

Psychosocial Counseling for Wrongdoers with Substance Use Disorders in Thailand's Criminal Justice System



Supported by

Office of the Narcotics Control Board, Ministry of Justice

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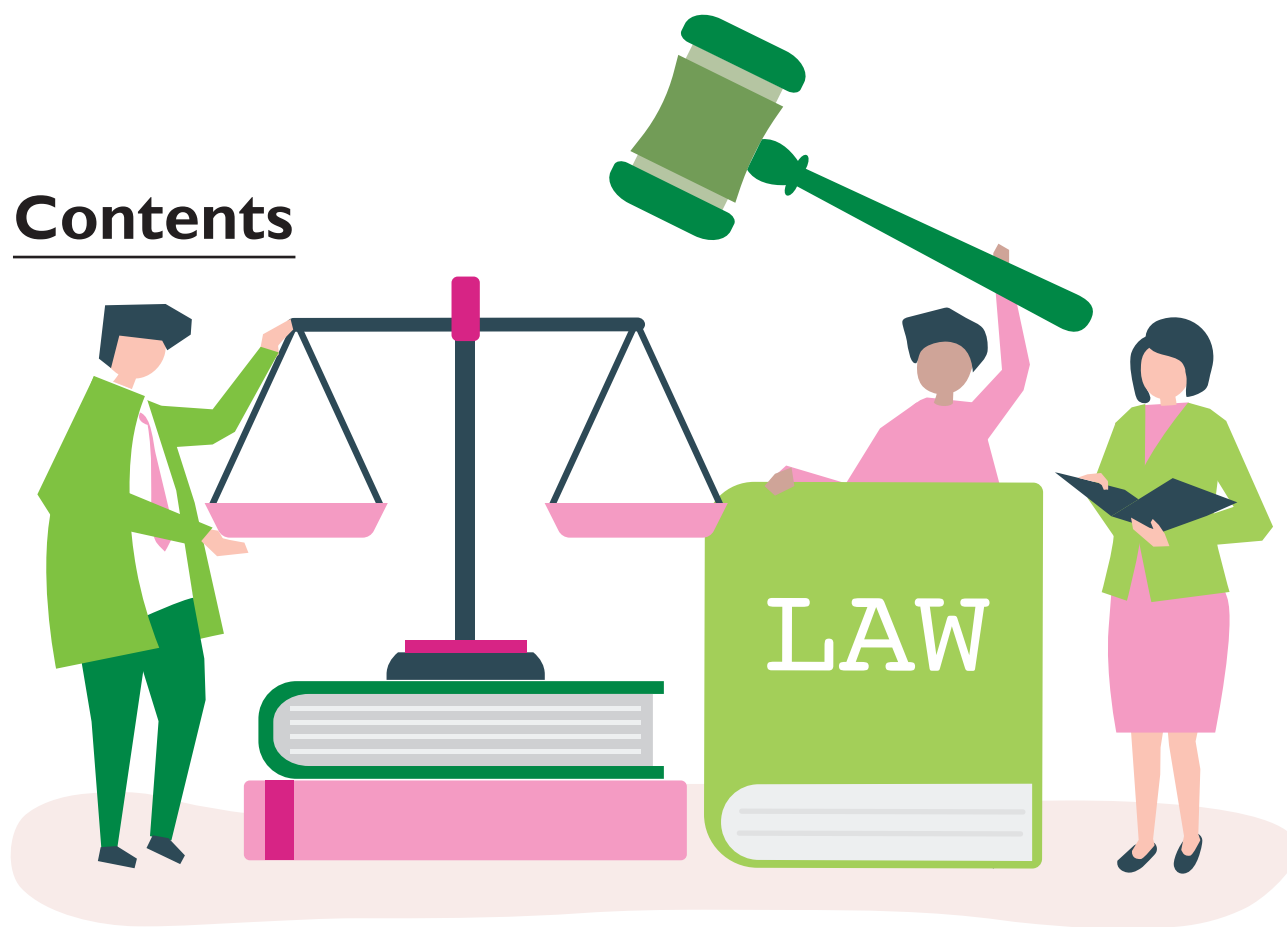
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Contents



❶	Incarceration Alternatives: Psychosocial Counseling in Criminal Court	2
❷	Components, Counseling Process and Capacity Building	4
❸	Psychosocial Counseling in Criminal Court Supports Transition	10

A case example recognized by



① Incarceration Alternatives: Psychosocial Counseling in Criminal Court

Substance abuse has been a critical social and public health problem in Thailand for decades. Thai government, from 1999 to date, declared drug problem a priority on the national agenda. Over 40 years of war on drugs, government strategy and policy have embraced the strong control and suppression of substance abuse. Still, the number of drug users, quantities of seized drugs, prisoners being held on drug charges, and patients on drugs continue to increase.

