealed that when consuming Ya-ba, they worried that the society would perceive them as the bad person. They did not want anyone to know that they were addicted to Ya-ba. Therefore, they avoided going out at day time. On the contrary, male consumers did not care about this at all and preferred to go out more often than female consumers.

“I can’t go out because if I do, I must show something suspicious and others would notice.”

“During day time, I did not go out at all. I couldn’t stand the sun light. My eyes would be closed. It was not because I was afraid that I would look terrible.”

4.2.17 The opinions towards government concerning Ya-ba

The informants accepted that the government could widely promote the dangers and the illegality from selling and consuming Ya-ba. All of the informants well perceived all information presented by the government. They knew that the government wanted everyone to go away from Ya-ba; it could kill people. Nevertheless, the problem was that they had never seen the appearance of Ya-ba before. Therefore, when they first saw people around them use it, they were so surprised and willing to try it themselves. In some cases, the informants did not even realize at all that what they were smoking was Ya-ba.

In addition, the information presented by the government were so contradictory to their real experience. Since they have never seen anyone die from consuming Ya-ba as the government presented, therefore, they would like to test this fact themselves to see if they would really be addicted to it or not. Moreover, when some informants saw the presentation from the government such as the announcement and posters, they felt more challenged. This feeling urged them to try it finally. The informants reported that the campaigns from the government may be affected only those who never consumed Ya-ba before. As for those being addicted to Ya-ba already, it made neither feeling nor the positive or negative reactions to Ya-ba. They did not ever notice that they should dispose from Ya-ba at all.

“I acknowledged what they were trying to show but I was so stubborn and wanted to win. I did not care what people thought. At that time, between my parents and Ya-ba, I chose Ya-ba.”

“What the television was trying to promote did not work at all. Well, it may affect those who never used it but for those being addicted to it already, that information was very nonsense. By the way, people were very different. Someone may be illiterate; for example, those living in the slum. In that case, the government should aim to eliminate as many sellers as many as they could.”

The informants agreed that if the government could eliminate all Ya-ba, the number of the consumers should be reduced. Since during the time the government seriously suppressed Ya-ba, many of the consumers stopped taking it without the substitution of other kinds of drugs at all. They did not feel unwell from disposing from it at all.

In addition, the informants further suggested that if they had the good jobs to work and had an income, the returning rate to Ya-ba would be reduced as well.

“If I get out of here, I don’t think I would use it again. I would have a coffee shop. Well, if I have a good job why I have to use it. I will go back home and live with my children. They don’t know that I am here now.”

4.3 Summaries as the psychological factors, the sociological factors and the biological factors

Since the objective of this research is to find the psychological and sociological factors (including the biological factors if it could be found) that predispose Thai women to abuse Ya-ba. The research finding can be summarized in the psychological, sociological and biological factors as follows:

4.3.1 Psychological factors

4.3.1.1 Personality: High self-confidence, high self-efficacy

Even though this research limitation was that we did not employ psychology test to test the personality of the informants, the interview revealed that almost all the informant (except one informant whose reason for consuming Ya-ba was to work

harder for the family) possessed very sensitive personality; they let emotion lead them in any decisions they made, they loved risking (had the risk taking behavior), they had sensation seeking trait. Sloboda and Bukoski (2003 : 31-40) indicated that these kinds of personality drove the informants to want to try and know more about Ya-ba whenever they saw and heard about Ya-ba from any media and campaigns promoting the danger of Ya-ba. Every informant was very self-confident and strongly believed in their potential. Therefore, they dared to consume Ya-ba since they believed that they could overcome it. The examples which received from the informants such as:

“It was all because of me. Well, I followed my heart. I did what I wanted to do. I wanted to try everything even the drugs.”

“If my boyfriend had not used it, I would not have used it too. It’s like if you use, I will use then. No one would surrender or lose the benefits for another.”

“I thought that I would never be addicted to it and I could stop taking it. Actually, at that time, I knew that it was the dangerous drug but I underestimated it.”

“I was just curious and wanted to try the new things at that time. I wanted to test if I would be addicted to it or not. Besides that, I found myself just staying home all day; I did not have go out to do anything. Hence I just thought that it would be alright if I was addicted to it.”

“I believed that I stopped it myself (promptly reply) because I was not addicted to it.”

4.3.1.2 Low self-esteem and negative self-concept

The research also found that some of the informants possessed both low self-esteem and negative self-concept. These kinds of personality mostly found in the young informants and the informants who did not have to take care of their families. Regarding the latter group of informants worthless, no one would care how they lived, they owned their lives, no one would worry about them even they took Ya-ba. They believed that they could dispose Ya-ba if they wanted and they would never be addicted to Ya-ba. As for the first group, those who did not earn money for their family felt that their lives were useless and boring. Therefore, they took Ya-ba in order to make their lives more meaningful and energetic. The motivation from Ya-ba would be discussed afterwards. The cases of “Sao” and “Bus” may be examples of the one who wanted something valuable for their life and one who felt lonely and felt separated.

To consuming Ya-ba made the informants feel their lives were worth living. Therefore, they had more self-esteem and dared to do the things they had never done before. Some of the informants being quite coward revealed that they were braver to fight with other people; for example, expressing their ideas. These fulfillments led to informants' the positive attitudes towards Ya-ba and caused them to consume it continuously.

4.3.1.3 Psychological reinforcements

Reinforcements are the consequences of action that determine whether the actor receives positive (or negative) feedback and is supported socially afterward.

Although the reinforcing factors were not considered the direct factors causing the informants to start consuming Ya-ba, they indirectly influenced the informants for this behavior. The informants had perceived about the benefits of Ya-ba for a long time.

They observed the benefits among people being addicted to Ya-ba around them; for example, the shape of these people, the happiness, the hard working behavior, the awakening. The one, who used Ya-ba felt happy and free from the situation they wanted to be free, had the relaxation or pleasure. The unemployed people also felt more value in themselves. It could be concluded that Ya-ba served their expectation. When they tried Ya-ba themselves, they did get the positive reinforcement from Ya-ba. Therefore, they decided to consume it continuously and subsequently became the narcotic. We may see that reinforcing factors were significantly related to the behavior in consuming Ya-ba: initial behavior and continuous behavior

The psychological reinforcement was the inner drives of the informants. They found that after consuming the first tablet of Ya-ba, they got what they expected which were as follows.

The relaxation or the sense of pleasurable

They felt happy and free from the situation they wanted to be free. The unemployed people also felt more value in themselves. It could be concluded that Ya-ba served their sensation seeking.

“I completely forgot everything and felt only the happiness inside me.”

The fulfillment in self-esteem and self-confidence

To consume Ya-ba made the informants feel worth and meaningful.

Therefore, they had more self-esteem and dared to do the things they had never done before. Some of the informants being quite coward revealed that they were braver to fight with other people; for example, expressing their ideas. These fulfillments led the positive attitudes towards Ya-ba of the informants and caused them to consume the Ya-ba continuously.

“They scolded my mother and I hated that so I just shouted aloud. Ya-ba made me more aggressive because without Ya-ba I just could not do that. Ya-ba made me bad-tempered and brave enough to argue. By the way, at the beginning I may feel so great about this but later I really could not see why I had to fight like that.”

4.3.1.4 Knowledge

The data obtained showed that the education level of the informants was no higher than the secondary school. Therefore, it could be concluded that the academic knowledge of the informants was not considered high. With regard to their knowledge about Ya-ba, the data indicated that the informants knew just partial information about it. Generally, they got Ya-ba information through their direct experience since all of them lived in the environment where many people consumed Ya-ba. As for any further information about Ya-ba, they learnt it from other media. They generally perceived that “Ya-ba was the dangerous drug” and “You can be addicted to Ya-ba”. Nevertheless, the informants’ perception that Ya-ba could be addicted very much contradicted their experience since they previously acquired incomplete and incorrect information about the symptoms of drug addiction. They perceived that those who were addicted to drugs must have the withdrawal symptoms which were very painful like severe stomachache. They misunderstood that these symptoms could happen only to those addicted to heroine but would never happen to those were addicted to Ya-ba. They thought that the symptoms those addicted to Ya-ba had when they did not consume Ya-ba were only sleepy and hungry. The informants also misinterpreted that these symptoms were not the withdrawal symptoms of Ya-ba addiction. This fundamental knowledge about Ya-ba led to the informants’ wrong believes.

We may notice that the incomplete and incorrect information about Ya-ba that the informants had; for example, “Ya-ba is the dangerous drug” and “You can be addicted to Ya-ba” reflected their lack of information about Ya-ba. The example received from the informants was that *“I did not know that I could be addicted to it such easy. I always thought that it could be disposed but that was not true.”*

Therefore, the insufficient information was the main factor affecting their decisions in starting consuming Ya-ba.