Long punitive policies led to over-criminalization and overcrowded prisons. Thailand has prison population more than 300,000 and 80% of them are convicted for drugs ranked the sixth-highest prison inmate populations in the world and more people behind bars than any other Southeast Asia countries.

Consequently, Thai authorities decided to reform the drug policy by reclassifying drug users as 'patients' instead of 'criminals'. The reform momentum was driven largely by serious problems with prison overcrowding and seeking different approaches towards more humane in a way that was consistent with UNGASS 2016 operational recommendations and international guidelines on policy issues, including proportionate sentencing drug crimes and alternatives to imprisonment for people affected by drug use and petty dealers. Notable changes include legalization; decriminalization; harm reduction; diversion; judicial alternative measures such as probation, electronic monitoring, community service, community-based treatment. Among those, the psychosocial clinic in criminal justice system is another alternative to imprisonment.

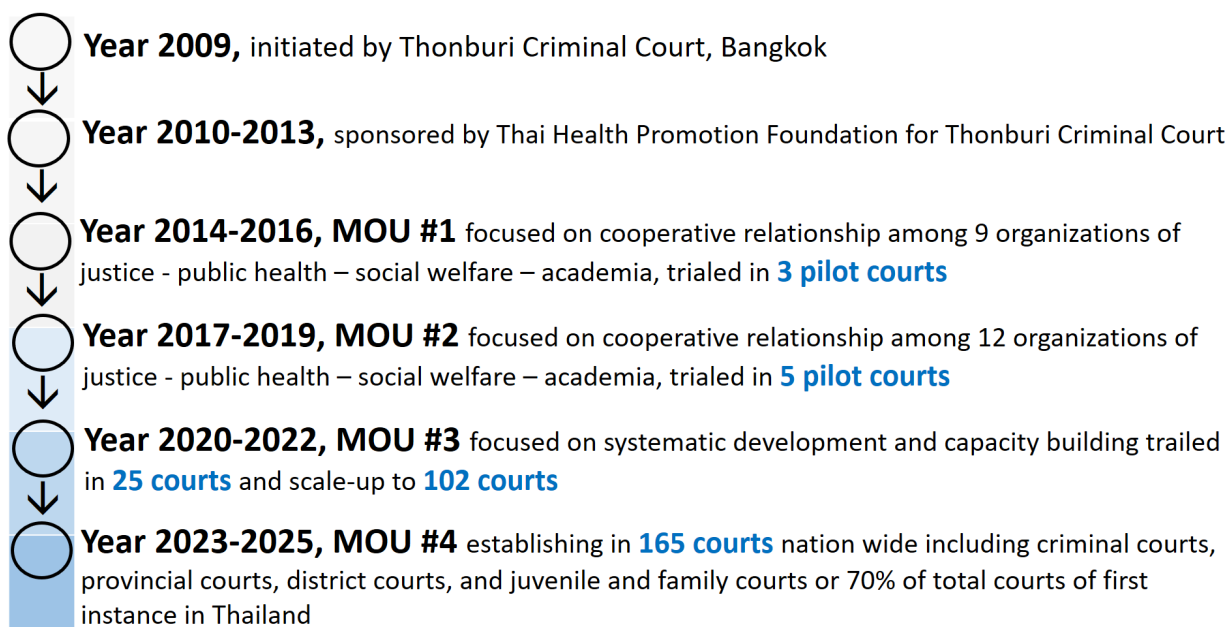
Psychosocial counselling service/clinic in criminal justice system (at courts of first instance) has been embraced as the diversion sentencing option also the increasing use of drug treatment programs as a result of inspiring drug court outcomes in Australia, Canada, New Zealand, United Kingdom and United States to effectively engage drug offenders/defendants into a pathway towards recovery.

Psychosocial clinic has been piloted in Thonburi Criminal Court, Bangkok. This initiative generally focused on cases related to drug use and family violence, with the objective of addressing various social problems and providing rehabilitation to offenders and convicted individuals. During or after the court process, a judge may order a defendant to access services provided by the clinic. Counsellors at the clinic were volunteers and judicial officers who have been trained in a set of psychosocial and counselling skills supervised by a team of forensic mental health professionals at the Department of Mental Health. The results of the pilot phase found that clinic services could substantially reduce reoffending rates.

It has been 14 years from initiation to ongoing development with strong commitment from the key players from justice, public health, social support, and academia sectors. Initially in 2009, the Thonburi Criminal Court trained qualified volunteers for basic psychosocial counseling skills to facilitate behavior change of their drug-involved and family violence offenders. Judges were also trained for understanding the psychosocial counseling model that was being used.

During 2012-2022, the Office of Narcotics Control Board (ONCB) established a Memorandum of Understanding with Office of the Judiciary, Department of Mental Health, and Thai Health Promotion Foundation as a multi-agency cooperative approach among justice - public health - social welfare – academia for development of the psychosocial counseling in criminal court system.

14-Years Journey



ONCB has been the main sponsor for staff employment and clinic operation on fiscal year basis. Thai Health Promotion Foundation has used excise tax sponsoring Northern Substance Abuse Center, Chiang Mai University in coordination with Galya Rajanagarindra Institute, the forensic psychiatric facility under Department of Mental Health, to develop basic core curriculum, train the trainers, and build capacity for psychosocial counsellors.

Thailand recently passed the Narcotics Bill B.E.2564 (2021), which emphasizes more on treatments rather than punitive approaches while severe punishments are still in place to eradicate organized drug crimes. This new drug law aims to punish large-scale drug dealers rather than small-scale drug dealers, as well as to better rehabilitate drug addicts. The purpose of this law is to reconcile narcotics laws and to adjust penalties to be proportionate to the severity of the offense.

“The psychosocial counselling or psychosocial clinic in justice court system aims to reduce recidivism and substance abuse among eligible and nonviolent drug offenders. The clinic requires participants to abstain from drug use, be accountable for their behaviors, and fulfill the legal responsibilities of the offenses they committed. The counselling program is designed to rehabilitate wrongdoers with drug problems and guide them accountability. Often used as an alternative to incarceration (post-adjudication models), the psychosocial clinic provides defendants/offenders and opportunity to receive treatment and education services designed to help them live crime-free lives while still being closely monitored.”

The court may also operate diversion programs (pre-adjudication models) where defendants/offenders are offered entry into psychosocial clinic that the charges against them will be reduced upon successful program completion.

For ongoing trial offenders with drug-related crimes and minor crimes, the court may employ both laws (previous and recent) depending on which is benefit the offenders more. The psychosocial clinic in court system is established under the Criminal Code and Criminal Procedure Code section 56, section 108 and section 110 regarding suspension of punishment, provisional release with bail and without bail respectively.

② Components, Counseling Process and Capacity Building

The psychosocial counselling in court system is free of charge. Cases (clients) qualified are alleged offenders and defendants charged for drug abuse, drug possession for personal use, domestic violence, and other minor crimes at maximum sentence imposable not exceeding 10 years' imprisonment and no risk of flight whom the court may order provisional release on pre-/post-trial on non-monetary condition.

Either service or clinic, psychosocial counselling in court system can be defined as:

- ✓ an alternative to imprisonment and diversion
- ✓ a creative solution to prison overcrowding
- ✓ an approach for restorative justice
- ✓ an opportunity to make amends of wrongdoers
- ✓ a prevention of court disappearance and recidivism during and after trial

2.1 Components

The psychosocial clinic aims to reduce recidivism and substance abuse among eligible and nonviolent drug offenders. The clinic requires participants to abstain from drug use, be accountable for their behaviours and fulfil the legal responsibilities of the offenses they committed.

Psychosocial clinic in criminal justice system is composed of three components, they are (1) counsellors (2) clients and (3) database system as follows:

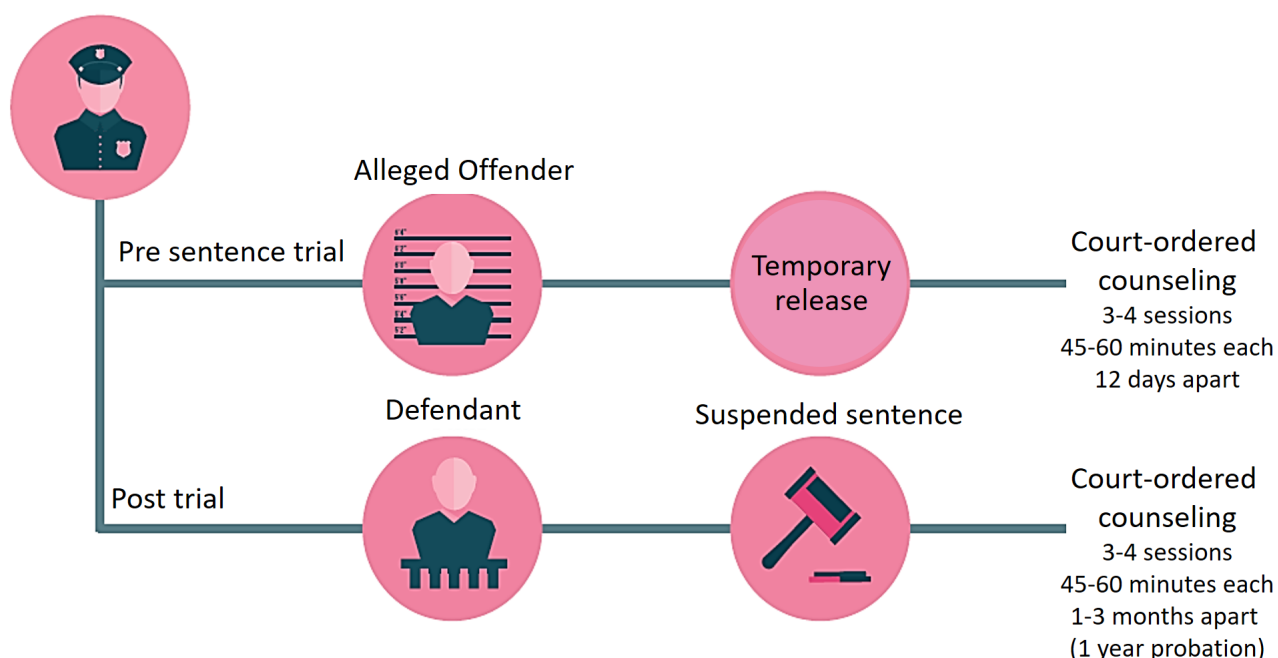
Counsellors	Clients	Database System
<p>Counsellors are psychologists, social workers, volunteers qualified to recruitment criteria set by criminal court.</p> <p>Counsellors must complete at least a core course of basic psychosocial counselling which is prerequisite trained by Department of Mental Health, Ministry of Public Health and certified by Office of Judiciary, Ministry of Justice.</p>	<p>Clients are wrongdoers charged for alcohol, drug, petty theft, domestic violence, sex-related cases, these are crimes with mandatory sentence for 10 years, who are ordered by judges to receive psychosocial counselling at the court clinic.</p> <p>Clients may also be the family members or the victims of the cases. In addition, people in need may ask for free court's counselling service.</p>	<p>Collection of electronic records of cases sent into the clinic including client profile, contact, assessment data, ASSIST scores of substance use risk, mental health condition, counselling progress, improvement of behavior change, transfer to treatment, social support, follow-up, evaluation and completion report.</p> <p>These records are processed to measure the expected KPIs, outcomes and further R&D.</p>