4.3.1.4.1 Lacking of knowledge about how Ya-ba is (looks like)

The research found that at the beginning the informants did not know how Ya-ba looked like. They knew only that Ya-ba was in the form of tablet but they had never seen Ya-ba before. We may see that even in the media from the government, the appearance of Ya-ba was rarely presented. That they had never seen Ya-ba before caused them will and eager to see and try it. The eagerness encouraged them to want to see Ya-ba and even ordered it to try. The examples which received from the informants such as:

“My boy friend was working unscheduled hours, and used the drug. What is It? I asked. It’s Ya-ba, he said. I did not know Ya-ba before, and did not truly believe it was what he had. He let me try, and after I tried, became addicted”.

“Started taking when 18” “The first time saw it from the foil of my boyfriend, a user. I’d never seen it before. It was a tablet, smelled it, it smoked up, and I breathed in. I watched my boyfriend use it and just wanted to know what it was. I asked to try and he asked if I wanted to, and then tried.”

4.3.1.4.2 Lacking of knowledge about danger from consuming Ya-ba and having knowledge only in the positive side of Ya-ba

The informants did not know that consuming Ya-ba could harm their health, especially their brain. They knew only that consuming Ya-ba made them alert and feel full which served their expectation in consuming Ya-ba. Therefore, we could conclude that the informants recognize only the benefits of Ya-ba that may occur to them rather than the danger of it. The lack of knowledge about Ya-ba's danger and the possession of the knowledge about Ya-ba's advantages only became the factors affecting the informants' decisions in consuming Ya-ba. The examples which received from the informants such as:

“Yes, I want to take care home. Before I am lazy, just sleep and eat, no rather do anything. When use drug, I feel better and it make me diligent.”

“Feel good when smoke up, it make me diligent”

“Ya-ba could not be compared to heroine at all. Heroine is much stronger. I will never take heroine at all ever. For Ya-ba, I can take it or stop it very easily. Just depend on the situation.”

“Ya-ba has never killed anyone. We may feel sleepy at most. Those people getting mad and robbed other people, I believe that they must take other kinds of drugs with Ya-ba. When consuming Ya-ba, we were just nervous about the coming of the police.”

4.3.1.5 The wrong perceptions and believes about Ya-ba

Regarding to the informants' believes and perceptions about Ya-ba, this research employed the Health Belief Model as the guidelines to explain this topic. The Health Belief Model suggested that the health believes of human came from individual's own believes and perceptions which could be classified into 5 following groups:

Perceived susceptibility – Perceived susceptibility is the perception or beliefs of susceptibility to a disease or condition of any individuals. In this study, it means the perception of the informants as to how easy they could be addicted to Ya-ba.

Perceived seriousness – Perceive seriousness refers to the beliefs an individual holds concerning the effects a given disease or condition would have on one's state of affairs. These effects can be considered from the point of view of the difficulties that a disease would create. In this study, it means the the informants' beliefs in the harmfulness of Ya-ba.

Perceived benefits of taking action – refers to the beliefs of an individual that taking action towards the prevention of disease or bad behaviors would make him to have good conditions. In this study, it means the beliefs in the benefits of giving up using Ya-ba.

Barriers to taking action – refers to the beliefs of an individual that taking action toward the prevention of disease or bad behaviors would make him into the inconvenient, expensive, unpleasant, painful or upsetting conditions. The action may not take place, even though an individual may believe that the benefits of taking

action are effective, if he perceives or believes that stopping those bad behaviors brings inconvenient situations to him.

Cues to action – Cues to action is an individual's perception of the levels of susceptibility and seriousness provide the force to act. Benefits (minus barriers) provide the path of action.

When the obtained data was brought to explain altogether with the Health Belief Model, it was found that the informants possessed the wrong information about Ya-ba in the first two parts of the model; perceived susceptibility and perceived seriousness. This led to the wrong believes towards Ya-ba and caused the informants consuming Ya-ba finally.

According to the part of perceived susceptibility, when all of informants consumed Ya-ba for the first time, they did not believe that they were going to be addicted to it. Even though, they learnt from many media that “Ya-ba is a narcotic”, “Once we consume Ya-ba, we will be addicted to it” and “Ya-ba is a narcotic. You will be addicted to it even though you take it only once”, they put their faith in their direct experience. They heard from their friends being addicted to Ya-ba that they could stop consuming Ya-ba once they wanted. In addition, the informants thought that they may stop having Ya-ba forever whenever they wanted since some of their friends had stopped taking Ya-ba for months. Therefore, the information they acquired from the media sharply contradicted their background experience. They concluded everything about Ya-ba themselves that they would never be addicted to Ya-ba such easy as the government and other media tried to present. They further concluded that in case that they were addicted to Ya-ba, they could stop having it very easily by their

control. However, when they really tried Ya-ba, they were really addicted to it, they really could not stop having it, and they eventually became a narcotic.

The examples which received from the informants such as:

“I did not know that I could be addicted to it such easy. I always thought that it could be disposed but that was not true.”

“I thought that I would never be addicted to it and I could stop taking it. Actually, at that time, I knew that it was the dangerous drug but I underestimated it.”

The data revealed that the informants did not accept that they were addicted to Ya-ba, although they took it more than ten tablets a day. This was because they heard that when people stopped having Ya-ba, they would be only sleepy and fell asleep. After waking up, they would feel hungry, wanted to eat and they would be healthy and recovered very soon. The informants indicated that these symptoms, therefore, could not be considered the symptoms of drug addiction. They claimed that the symptom of drugs addictions must be restless, dysentery, very much similar to the symptoms of heroine dysentery. Hence, they did not feel that they were addicted to Ya-ba. They strongly believed that Ya-ba was not so dangerous to their health. They felt totally opposite to the information about Ya-ba presented by the media. They reported that they had never seen anyone die immediately after taking Ya-ba as the media tried to show. They thought that if Ya-ba was very harmful to their health, they would feel as painful when they stop having it as when one stops having heroine. On the contrary, they acknowledged only the information that supported the advantages of Ya-ba; for example, Ya-ba brought the feeling of happiness, relaxation, energetic,

other people would admire you from the hard-working behaviors, you would earn more income, you would get along well with friends in group and you would dare. We may see that this information was very wrong towards the use of Ya-ba. The informants accepted only the benefits of Ya-ba and believed that Ya-ba was useful rather than dangerous.

Therefore, the wrong information and the improper believes about Ya-ba were considered a factor causing the informants to start consuming Ya-ba and continuously take it since they misunderstood that they were not a narcotic.

4.3.1.6 Positive attitude towards Ya-ba

The theory reason action which is used to examine predictors of behaviors (Ogden 2000: 30-31) emphasized a role for social cognition in the form of subjective norms and individual's attitude. We may see that attitude is attributable to individual's knowledge and belief. The attitude was the main factor leading to the intention or tendency of people to act. The obtained data of this research showed that even though the informants did not have significantly positive attitude towards Ya-ba, they did not have any negative attitude towards it. The most important issue was that the informants crated the positive attitude towards Ya-ba well before they consumed it. This was the results from their experience from which they learnt that Ya-ba could solve any problems in life at that time; for example, Ya-ba could make them work harder, it could take them away from the fact they had to encounter. These kinds of attitude, although, were not considered pure positive, they were neither negative at all. Therefore, we could conclude that the positive attitude and the expectation from

taking Ya-ba were among of many factors motivating the informants to start consuming it.

4.3.2 Sociological factors

4.3.2.1 Identity and role of female

Since this research focused on Ya-ba female consumers, we found that the identity of female characteristics was considered another factor motivating these female informants to start consuming Ya-ba

As all of informants were women as previously mentioned, their identity mostly concerned with the beauty and shape. They tried to keep their shapes slim and not too much plump because they had the value that slim women were beautiful.

According to the obtained data, we found that most of the informants had ever consumed more than one type of drugs. Nevertheless, they chose Ya-ba as their best choice since they heard that Ya-ba made people feel full and did not want to eat. This effect of Ya-ba was different from other kinds of drugs such as marijuana which made the narcotic feel hungry. Therefore, once the chance for trying or consuming Ya-ba came, they were pleased to take it. That the Ya-ba made the consumers felt full caused the informants wanting to take it more and more because besides feeling full, their weight was reduced as they expected to be the beautiful women.

In addition, there were some particular roles of female that were also considered another factor encouraging the informants to consume Ya-ba. Traditionally, Thai women are expected to manage the household and stay home all day especially at night time. The young informants felt offended and opposed this

social value. They wanted to be free from this social norm. Therefore, when someone offered them Ya-ba, they were pleased to challenge it.