Specific target clients and eligibility criteria are determined by responsible judges in those courts. Non-violent defendants/offenders who are adults aged 18 and older, especially drug users and possessors – including petty theft, domestic violence, and alcohol/drug related crimes – are the target population.

Moreover, court staff or clinic staff are also a critical component of the psychosocial counselling service/clinic in criminal justice system. Alike volunteer counsellors, court/clinic staff are prepared and enhanced capacity through two trainings, one is basic psychosocial counselling and another is database management. In addition, they must participate in case conferences and related seminars as well.

2.2 Counseling Process

Psychosocial counselling in the court system is provided in two stages of criminal proceeding: the pre-trial and the post-trial. At the pre-sentence trial stage where the alleged offender may be sent by court order to the psychosocial clinic as part of a provisional release. Offender receives 3-4 counselling sessions which lasts 45-60 minutes each scheduled every 12 days of detention period. At the post-trial with suspended sentence where the defendant may be sent by court order to the psychosocial clinic as an alternative to probation or incarceration. Defendant receives 3-4 counseling sessions which lasts 45-60 minutes each and 1-3 months apart through 1 year of probation period.



During the initial counseling sessions, assessment of substance uses and risk is provided using ASSIST-LITE screening tool. Medium to high risk will be transferred to appropriate treatment in a hospital setting. Only low risk or recreational user stays under court supervision. Length of counselling lasts from 3 months to 1 year based on assessment and drug use severity. Assessment for progress performance is conducted through the documentary evidence from the counsellor submitted to the judge for the order of success or failure of the program, if succeeds, graduation follows; but if fails, sanction does.

In addition to the step-by-step stated above, psychosocial counselling provided in the criminal court can be divided into three phases so-called the roadmap. Three phases are (1) acute phase (2) intermediate phase and (3) long term or recovery phase as follows:

Acute phase Pre-sentence (remand/trial)	Intermediate phase Post-sentence (suspended sentence)	Long term Recovery phase
Goal: to survive	Goal: to maintain healthy behavior	Goal: to prevent recidivism
Counselling should <ul style="list-style-type: none"> ■ manage acute stress ■ use MI for behavior change ■ manage social functioning ■ manage withdrawal ■ meet with client's family ■ assist for job placement ■ at-risk screening score, transfer for treatment Client should <ul style="list-style-type: none"> ■ keep court appearance ■ attend psychosocial sessions ■ prevent repeat offenses ■ reinforce positive behavior 	Counselling should <ul style="list-style-type: none"> ■ revise life goals ■ use MI for behavior change ■ manage social functioning ■ meet with client's family ■ monitor improvement ■ assist for job placement ■ at-risk screening score, transfer for treatment Client should <ul style="list-style-type: none"> ■ keep court appearance ■ attend psychosocial sessions ■ prevent repeat offenses ■ reinforce positive behavior ■ decrease relapse potential 	Counselling should <ul style="list-style-type: none"> ■ revise life goals ■ use MI for behavior change ■ prepare path to reentry ■ manage social functioning ■ meet with client's family ■ monitor improvement ■ assist for job placement Client should <ul style="list-style-type: none"> ■ replace pro-criminal attitude with positive thoughts ■ reinforce positive behavior ■ decrease relapse potential ■ surround with good people