Besides the well-behaviors expected of Thai women, this research found that They also had the significant role as a mother who had to look after their children and family. They were forced by this role to earn more money to support their family members. Therefore, the informants in this group wanted to work more in order to get more money. Hence, when someone offered them Ya-ba by showing them many benefits of Ya-ba; for example, it could make people working in agricultural areas work faster and longer (such as the case of “Eye”), and it could make those working at night work longer without feeling sleepy, they accepted it.

4.3.2.2 Peers and family

Everyone around the informants, including relatives, peers, husband, couple, and family members, had to deal with Ya-ba in some ways. Furthermore, the person who offered the informants the first tablet of Ya-ba was among these people. The informants’ primary group of people was also an important factor affecting the informants’ decision in consuming Ya-ba. These people instilled the wrong values about Ya-ba to the informants by being a model in consuming Ya-ba and convinced the informants about the advantages of Ya-ba. The informants were motivated through the experience of people around them who consumed Ya-ba. Consequently, they did believe that they would get the benefits from Ya-ba the same ways as these people. This learning process happened automatically in accordance with the social learning theory. The informants’ intimate people were their source in learning everything about Ya-ba; for example, how to use it, and where to look for it. In addition, these people

were the informants' leader in leading them approach the first tablet of Ya-ba. The influence of the intimate people on the informants' decision in consuming Ya-ba was in accordance with the social control theory of Travis Hirschi (1971: 159) as mentioned. This theory focused on the relation between the narcotic and the intimate people. The data showed that the informants took Ya-ba without feeling guilty at all because all of people around them also felt happy about Ya-ba especially in the family that the members were the Ya-ba seller or their mother also consumed Ya-ba. Therefore, the informants did not feel that consuming Ya-ba was offended by their family.

4.3.2.3 Values towards Ya-ba

According to the data obtained, the informants considered Ya-ba superior to other drugs that were widely consumed such as marijuana and evaporations.

Therefore, they believed that the people being addicted to Ya-ba were also superior to people being addicted to other kinds of drugs. In addition, the ways in consuming Ya-ba were also divided into classes. The informants viewed the people consuming Ya-ba through smoking Ya-ba's vapor were superior to those consumed it through eating since the latter group was mostly the laborer or the truck drivers. Consuming Ya-ba through smoking its vapour was considered superior to consuming evaporations or marijuana, therefore, the informants were very proud to consume Ya-ba rather than other kinds of drugs.

4.3.2.4 Being labeled by the family members

This research discovered that to be labeled a narcotic was another factor motivating the informants especially the young informants to consume Ya-ba.

Generally, the young informants always went out with their friends who seemed to be the Ya-ba narcotics. To have these people as friends was opposed to the value of being a good girl. Therefore, the informants were labeled from everyone in their family such as their father, mother, grandfather, and brother, that they must also be a Ya-ba narcotic like their friends; although the informants insisted that at that time they had never consumed Ya-ba at all. Therefore, when being accused by the family who should be the people trusting them the most, the informants decided to consumed Ya-ba in order to mock at them. These findings could be supported by the “primary devices” stated in Labeling Theory of Charles H. Cooley and Edwin Lemert (Cooley 1902 in Witters et al.1992 :39, Lemert 1995 :133-141).

Clearly, the predisposing factors were something that had happened or existed before the acts of individuals. Therefore, they led to the action of people which, in this research, meant the action in consuming Ya-ba for the first time. We found that the psychological factors such as knowledge and believes led to the positive attitudes towards Ya-ba and caused the informants to eventually start taking Ya-ba finally. In addition, other factors such as self-confidence, self-efficacy, low self-esteem, and negative self-concept were also considered the factors causing the informants to consume Ya-ba. As for the sociological factors: the identity, female role, influence of surrounding people, values towards Ya-ba and labeling, were the factors leading the informants to consume Ya-ba.

4.3.2.5 Sociological reinforcement

Besides the psychological reinforcements, the informants also got the sociological reinforcement from people around them. Therefore, they kept consuming Ya-ba.

4.3.2.5.1 Positive reinforcement from peers

Since the informants lived in the environment full of Ya-ba consumers, they felt that they could get along with their friends better especially the peers who were Ya-ba consumers. Their peers were the people who looked for Ya-ba for them and supported their every business concerning Ya-ba. The peers presented their own positive experience to the informants. Therefore, when the informants became a Ya-ba consumer, they felt that they were a part of the group they belonged to. This drove them to keep consuming Ya-ba in order that they would get along well with their peers.

“I saw my friends’ action and I was very curious about that so I asked them why they could stay so energetic until the morning. They suggested me to try it as them because I would also be energetic.”

“When I wanted to go out in the morning, I would take Ya-ba so I did not want to sleep and could catch up with my friends.”

4.3.2.5.2 Reinforcement towards the role of female

The informants revealed that after taking Ya-ba, they would be very energetic and wanted to do many things. Therefore, the roles of female were expressed; for

example, managing household. They told that once Ya-ba affected their body, they wanted to relieve the energy they felt through many activities; for example, cleaning clothes and floors. In addition, Ya-ba made them want to stay home only as they were a shame of other's eyes towards them. After they did a lot of household, they would be admired from the members of their family. They were totally a brand new person; the lazy became the diligent. This was also another positive reinforcement the informants felt from consuming Ya-ba. To sum up, they wanted to be admired from the role of female they expressed.

“I wanted to do the households. I became the diligent person after consuming it.”

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4.3.2.5.3 Economic problems were solved

Although consuming Ya-ba caused the informants to waste more money in order to buy it, this happened only at the beginning. When they took Ya-ba for a period of time, they could work more from the effect of Ya-ba and made more money. Furthermore, they could develop themselves to be a Ya-ba seller in order to earn money from Ya-ba and get Ya-ba for free as well.

As for the informants wanting to work more for the better lives of their children, Ya-ba did make them work more as they wished. They could work more; for example, cutting the sugar canes without feeling tired, working late at night without feeling sleepy, and finally they had more income for the family.

The economic factor also caused the informants to get involved with Ya-ba again after they had disposed of it. Even though some of them had disposed of Ya-ba

and intended to avoid Ya-ba absolutely, they did return to deal with Ya-ba. This was because they wanted to work but they were only the uneducated old women and no one wanted them to work for. Therefore, when their friends persuaded them to do the business about Ya-ba as the seller, they agreed with it since it was the only way to earn enough money.

There were some sociological factors that were found from this research. It could be called the enabling factors, which are antecedents to behavior that allow a motivation to be realized. Enabling factors are conditions of the environment which facilitate the performance of an action by individuals or organizations. These conditions include the availability, accessibility, and laws, etc. The data showed that enabling factors affected Thai women behaviors in consuming Ya-ba. In this research, it was found that the enabling factors were considered the sociological factors that influenced the behaviors in consuming Ya-ba. These factors were explained as follows.

4.3.2.5.4 Availability of Ya-ba

Since Ya-ba was available everywhere in Thailand, it encouraged people to consume Ya-ba comfortably. According to the data obtained through the interview, all of informants revealed that they could find Ya-ba whenever they wanted, no matter where they were, even in the places where they were not familiar with before. What they had to do when they wanted Ya-ba in the strange places was just asking people around them for the source of Ya-ba, but this may require more attempts to find it. The informants agreed that if Ya-ba did not exist in Thai society, they would stop

consuming it automatically. Regarding to their direct experience during the period of time that Thai government had seriously suppressed Ya-ba, it was very difficult for them to find Ya-ba at that time. From that incident, many of them stopped consuming Ya-ba temporarily by themselves without the substitute of any other kinds of drugs at all. Therefore, the informants believed that if there was no Ya-ba for sale in Thailand, the behavior of consuming Ya-ba would disappear from the country too. They argued that the rules and the forces of the government officers were not the right solution to solve Ya-ba situation at all.

4.3.2.5.5 Accessibility to Ya-ba

All of the informants could easily access to Ya-ba since every people around them such as relatives, friends, husband, couple, and family members had to deal with Ya-ba. They accepted that they got the first tablet of Ya-ba from these people. The mentioned reason and the availability of Ya-ba in the society as mentioned made it very easy to get. In addition, both availability and accessibility to Ya-ba also caused it to spread widely and quickly and encouraged the new comer to be very much addicted to Ya-ba. Moreover, these factors also prevented the Ya-ba disposition of the narcotics. Even though, the narcotics were aware of the danger of Ya-ba that it both affected their health and offended the rules of the country, they were pleased to be addicted to it since it was very easy to find Ya-ba (Tipawadee 2002 :30, Wannapa 2000, Smith :2003). Even though among the people who had never consumed Ya-ba before, they could also easily become a narcotic due to its easy access as well as the encouragement from the people around them. The informants further explained that

they heard about Ya-ba all the time and once they wanted it, they could reach them easily. These were the reasons why they finally became the narcotics.

“You know the narcotics well. If you really wanted it, you just asked for it around. Later the source for getting it would reach you very soon. You should make a lot of friends and then you just asked and asked for it then you would know where to buy.”

“Oh, it was very easy for me. My friend sold it for me.”

4.3.3 Biological factors

Since the limitation of the methodology, the results cannot confirm the biological factors which were the predisposing factor for Thai women. The research found that there were some points about the physiological properties of Ya-ba that related to the method of consuming it. All informants always consumed Ya-ba through smoking. Smoking Ya-ba can lead methamphetamine to the brain rewarding system faster than eating method. The research also found different drug effects among persons. For example, there was one case who felt sleepy when taking Ya-ba for the first time and then after she took for many times, she felt alert like others. All informants also received the pleasurable effect which came from the result of the brain rewarding system. The pleasurable effect which they received was related to the psychological factors especially that could reinforce for their expectation.

CHAPTER V

CONCLUSION, DISCUSSION

and RECOMMENDATIONS

This research was aimed to investigate the factors causing Thai women to consume Ya-ba and become addicted to it. The focused factors investigated here were psychological factors and sociological factors. The obtained data from the in-depth interview led to the answers for each research question. This chapter consisted of the research conclusion, discussion, and recommendation.

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Conclusion

The conclusion would be summarized the factors that were found from this research into psychological factors and sociological factors as a major conclusion. There were some findings from this research that implied to be biological factors. The factors that were found from this research as follows:

- 5.1 Psychological factors
- 5.2 Sociological factors
- 5.3 Biological factors

5.1 Psychological factors

The psychological factors composed of both psychological model and behavioral model. The research found that personality of the key informants was one of the factors that course Thai women to consume Ya-ba. The personality that related to the factors was the high self-confidence and high self-efficacy personality. The research also found that some of the informants possessed both the low self-esteem and the negative self-concept. The informants used Ya-ba in order to to make their lives more meaningful and energetic. To consume Ya-ba made the informants felt worth and meaningful. Therefore, they had more self-esteem and dared to do the things they had never done before.

Psychological reinforcements also one of the psychological factors that found from this research. Although the reinforcing factors were not considered the direct factors causing the informants start consuming Ya-ba, they indirectly influenced the informants for this behavior. The informants had perceived about the benefits of Ya-ba for a long time. They observed the people being addicted to Ya-ba around them; for example, the shape of these people, the happiness, the hard working behavior, the awakening. The one, who used Ya-ba felt happy and free from the situation they wanted to be free, had the relaxation or the sense of pleasurable. When they tried Ya-ba themselves, they did get the positive reinforcement from Ya-ba. Therefore, they decided to consume it continuously and became the narcotic subsequently. We may see that reinforcing factors were significantly related to the behavior in consuming Ya-ba: initial behavior and continuous behavior

There were also other psychological factors which related to knowledge, perception and attitude about Ya-ba and their effects. The knowledge which was

found to be the factors from this research was the lacking of knowledge about how Ya-ba is (looks like) and the lacking of knowledge about danger from consuming Ya-ba and having knowledge only in the positive side of Ya-ba. It could be concluded that incomplete knowledge of Ya-ba is one of the psychological factors that caused Thai women to consume Ya-ba.

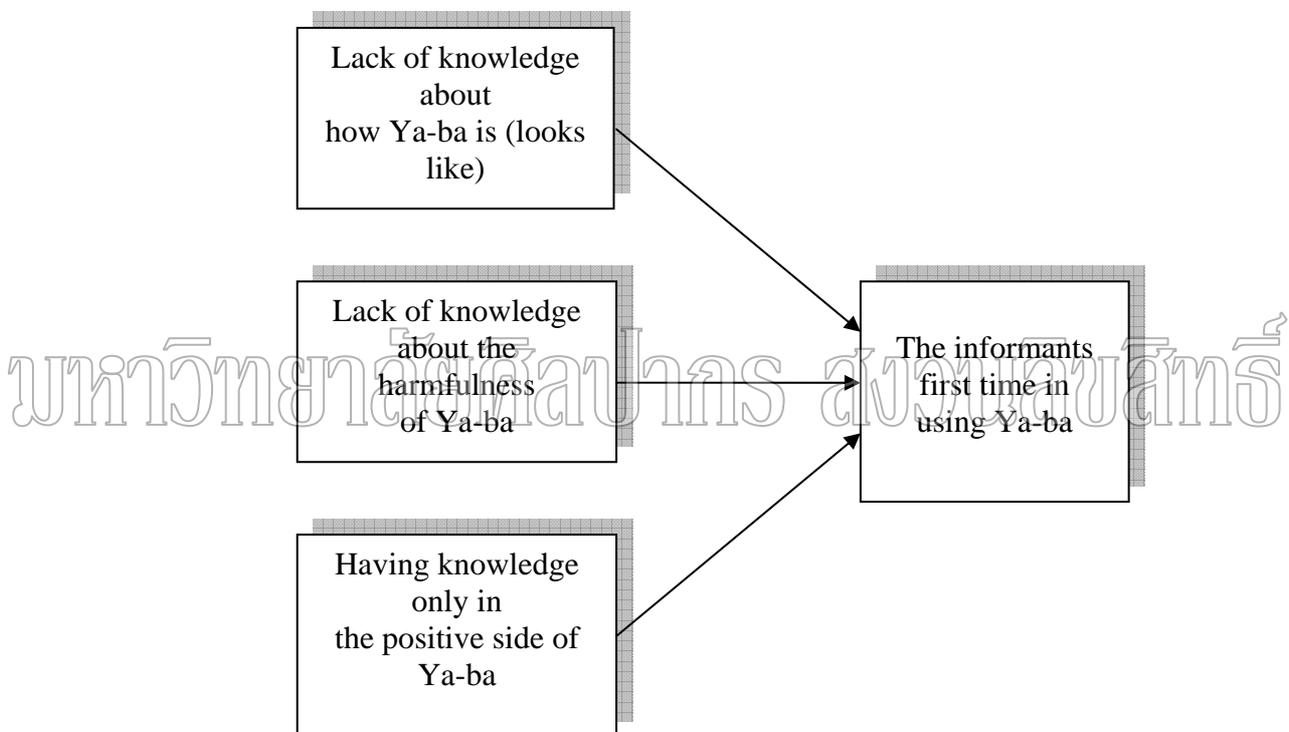


Figure 5.1 The conclusion for knowledge and Ya-ba consuming

The wrong perception and believes about Ya-ba was one of the psychological factors found from this research. Following the Health Belief Model, it was found that the informants possessed the wrong information about Ya-ba in the

perceived susceptibility and perceived seriousness. This led to the wrong believes towards Ya-ba and caused the informants consume Ya-ba finally.

According to the part of perceived susceptibility, when all of informants consumed Ya-ba for the first time, they did not believe that they were going to be addicted to it. Even though, they learnt from many media that “Ya-ba is a narcotic”, “Once we consume Ya-ba, we will be addicted to it” and “Ya-ba is a narcotic. You will be addicted to it even though you take it only once”, they put their faith in their direct experience. They heard from their friends being addicted to Ya-ba that they could stop consuming Ya-ba once they wanted. Therefore, the information they acquired from the media sharply contradicted their background experience. They concluded everything about Ya-ba themselves that they would never be addicted to Ya-ba such easy as the government and other media tried to present. They further concluded that in case that they were addicted to Ya-ba, they could stop having it very easily by their control.

The data revealed that the informants did not accept that they were addicted to Ya-ba, although they took it more than ten tablets a day. This was because they heard that when people stopped having Ya-ba, they would be only sleepy and fell asleep. They strongly believed that Ya-ba was not so dangerous to their health. They felt totally opposite to the information about Ya-ba presented by the media. They reported that they had never seen anyone die immediately after taking Ya-ba as the media tried to show. On the contrary, they acknowledged only the information that supported the advantages of Ya-ba; for example, Ya-ba brought the feeling of happiness, relaxation, energetic, other people would admire you from the hard-working behaviors, you would earn more income, you would get along well with

friends in group and you would dare. We may see that this information was very wrong towards the use of Ya-ba. The informants accepted only the benefits of Ya-ba and believed that Ya-ba was useful rather than dangerous.

Therefore, the wrong information and the improper believes about Ya-ba were considered a factor causing the informants to start consuming Ya-ba and continuously take it since they misunderstood that they were not a narcotic.