Psychosocial counselling is a systematic and interpersonal process between counsellor and client involves a sequence of five stage process from entering to providing to ending of service:

- Stage 1 : building rapport and clarifying objectives and goals of counseling
- Stage 2 : exploring the issues related to substance use disorder and cause of crime
- Stage 3 : helping client to generate new perspective and finding helpful resources to ward healthy solution and change
- Stage 4 : planning termination and follow-up
- Stage 5 : keeping records on client's progress and reporting to judge

Client is assessed for substance use risk using ASSIST-LITE, a tool developed by WHO. If results show medium to high risk of health and other problems from current pattern of substance use, client must be informed and transferred for appropriate treatment at healthcare facility. If results show low risk, client receive counseling at court's psychosocial clinic.

Client who needs assistance for job training or placement, counsellor/clinic staff will coordinate with support network for additional resources and opportunities upon interest and willingness of clients.

The psychosocial clinic team – judges, clinical staffs and counsellors – well recognizes the concept of addiction as disease that can be addressed using the psychosocial therapy program for both judicial sanctions and treatment rewards. Also, aware that relapse is often part of the recovery process. Mostly provided for individual one to one counseling also family counseling and group counseling are available at psychosocial clinic in court system.



2.3 Capacity Building

Although the collaborative transfers and social supports are the critical success factors, capacity building for volunteer counsellors and court/clinic staff is another key factor to the success of psychosocial service in criminal justice system as well.

Motivational interviewing (MI), open-ended questioning and active/reflective listening are key skills for psychosocial counsellor. Therefore, a core curriculum for basic psychosocial counselling and advanced courses have been developed to build capacity for the qualified volunteer responsible for counselling duty. Counsellors in the psychosocial clinic in court system are expected to play three roles for being facilitator, life coach, and psycho-educator.

The development of the basic psychosocial counselling curriculum is composed of four modules. Each module requires 2 days training both lecture and practice covering the three essential elements of knowledge, skills and attitudes (KSA) framework developed and trained by the multidisciplinary team from Galya Rajanagarindra Institute (forensic psychiatric institution) under Department of Mental Health and certified by the Office of Judiciary. The multidisciplinary team consists of psychiatrists, psychiatric nurses, psychologists, social workers and occupational therapists.



The core curriculum has four learning modules; two are prerequisite and two are advanced courses consisting a total of 48 hours of lectures and practices. The learning modules include (1) Basic psychosocial counseling (2) Management of substance abuse (3) Family counseling (4) Group counseling. Knowledge of the related legal issues is also added for counsellors' awareness since the psychosocial clinic is operated in the criminal justice setting.

Prerequisite modules	Advanced modules
<p>Basic counselling 2-day course (7-hour lecture + 5-hour practice)</p> <ul style="list-style-type: none"> ■ role and importance of psychosocial counselling/clinic in criminal court system ■ related law and policy ■ attitude, ethics, roles and responsibilities ■ roadmap and process of counselling ■ practice of basic counselling <p>Counseling for substance use disorder 2-day course (6-hour lecture + 6-hour practice)</p> <ul style="list-style-type: none"> ■ cycle of addiction ■ stage of change ■ motivational interviewing (MI) ■ practice of managing resistance to change ■ practice of counselling for behavior change 	<p>Family counselling 2-day course (6-hour lecture + 6-hour practice)</p> <ul style="list-style-type: none"> ■ family meaning, function and type ■ family trauma and communication ■ family counselling goal, principle, process and method ■ practice of family counselling <p>Group counselling 2-day course (6-hour lecture + 6-hour practice)</p> <ul style="list-style-type: none"> ■ importance, process, type and methods ■ group counselling demonstration ■ group counselling for substance abuse ■ practice of group counselling

Case supervision and case conference trainings are also conducted occasionally to assist in effective case management decisions. Additionally, to support the national expansion of the psychosocial clinics in criminal courts, a Training of Trainers course is being developed for mental health nurses and psychologists in public psychiatry hospitals countrywide to be qualified trainers ensuring capacity of counsellors.

2.4 Results

The court psychosocial counselling to this point has been free of charge service based on the voluntary work by thousands of trained counselors. The program success has been largely measured by quantitative data; number of succeeded participants and rate of reduced recidivism. Current results are shown below:

- 105 psychosocial clinics available nationwide in 2022
- 165 psychosocial clinics available nationwide in 2023
- 524 trained judges in 2022
- 1,751 trained counselors (qualified volunteers) in 2022
- 60 trainers (mental health professionals in public psychiatry hospital countrywide) in 2022
- 8,565 clients 55 recidivists or 0.29% (as of MOU #1 from 2012 to 2015 joined 5 courts)
- 15,590 clients 157 recidivists or 1.07% (as of MOU #2 from 2016 to 2019 joined 25 courts)
- 25,791 clients 212 recidivists or 0.82% (as of MOU #3 from 2020 to 2022 joined 105 courts)

The qualitative studies along with follow-up interviews have shown that the program improves clients' quality of life; most of them have good health and well-being. In addition, the program helps reducing crimes, combating addiction and restoring families.

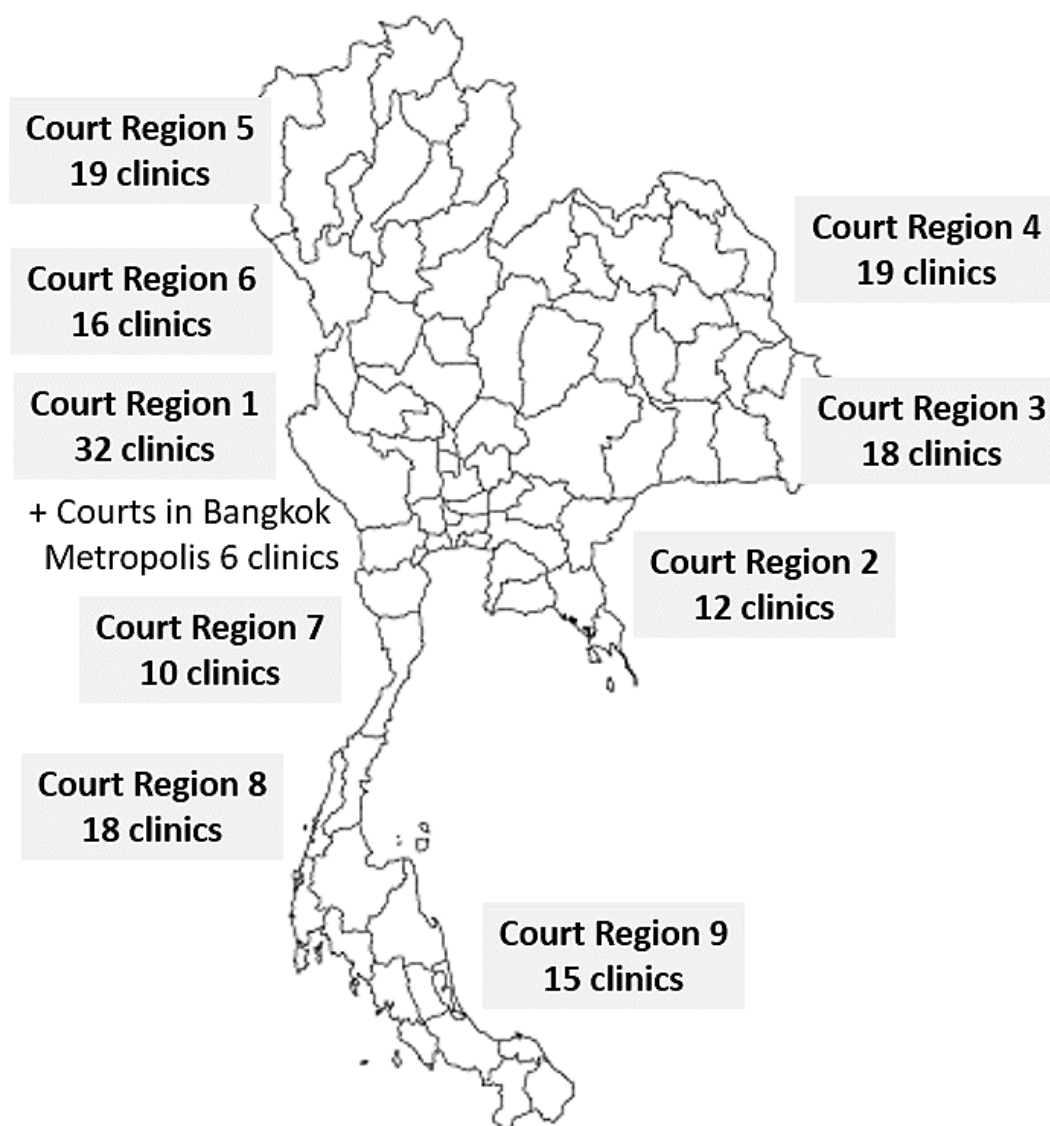
In summary, the psychosocial counselling service/clinic in criminal justice system gives benefits to both wrongdoers with drug-related or mental health problems, their families and society as a whole. In addition, the psychosocial clinic helps reducing crimes, saving taxpayers money, combating addiction and restoring families.