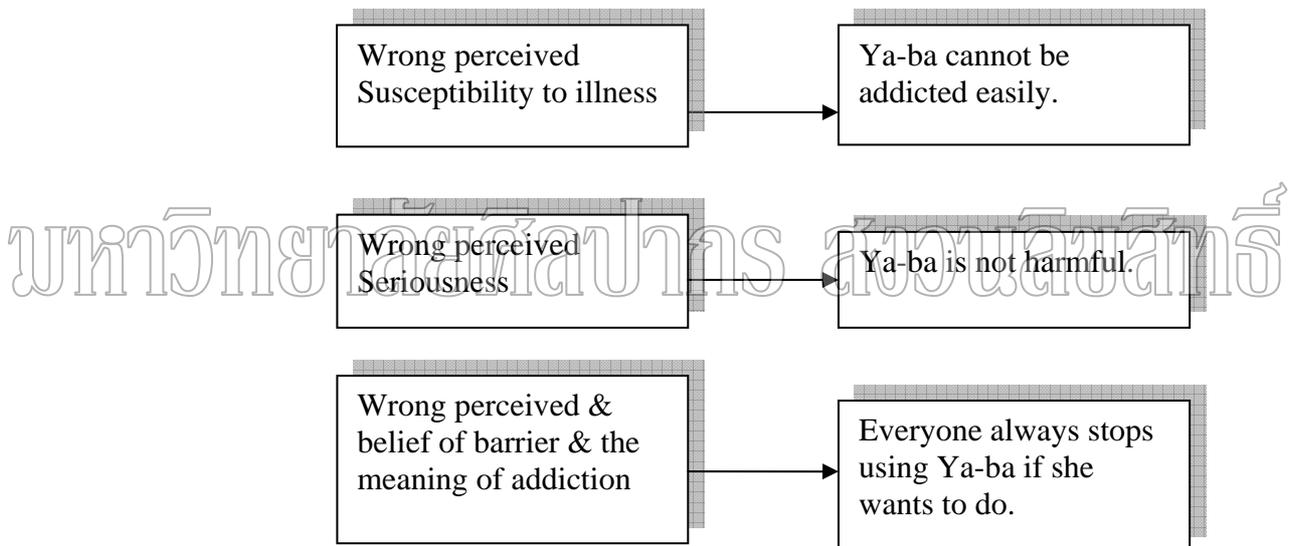


Figure 5.2 The wrong perception and believes about Ya-ba

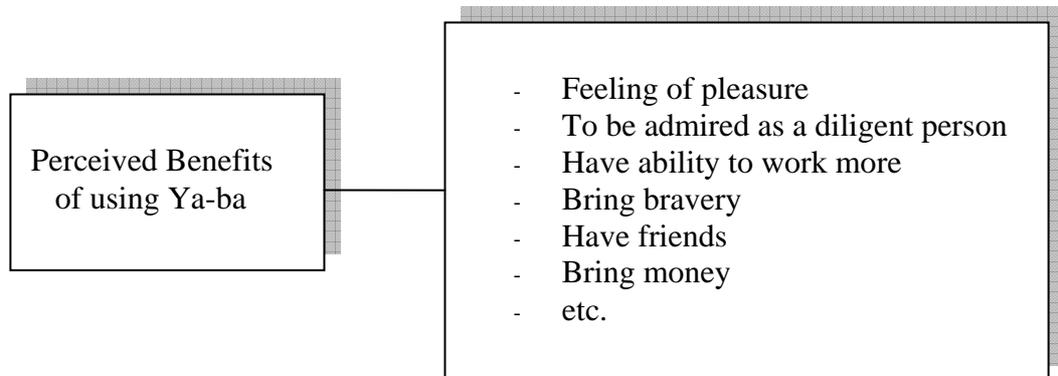


Figure 5.3 The benefits of using Ya-ba that were perceived by the informants.

Positive attitude towards Ya-ba was one of the factors that found from this research. The obtained data showed that even though the informants did not have significantly positive attitude towards Ya-ba, they did not have any negative attitude towards it. The most important issue was that the informants crated the positive attitude towards Ya-ba well before they consumed it. This was the results from their experience from which they learnt that Ya-ba could solve any problems in life at that time; for example, Ya-ba could make them work harder, it could take them away from the fact they had to encounter. These kinds of attitude, although, were not considered pure positive, they were neither negative at all. Therefore, we could conclude that the positive attitude and the expectation from taking Ya-ba were among of many factors motivating the informants to start consuming it.

Figure 5.4 shoes all the psychological factors which were found from this research that related to methamphetamine use among Thai women

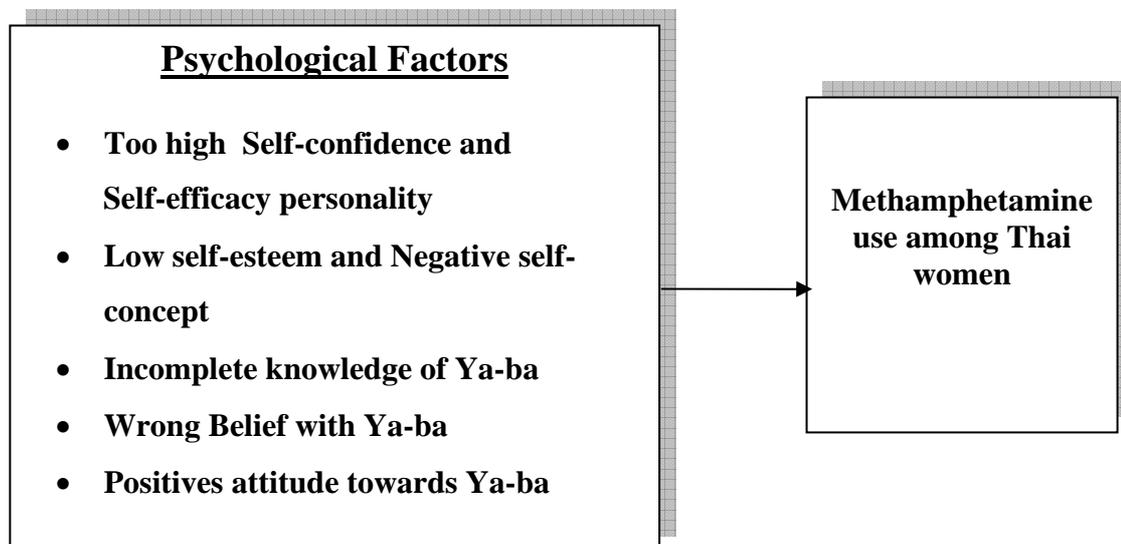


Figure 5.4 The psychological factors of methamphetamine use among Thai woman

5.2 Sociological factors

Since this research focused on Ya-ba female consumers, we found that the identity of female characteristics was considered another factor motivating these female informants to start consuming Ya-ba. The informants' identity mostly concerned with the beauty and shape. They tried to keep their shapes slim and not too much plump because they had the value that slim women were beautiful. Ya-ba was their best choice comparing to other narcotics since they heard that Ya-ba made people feel full and did not want to eat, their weight was reduced as they expected to be the beautiful women.

In addition, there were some particular roles of female that were also considered another factor encouraging the informants to consume Ya-ba. Traditionally, Thai women are expected to manage the household and stay home all day especially at

night time. The young informants felt offended and opposed this social value. They wanted to be free from this social norm. Therefore, when someone offered them Ya-ba, they were pleased to challenge it.

Besides the well-behaviors expected of Thai women, this research found that They also had the significant role as a mother who had to look after their children and family. They were forced by this role to earn more money to support their family members. Therefore, the informants in this group wanted to work more in order to get more money. Hence, when someone offered them Ya-ba by showing them many benefits of Ya-ba; for example, it could make people working in agricultural areas work faster and longer (such as the case of “Eye”), and it could make those working at night work longer without feeling sleepy, they accepted it.

Peers and family also the sociological factor, everyone around the informants, including relatives, peers, husband, couple, and family members, had to deal with Ya-ba in some ways. Furthermore, the person who offered the informants the first tablet of Ya-ba was among these people. The informants' primary group of people was also an important factor affecting the informants' decision in consuming Ya-ba. These people instilled the wrong values about Ya-ba to the informants by being a model in consuming Ya-ba and convinced the informants about the advantages of Ya-ba.

The values towards Ya-ba was one of the sociological factors. The informants believed that the people being addicted to Ya-ba were also superior to people being addicted to other kinds of drugs. In addition, the ways in consuming Ya-ba were also divided into classes. The informants viewed the people consuming Ya-ba through smoking Ya-ba's vapor were superior to those consumed it through eating since the latter group was mostly the laborer or the truck drivers. Consuming Ya-ba

through smoking its vapor was considered superior to consuming evaporations or marijuana, therefore, the informants were very proud to consume Ya-ba rather than other kinds of drugs.

This research discovered that to be labeled a narcotic was another factor motivating the informants especially the young informants to consume Ya-ba. Some of the informants were labeled from everyone in their family that they must also be a Ya-ba narcotic like their friends; although the informants insisted that at that time they had never consumed Ya-ba at all. Therefore, when being accused by the family who should be the people trusting them the most, the informants decided to consumed Ya-ba in order to mock at them.

The informants also got the sociological reinforcement from people around them. They got positive reinforcement from peers. They felt that they could get along with their friends better especially the peers who were Ya-ba consumers. Their peers were the people who looked for Ya-ba for them and supported their every business concerning Ya-ba. The peers presented their own positive experience to the informants. Therefore, when the informants became a Ya-ba consumer, they felt that they were a part of the group they belonged to. This drove them to keep consuming Ya-ba in order that they would get along well with their peers.

The informants revealed that after taking Ya-ba, they would be very energetic and wanted to do many things. Therefore, the roles of female were expressed; for example, managing household. They told that once Ya-ba affected their body, they wanted to relieve the energy they felt through many activities; for example, cleaning clothes and floors. In addition, Ya-ba made them want to stay home only as they were a shame of other's eyes towards them. After they did a lot of household, they would be admired

from the members of their family. They were totally a brand new person; the lazy became the diligent. This was also another positive reinforcement the informants felt from consuming Ya-ba. To sum up, they wanted to be admired from the role of female they expressed.

Although consuming Ya-ba caused the informants to waste more money in order to buy it, this happened only at the beginning. When they took Ya-ba for a period of time, they could work more from the effect of Ya-ba and made more money. Furthermore, they could develop themselves to be a Ya-ba seller in order to earn money from Ya-ba and get Ya-ba for free as well.

As for the informants wanting to work more for the better lives of their children, Ya-ba did make them work more as they wished. They could work more; for example, cutting the sugar canes without feeling tired, working late at night without feeling sleepy, and finally they had more income for the family.

The economic factor also caused the informants to get involved with Ya-ba again after they had disposed of it. Even though some of them had disposed of Ya-ba and intended to avoid Ya-ba absolutely, they did return to deal with Ya-ba. This was because they wanted to work but they were only the uneducated old women and no one wanted them to work for. Therefore, when their friends persuaded them to do the business about Ya-ba as the seller, they agreed with it since it was the only way to earn enough money.

There were some sociological factors that were found from this research. These sociological factors include the availability, accessibility, and laws, etc. The data showed that these factors affected Thai women behaviors in consuming Ya-ba.

Since Ya-ba was available everywhere in Thailand, it encouraged people to consume Ya-ba comfortably. According to the data obtained through the interview, all of informants revealed that they could find Ya-ba whenever they wanted, no matter where they were, even in the places where they were not familiar with before. What they had to do when they wanted Ya-ba in the strange places was just asking people around them for the source of Ya-ba, but this may require more attempts to find it. The informants agreed that if Ya-ba did not exist in Thai society, they would stop consuming it automatically.

For the accessibility to Ya-ba, all of the informants could easily access to Ya-ba since every people around them such as relatives, friends, husband, couple, and family members had to deal with Ya-ba. They accepted that they got the first tablet of Ya-ba from these people. The mentioned reason and the availability of Ya-ba in the society as mentioned made it very easy to get. In addition, both availability and accessibility to Ya-ba also caused it to spread widely and quickly and encouraged the new comer to be very much addicted to Ya-ba. Even though among the people who had never consumed Ya-ba before, they could also easily become a narcotic due to its easy access as well as the encouragement from the people around them. The informants further explained that they heard about Ya-ba all the time and once they wanted it, they could reach them easily. These were the reasons why they finally became the narcotics.

Figure 5.5 shoes all the psychological factors which were found from this research that related to methamphetamine use among Thai women

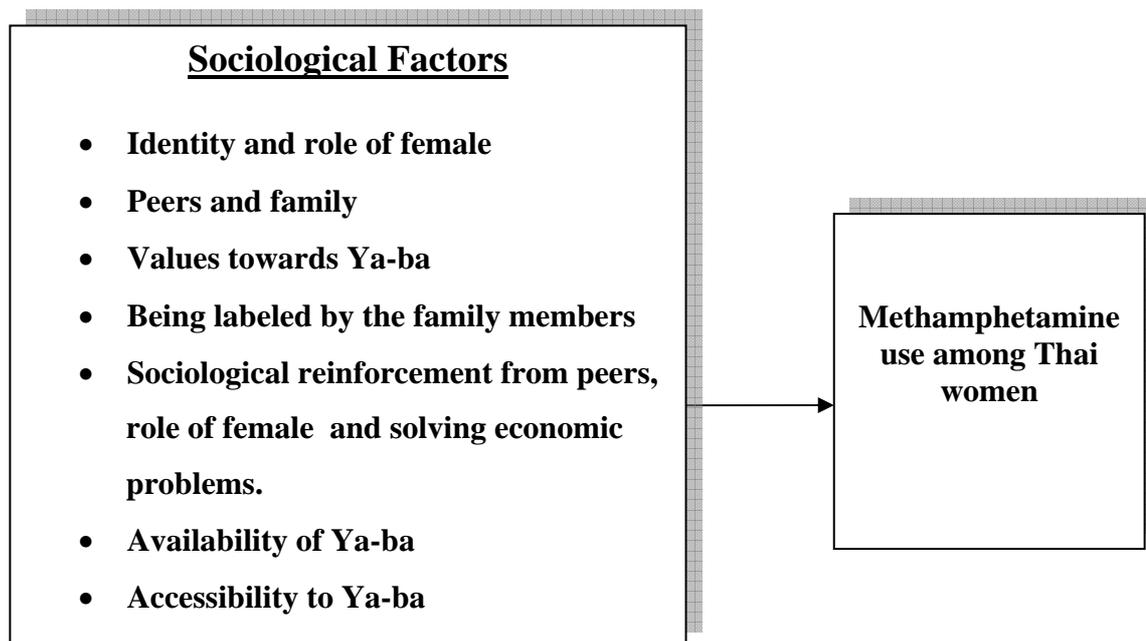


Figure 5.5 The sociological factors of methamphetamine use among Thai

woman
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5.3 Biological factors

Since the limitation of the methodology, the results cannot confirm the biological factors which were the predisposing factor for Thai women. The research found that there were some points about the physiological properties of Ya-ba that related to the method of consuming it. The research found different drug effects among persons. All informants also received the pleasurable effect which came from the result of the brain rewarding system. The pleasurable effect which they received was related to the psychological factors especially that could reinforce for their expectation.

Discussion

The factors found in this research to cause Thai women to consume Ya-ba correspond to the findings of some research. These factors were mostly concerned the persuasion of the people around them. After further investigation, we found some hidden factors which were psychological factors and sociological factors, such as the identity and the role of the gender. It was found that the informants' partners played an important role in leading the informants to deal with Ya-ba. These findings are in accordance with the findings of the research from other countries which reported that male partner may contribute to young women's introduction to drugs and drug use (National Abandoned Infants Assistance Resource Center 2002 : 9-13). However, we did not claim that partners were the main inducer for the women to consume Ya-ba. In addition, we did not find that the informants' partner had severely injured them and caused them to consume Ya-ba as the way out from suffering as stated in the Power and Control Model (National Abandoned Infants Assistance Resource Center 2002 : 15-20). On the contrary, we found that peers were the main inducers influencing the informants to consume Ya-ba. When these factors were combined with the inner motivation of the informants which was sensation seeking and value seeking, the informants were pleased to try Ya-ba themselves.

The data obtained indicated that the main factors causing the informants to consume Ya-ba were the lack of the knowledge about Ya-ba the wrong believes about it. The government media campaigning about the danger of Ya-ba mostly presented only that "Ya-ba is dangerous drug". But, the informants had never known before as to how Ya-ba looks like. Therefore, taken together their willingness and sensation

seeking traits, these characteristics urged the informants to try Ya-ba once the chance came.

In addition, the danger of Ya-ba presented by the government contradicted the informants' personal experience. The information that the government tried to convey to the people were that "Ya-ba consumers must die and the seller must be in jail" and "Consuming Ya-ba even once can make you a narcotic" since the government only expected that these campaigns could prevent people from getting involved with Ya-ba. People surrounded with Ya-ba and Ya-ba consumers felt very opposed to these campaigns. They had never seen anyone either immediately die from consuming Ya-ba or being addicted to Ya-ba forever because many of these people seemed to be free from Ya-ba just when they wanted (even though in just short term).

Therefore, the informants did not see as to how people could be addicted to Ya-ba at all. As we know that people believe normally in what they saw rather than what they

heard, the campaigns from the government, thus, became the challenge driving the informants will to try Ya-ba more and more. This research suggested that the content in the campaigns from the government should be adjusted according to what was stated in the control theory (Reckless 1961 in Witters et al 1992 : 37-38). This meant that the campaigns should considered strength and weakness of the external control surrounding Ya-ba risky group as well as the individuals' internal control. The extreme offense to Ya-ba campaigns may drive people living around Ya-ba to want to more since their experience was opposite to the information presented by the government.