Benefits of psychosocial counselling to wrongdoers	Benefits of psychosocial counselling to wrongdoers' families
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> having opportunity for self-improvement <input checked="" type="checkbox"/> restoring functioning and quality of life <input checked="" type="checkbox"/> reducing defendant's escape <input checked="" type="checkbox"/> reducing recidivism 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> strengthening family relationship
	<p style="text-align: center;">Benefits to society</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> feeling more secure and safe <input checked="" type="checkbox"/> having successful reentry <input checked="" type="checkbox"/> having free psychosocial counselling



2.5 Scaling-up from 5 Pilot Courts to 165 Courts Nationwide

In reference to the Memorandum of Understanding (MOU #4) from 2023 to 2025 between Office of the Narcotics Board and Office of Judiciary, there are 165 criminal courts (courts of first instance handling criminal cases) establish psychosocial clinic.



All 165 courts establishing psychosocial clinic in 2023 are comprised of every category of the court of first instance, they are 5 criminal courts, 71 provincial courts, 28 municipal courts, 1 central Juvenile and Family court and 60 provincial juvenile and family courts.

3 Psychosocial Counseling in Criminal Court supports the transition A case example recognized by UNODC and UNAIDS



COMPULSORY DRUG TREATMENT AND REHABILITATION IN EAST AND SOUTHEAST ASIA

Voluntary Community-based Alternatives

Discussion Paper of the UNAIDS–UNODC Asia–Pacific Expert Advisory Group
on Compulsory Facilities for People Who Use Drugs



THAILAND

Court diversion integrating psychosocial counselling into the criminal justice system

Background

In 2002, Thailand's Narcotic Addict Rehabilitation Act reclassified people who use drugs as "patients" rather than "criminals"; but the consumption and possession of drugs remained illegal and punishable.⁸² Since the Narcotic Act went into effect, the incidence of drug use, drug-related incarceration and detainment in compulsory treatment have continued to increase. Thailand has the sixth-largest prison population in the world, mostly related to drug offences related to personal use and possession.⁸³ With prison capacity at 330 per cent,⁸⁴ overcrowding is a grave concern, exacerbating vulnerability to HIV, viral hepatitis and communicable diseases such as COVID-19.

Source : Compulsory Drug Treatment and Rehabilitation in East and Southeast Asia: Voluntary Community-based Alternatives (2022) UNODC and UNAIDS

[Online] www.unodc.org/roseap/uploads/archive/documents/Publications/2022/Booklet_3_12th_Jan_2022.pdf

2022, United Nations Member States in East and Southeast Asia reviewed progress made on the recommendations of the 2015 Regional Consultation on Compulsory Centers for Drug Users and determined a way forward for accelerating the transition. This report assesses progress towards the closure of compulsory facilities for people who use drugs in selected countries in East and Southeast Asia. It also features case examples of the transition to voluntary community-based treatment and complementary health, harm reduction and social support services.

Approaches from China, Indonesia, the Lao PDR, Myanmar, Malaysia, the Philippines, Thailand and Viet Nam provide helpful indications for expanding the reach and scope of alternatives to compulsory treatment and rehabilitation. Each case example features a brief description of the country context and practical details on key components and/or activities. The examples also note achievements and challenges encountered during implementation and lessons learned from each approach. Recommendations for the case examples were obtained from members of the Expert Advisory Group, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for Asia and the Pacific and the United Nations Office on Drugs and Crime (UNODC) Regional Office for Southeast Asia.

Court diversion integrating psychosocial counselling into the criminal justice system

Background

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In 2009, in an attempt to address Thailand's severe prison overcrowding and the high costs associated with incarceration, the Thonburi Criminal Court in Bangkok initiated a programme to divert persons charged with drug use offences to outpatient psychosocial counselling instead of incarceration. The programme has since expanded to 25 courts (two criminal, seven provincial, one municipal and 15 juvenile or family courts) in 17 provinces (four in Bangkok and 13 in other provinces), supported by a partnership among the justice, judicial and health sectors and the Thai Health Promotion Foundation.

Activities and approach

Psychosocial counselling clinics are located on the premises of the court and staffed by psychologists, social workers and volunteers trained to assess substance use severity and provide counselling, psychosocial support services and onward health care referrals. In addition, training for judges is conducted to raise awareness about and expand the use of the diversion scheme. The diversion process works as follows:

- ➔ Individuals with use, possession for personal use and other related drug offences may be diverted as part of temporary release during the pre-sentence trial period or during the post-trial period. Post-trial a judge may suspend a sentence and refer the person to undertake supervised outpatient counselling as an alternative to probation or other custodial punishment.
- ➔ During the initial session, counsellors assess substance dependence severity using the ASSIST tool. Individuals with medium to high severity referred to drug dependence treatment in a hospital setting, while persons with low drug dependence risk undergo counselling.
- ➔ Counselling services involve brief interventions, such as motivational interviewing and cognitive behavioural therapy. The focus is on enhancing a client's life skills, supporting personal development and promoting social support, with family members

often involved in the counselling process. During pre-sentencing or pretrial detention, an individual may receive three to four counselling sessions of 45–60 minutes each and 12 days apart. Post-sentencing, a person receives four counselling sessions of 45–60 minutes each, one to three months apart throughout their probation period.