With regard to Ya-ba consuming behaviors of female, we found that female narcotics did not take Ya-ba so much that they had illusion. Therefore, their physical

problems were very few. In addition, the female narcotics were much concerned about the beauty, the responsibilities to the family, and the image towards others' eyes.

Therefore, they tended to dispose of Ya-ba much easier than the male narcotics if they were in the right disposing process. However, there should be the jobs provided for them after they completely disposed of Ya-ba to prevent Ya-ba reuse.

For biological viewpoint, the reward deficiency syndrome (RDS) is usually used to explain drug addiction. The reward deficiency syndrome involves a form of sensory deprivation of the brain's rewarding system or the brain's pleasure mechanism. The symptom shows that people who have the reward deficiency syndrome cannot get pleasure from their everyday activities. It may be mild or severe symptom. Those individuals who have the reward deficiency syndrome are unable to produce a feeling of well-being and consequently turn to use drug or compulsives' behaviors that momentarily make them feel better. The reward deficiency syndrome is believed to come from at least one genetic aberration that leads to an alteration in reward pathway of the brain. It is a variant from the gene for Dopamine D2 receptor, called the A1 allele. (Blum et al. 2007) The minor (A1) allele of TaqIA D2 dopamine receptor (DRD2) gene has been linked to severe alcoholism; polysubstance, psychostimulant abuse or dependence; and opioid and nicotine dependence.(Cami' and Farre' 2003 : 976) This gene appears to regulate the sensitivity of D2 receptor sites to dopamine. Since the individuals who have variant in D2 receptor cannot feel well-being from normal dopamine in the brain's rewarding system, they try to find something that have meaning and exciting for there life. Ya-ba may be used to compensate the need for excitement.

Although this research did not find the strong evidence of the sign of the reward deficiency syndrome among the key informants, there were some key informants who had low self-esteem and negative self-concept and used these feelings as the reason for trying Ya-ba. These were mostly found in the young informants and the informants who did not have to take care of their family and who were given money for their living with no need to work themselves. That the research did not find the strong sign of the reward deficiency syndrome may be because it was done in the rehabilitation wards in which the patients mostly well lived in the community and were caught by the polices and sent to the Thanarak Institute. There were no severe drug craving patients in this ward.

The research also found some interesting biological effects after long term use of Ya-ba. The long term use of methamphetamine will cause the neuronal damage. Some informants reported that after long term use of Ya-ba, they felt they could not remember many things. Their memories were worse than when they started using Ya-ba. Although this finding did not strongly confirm scientifically about neuronal damage after long term use of methamphetamine, it suggested that long term use of methamphetamine may cause the neuronal damage.

Recommendation for the prevention of drug (Ya-ba) consumption and addiction

The obtained data could be summarized into the recommendation to resolve drugs situation as follows.

1. The enforcement of rules for reducing the amount of Ya-ba and its approaching

To eliminate Ya-ba both in the production and the sale, the rules should be seriously enforced continuously in order that there is no Ya-ba available in the community so that the initial consumers could not find Ya-ba. In addition, Ya-ba should be controlled for its expansion by the enforcement of the rules so that the

formers consumers could not find Ya-ba or at least could not reach Ya-ba that easily.

This process would make the consumers stop consuming Ya-ba in the longer period.

Meanwhile, the government should issue other supplementary rules to work altogether with that main process; for example, the promotion for Ya-ba consumers to attend the disposing program, the employment for the unemployed, the instillation of the right attitudes towards Ya-ba and the conviction in the danger of Ya-ba. These actions are believed to be the effective ways that could help Ya-ba consumers to stop taking Ya-ba. Furthermore, the disappearance of Ya-ba could prevent Ya-ba consumers to offer Ya-ba to other people to try it after them.

2. The presentation of the accurate and complete information about Ya-ba.

The informants' lack of accurate information about Ya-ba was found to be the main cause driving them will to take Ya-ba. This cause was supported by their personal sensation seeking characteristic. They were curious about the appearance of Ya-ba and its danger. In addition, they were unclear about the difference between the disposing symptoms of Ya-ba and other drugs such as opium and heroine. This led to the wrong believes about Ya-ba and caused them to consume Ya-ba finally.

The information focusing on the death from consuming Ya-ba affected only those who had never tried Ya-ba before and did not live the Ya-ba environment.

However, as for those living with Ya-ba consumers such as relatives, peers, and family members, this information turned to be the challenge urging them to try Ya-ba.

In other words, their personal experience was opposed to the information from other media, although the focused group in conveying that information was those people surrounded by Ya-ba. Therefore, we could conclude that the image of Ya-ba danger and its violence did not work with this group of people. The officer, in charge of Ya-ba situations should attempt to classify the target group and convey the relevant information about Ya-ba. All campaigns should be appropriately designed for the each group of people. The main considerations should be about the environment of each group of people, social, knowledge, and fundamental experience. Consequently, Ya-ba campaign for solving current Ya-ba situation should be more effective.

3. The economic problems solution

Economic problems were another factor affecting women to deal with Ya-ba especially those who were responsible for the income of the family and the children. Most of the informants who was not young consumed Ya-ba because of the drive of motherhood to look after the children. This was different from the other general causes for consuming Ya-ba. Therefore, in case that the economic problems could be solved, this group of Ya-ba consumer surely would not be involved Ya-ba.

In addition, according to this group of informants, if the economic problems could be solved, it could prevent them to reuse Ya-ba as well. The main factor causing them to sale and to be addicted to Ya-ba again after they disposed of it and were free from jail was that they were unemployed and it was very difficult for them to be employed. They were just old women and most of organizations such as the factory never wanted to hire the old woman as the new staff. To sum up, since they could not find the job to work, they were forced to return to the job they were familiar with which was selling Ya-ba and they may reuse it.

This research revealed that the factors causing each group of informants to consume Ya-ba were different. However the information presented by the government mainly focused on general people. Therefore, the information conveyed could not reach the target group. According to the data obtained, we found that female Ya-ba consumers possessed different causes in consuming Ya-ba from other groups of consumers such as the adolescent and the laborer. Therefore, the strategies to solve Ya-ba situation in each group of the consumers must be different and separated in order to achieve the results in the focused group. This would gradually Ya-ba from group to group. When this phenomenon occurred, the main strategies should also be

employed altogether and the problems of Ya-ba could be solved consequently. In addition, the tendency to reuse Ya-ba would also be reduced since all of the consumers attended the appropriate disposing program.

Limitation of the research

The limitation of this research was the setting of the research field. The key informants for this research were the women who were arrested by the police as the Ya-ba addict or Ya-ba abuser. They did not come to Thanyarak Institute voluntarily. They were sent to the rehabilitation program: FAST Model of Thanyarak Institute in order to treat Ya-ba addiction by the government's policy.

Because the setting of the research field was the rehabilitation ward, the informant from this site not a severe drug addicted patient. The informants of this research never used so much Ya-ba that they got hallucination. They still lived as normal in the society before they were arrested.

Another thing that may be the limitation of this study is that we never know the exact strength of methamphetamine inside Ya-ba's tablet, so we never know how much methamphetamine was used by any patients.

All of the limitations might affect the results of the research. These limitations may explain the difference in the results between this research and those previously report.

Suggestions for future research

1. It would be worth investigating in other cultures or other identities of the informants such as male informants or homosexual informants. The investigation may also focus on other different aspect of the informants such as the occupation and the job so that the appropriate way to solve the problems in each group of Ya-ba consumer could be presented leading to the perfect strategy in eliminating Ya-ba.

2. The future study may investigate other group of female Ya-ba consumers; for example, the women living in authentic Ya-ba situation. In addition, it is interesting to study the anthropology aspect for more insight.

3. Actually, the factors causing Ya-ba addiction came from various roots such as biology, psychology, and sociology. However, due to the research limitations, we could show only the psychological factors and sociological factors. Therefore, it would be interesting to investigate biological factors for more concrete findings. The data obtained here significantly indicated that there was the relation between biological factors and Ya-ba consuming behavior; for example, every time the informants consuming Ya-ba, they always smoked and why most female consumer did not take Ya-ba so much that they had an illusion.

4. Studying the female Ya-ba consumers through quantitative method is also worth investigating as the findings should support this research and lead to the effective solution afterwards.

5. It would be interesting to study conduct longitudinal study for analyzing the causes and behavior in being addicted to Ya-ba in order to reveal other factors causing Ya-ba consuming behaviors in case that the environment has been changed.