- ➔ Counsellors may refer persons to health services in the public health system based on their needs.
- ➔ Throughout the programme, the counsellor provides periodical progress reports to the judge. Successful completion of the counselling programme is measured through non-recidivism and self-reported abstinence from drug use. Programme interruption or failure to comply with court conditions may lead to such sanctions as termination from the counselling programme or cancellation of non-monetary pre-trial release or bail.

Following the Thonburi Court's success in diverting approximately 20 per cent of defendants away from prison and into counselling between 2012 and 2015, the Office of the Narcotics Control Board established MOUs with several agencies across the judiciary and the Ministry of Health to facilitate interagency collaboration and conduct further pilot studies. The Thai Health Promotion Foundation funded research and development in cooperation with the Mental Health Promotion Program under the Department of Mental Health. As a result of the MOUs, psychosocial clinic services were piloted in five additional courts, while an additional six courts initiated psychosocial clinics using their own funds. Hundreds of volunteers were trained and certified as counsellors as part of the initiative.

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A range of agencies spanning the behavioural health field, the judicial arena and academia have been involved in a partnership to implement a court diversion programme in Thailand. In the courts where it operates, the outpatient psychosocial counselling model has helped promote a public health approach to drug use and dependence among judges and other legal counsel.

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Between 2016 and 2019, additional partnerships were established with the aim of scaling up the court diversion programme. Chiang Mai University's Southeast Asia HIV-Addiction Technology Transfer Center and the Galya Rajanagarindra Institute, a forensic psychiatric facility, were funded by the United States' Substance Abuse and Mental Health Services Administration to support the expansion of the programme through academic research, development and evaluation.

Challenges

A key weakness of the initiative is that diversion and sentencing depend on a judge's prerogative. Because not all judges are supportive of the counselling programme, ongoing training and advocacy targeting judges are needed to ensure programme longevity and expansion. An additional challenge is the need to identify sustainable funding. There continues to be pushback from the judiciary around funding the national scaling up of the court counselling model because it is not viewed as a primary objective of the court system. Additionally, the court diversion programme faces deficiencies in relation to monitoring and evaluation, which do not clearly assess improvements to individuals' quality of life.

Results and accomplishments

Health-based alternative to incarceration and detention

Between 2016 and 2019, approximately 9,650 persons were diverted into the counselling programme instead of given a prison sentence. Referral to specialized drug use and mental health counselling forms an integral part of the programme beyond the initial psychosocial counselling service. For instance, clients are provided cognitive and behavioural health interventions and motivational interviewing as well as access to a nurse, social worker and legal assistance as part of the counselling process.

Reductions in drug use and recidivism

After more than a decade of operation, more than 90 per cent of defendants completed the programme. Among persons assisted by the diversion initiative, the recidivism rate was nearly 1.4 per cent, a relatively low figure when compared with national trends showing that around one third of prisoners released from Thai prisons are reincarcerated within three years.

Cooperation between the criminal justice and health care sectors

Over the past decade, a range of agencies spanning the behavioural health field, the judicial arena and academia have been involved in a partnership to implement and scale up the court diversion programme. In the courts where it operates, the psychosocial counselling model has helped promote a public health approach to drug use and dependence among judges and other legal counsel.

Staff training and capacity building

There is a strong focus on case management and counselling skills-building for programme volunteers. For instance, the 28 counsellors at the Thonburi Criminal Court psychosocial clinic must pass a certification exam. Training consists of four training modules (on basic psychosocial

counselling, management of substance use, family counselling and group counselling) as well as advanced courses on behavioural therapies, totalling 48 hours of training over eight days. Case supervision training is provided to support counsellors to provide effective case management. To assist the national expansion of the model in criminal courts, a training of trainers was conducted in 2020 for 62 mental health nurses and psychologists to be qualified trainers under the Department of Mental Health.

Lessons learned

The counselling diversion programme within the Thai criminal court system is an innovative example of multiagency cooperation that prioritizes health focused outpatient interventions for drug use and dependence. The involvement of both the judiciary and the Department of Mental Health has been critical to achieving a high programme completion rate and to promoting non-custodial approaches in the judicial arena. Resistance from some courts and judges may be tempered by a clearer demonstration of cost savings to the State due to diverting individuals away from prison and detention and towards community-based health care services.

Thailand's new Narcotics Code, which went into effect on 9 December 2021, allows inter alia for discretion to be applied by the judiciary in relation to sentencing and diversion. Independent evaluations that involve broader outcomes than abstinence and recidivism and measure improvements in quality of life and health status are needed to accurately measure programme performance and support the national expansion of the model.



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