REFERENCES

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. Washington, D.C : APA, 1987.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington, D.C : APA, 1994.
- Barlow D.H., and Durand V. M. Abnormal psychology : an integrative approach. 2nd ed. Belmont : Wadsworth/Thomson Learning, 2001.
- Blum, K et al. Reward Deficiency Syndrome. [Online] Accessed 18 February 2007.
Available from <http://www.recoveryemporium.com/AmSci.shtml>
- Boonchom Srisaard. Introduction to research. 2 ed. Bangkok : Suveeriysarn, 1992.
- Britten N. "Qualitative interviews in medical research". British Medical Journal. (1995) : 311.
- Bukstein O.G. Adolescent substance abuse : assessment, prevention, and treatment. New York : John Wiley & Sons, Inc., 1995.
- Cami' J and Farre' M. "Mechanism of disease : Drug Addiction". The New England Journal of Medicine. 349 (2003) : 975-986.
- Carroll C.R. Drugs in Modern Society. Boston : McGraw-Hill, 2000.
- Caver C.S., and Scheier M.F. Perspective on personality. 3rd ed. Boston : Allyn and Bacon, 1996.
- Chopra I.C. "Symposium on drug addiction : Drug Addiction." Indian Journal Pharmacology 3(1) (1971) : 43-45.

Cockerham W.C. Medical sociology. 5th ed. New Jersey : Prentice Hall, 1992.

Cooley C.H. Human nature and social order. New York : Scribner's, 1902 Quoted in:

Witters W., Venturelli P., Handson G., editors. Drugs and society. 3rd ed.

Boston: Jones and Bartlett, 1992.

Erowid. Methamphetamine dosage. [Online] Accessed 7 August 2006. Available from

http://www.erowid.org/chemicals/meth/meth_dose.shtml

Epstein E.E., et al. "Alcohol and drug abusers subtyped by antisocial personality and

primary or secondary depressive disorder." Annual of the New York

academy of sciences. 708 (February 1994) : 187 - 201.

Fields R. Drugs in perspective: A personalized look at substance use and abuse. 3rd

ed. Boston : WCB/McGraw-Hill, 1998.

Fishbine, Diana H., and Susan E. P. The Dynamics of Drug Abuse.

Boston : Allyn and Bacon, 1996

Galenter J.M, Wartenberg A.A. "Pharmacology of chemical dependence and

addiction". in Principle of pharmacology. Edited by Golan D.E. Bultimore

: Lippincott Williams & Wilkin, 2005.

Green L.W., Kreuter M.W. Health promotion planning, an educational and ecological

approach. 3rd ed. Boston : McGraw-Hill, 1999.

Hirshi T. Cause of Deliquency. 2nd ed. Los Angeles: University of California Press,

1971. Quoted in: Witters W., Venturelli P., and Handson G., Drugs and

society. 3rd ed. Boston : Jones and Bartlett, 1992.

Johnson B. Three perspective on addiction. [Online] Accessed 15 August 2003.

Available from <http://www.aa2.org/philosophy/eperspectives.htm>

Jones R.T., Benowitz N.L. "Therapeutics for nicotine addiction."

Neuropsychopharmacology: The Fifth Generation of Progress. [Online]

Accessed 7 August 2006. Available from

http://www.acnp.org/Docs/G5/C107_1533-1544.pdf

Kendall D.E. Social Problem in a Diverse Society. Boston : Allyn and Bacon, 2001

Koob G.F., Moal M.L. "Drug Addiction, Dysregulation of reward, and allostasis."

Neuropsychopharmacology. 24(2) (2001) : 97-129.

Kumar A. In-depth interview. In: Qualitative methods workshop, 1994 April 11-29;

Ifakara, Tanzania: UNDP/WORLD BANK/WHO.

(1994) : 10-17.

Lee RM. Doing research on sensitive topics. London : SAGE Publications, 1993.

Lemert E.M. Social psychology: A systematic approach to the theory of sociopathic behaviour. New York : MCGraw-Hill, 1951. Quoted in: Witters W.,

Venturelli P., and Handson G., Drugs and society. 3rd ed. Boston : Jones and Bartlett, 1992.

Luft F.C. "On the road to understanding addiction." J. Mol. Med. 76 (1998) : 461-463.

National Abandoned Infants Assistance Resource Center : University of California

Berkely. Partners's influence on woman's addiction and recovery : The connection between substance abuse, trauma, and intimate relationships

2002. [Online] Accessed 30 August 2006. Available from

<http://aia.berkeley.edu/media/pdf/partners.pdf#search='Partners%20influence%20on%20woman%27s%20addiction%20and%20recovery'>

National Institute of Health. NIDA Research Report series : Methamphetamine abuse and addiction. [Online] Accessed 30 August 2006. Available from

<http://www.nia.nih.gov/RRMetham.pdf>.

National Institute on Alcohol Abuse and Alcoholism. Alcohol Alert No. 30 [Online] Accessed 30 August 2003. Available from

<http://www.niaaa.nih.gov/publications/aa30.htm>

Nisa Chuto. Qualitative research. 2 ed. Bangkok : Matchpoint, 2002.

Office of the Narcotics Control Board. Thailand country report : current drug situation.

[Online] Accessed 15 September 2004. Available from

<http://www.oncb.go.th.htm>

Ogden J. Health Psychology. 2nd ed. Buckingham : Open University Press, 2000.

Oltmanns T.F. and Emery R.E. Abnormal Psychology. 2nd ed. New Jersey : Prentice-Hall, 1998.

Poole N. and Dell C.A. "Girl, woman and substance use" : Canadian centre on substance abuse, 2005. [Online] Accessed 30 August 2006. Available from <http://www.ccsa.ca>.

Pope C. and Mays N. "Reaching the parts other method cannot reach : an introduction to qualitative methods in health and health services research." British Medical Journal 311 (1995) :42-45.

Pope C. and Mays N. "Rigour and qualitative research." British Medical Journal . 311 (1995) :109-112.

Reckless W.C. "A new theory of delinquency." Federal Probation. 25, 1961 Quoted in : Witters W., Venturelli P., and Handson G., Drugs and society. 3rd ed. Boston : Jones and Bartlett, 1992.

Schaefer R.T., and Lamm R.P. Sociology. 6th ed. New York : McGraw-Hill, 1998.

Shedler J. and Block J. “Adolescent Drug Users and Psychological Health.” American Psychologist. 45 (1990) : 612-30.

Schultz D.P. Psychology and work today. 7th ed. New Jersey : Prentice Hall, 1998.

Sloboda Z. and Bukoski W.L., ed. Handbook of drug abuse prevention: theory, science, and practice. New York : Kluwer Academic/Plenum Publisher, 2003.

Smith J.F. Addiction. [Online] Accessed 8 August 2003. Available from <http://www.chclibrary.org/micromed/00036220.html>

Solomon R.L., Corbi J.D. “An opponent-process theory of motivation. I. Temporal dynamics of affect.” Psychological Review. 81 (1974) :119-145. Quoted in:

Koob G.F., Moal M.L. “Drug Addiction, Dysregulation of reward, and allostasis.” Neuropsychopharmacology. 24(2) (2001) : 97-129.

Spector P.E. Industrial and organizational psychology: research and practice. New York : John Wiley & Sons, Inc., 2000.

The Eleventh United Nations Congress Preparation Office (UNCPO). [Online] Accessed 8 December 2005. Available from http://www.11uncongress.org/programme/observation_than.htm

The office on drug and crime prevention ; United Nations. 2004 world drug report. Vienna : United Nations publication, 2004.

Tipawadee Amawattana. Counselling psychology for drug addictions. Bangkok : Thammasat University, 2002.

- Vimol Luckkanapichonchat, et al. The Effectiveness of rehabilitation stage program (FAST Model) in Thanyarak Institute on drug abuse. research report, 2003
 [Online] Accessed 15 August 2006. Available from
http://library.thanyarak.go.th/index.php?option=com_content&task=view&id=22&Itemid=53
- Viroj Sumyai. Ya-ba. Bangkok : Home sweet home, 2000
- Wanapa Suksatian. Factors affecting drug addiction and reception to treatment of drug addicts at northern drug dependence treatment center, Chiang Mai province.
 [Online] Accessed 15 August 2003. Available from
<http://www.grad.cmu.ac.th/abstract/edu07012.html>
- Weiss M. Ethnographic semi-structured interviews. In: Qualitative methods workshop; 1994 April 11-29; Ifakara, Tanzania: UNDP/WORLD BANK/WHO. (1994) : 6-10.
- Witters W., Venturelli P., and Handson G. Drugs and society. 3 ed. Boston : Jones and Bartlett, 1992.
- World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines, Tenth Revision.
 Geneva : World Health Organization, 1992.
- Zimbardo P., et al. Psychology a European text. London : HarperCollins Publishers, 1995.
- Zickler P., “Gender differences in prevalence of drug abuse traced to opportunities to use”. National Institute of Health : NIDA note.15(4) (2000) : [Online]
 Accessed 30 August 2006. Available from
http://www.nida.nih.gov/NIDA_notes/NNVol15N4/Prevalence.html

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