



Drug Use among Juveniles in the Observation, Protection Centers and Training Schools in Thailand: An Analysis of Causal Factors

Rojana Wirojkul¹

Mahidol University, Thailand

Abstract

The problem of drugs is considered to be crucial and it has become a significant issue in Thailand. This study aims to study drug use behavior and causal factors influencing drug use behaviors of children and juveniles in the Juvenile Observation and Protection Center and the Juvenile Training Schools. Quantitative research method was adopted for this study. The sample groups were children and juveniles in the Juvenile Observation and Protection Center and in the Juvenile Training Schools. The results of the study found that, all causal factors; attitude towards drugs use behavior, perceived behavioral control, intention to commit to drug use behavior and outweighing factor could explain the variability of intent at 51% and could also explain the variability of drug use behaviors of children and juvenile at 54%, whereas, independent variables in relation to perceived behavioral control do significantly influence intent towards drug use behaviors. This study recommends guidelines for executives in planning a policy for those involved in the implementation of prevention, providing a therapeutic and rehabilitative solution for children and youths involved with drugs. Eventually, this study will be useful and beneficial for taking care of children and youths in the future.

Keywords: Drug Use, Juveniles, Observation, Protection, Training Schools, Thailand.

Introduction

Narcotic drugs are one of the problematic issues of Thailand. The government has considered it as a national agenda, which was necessary to be addressed. From the current situation, the number of children and youths who were prosecuted by the Observation and Protection Centers countrywide from 2009 to 2014 (Information Technology Center, 2015) has been found to be increasing. Children and juveniles with the charge of illegal drug have been growing every year; 2009 (26.64%), 2010 (33.35%), 2011 (39.50), 2012 (43.10%), and 2013 (42.24%). In 2014, children and juveniles committing drug offenses were approximately 16,508 cases representing as 45.18% of all cases in the Observation and Protection Centers countrywide (36,537 cases). Since 2009 onwards, the charges related to drugs were the highest committed offense. In addition, the current recidivism rate for drug offences is 47.77% of all recidivism cases over the country. This information

¹ Ph.D. Candidate in Criminology, Criminal Justice Administration and Society, Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom, Thailand. Email: rojana5322@gmail.com

reflected the severity of narcotic problem, which is noticeably ascending among young children and juveniles.

This study aims to explore drug use behaviors and study the reasoning factors that may affect drug related behaviors of children and youths in the Observation and Protection Centers and Juvenile Training School. However, there were few studies focusing on rational factors of drug behavior. The author was interested in exploring actual causes of committing drug use behavior by using related theories on human behavior reasoning, which are widely accepted among scholars. Since children's behavior is sophisticated, several theories needs to be integrated including; Theory of Planned Behavior, Moral Development Theory, and Rational Choice Theory.

Planned Behavior Theory has been expanded from the theory of reasoned action based on cognitive-behavior theories. According to Planned Behavior Theory, human's behavior could be predicted in several ways (Armitage & Conner, 2001), for example; drug use behavior, smoking habit, and alcohol consuming behavior. There were three components in this theory, which altogether predicted human's intention, which in turn, could predict actual behavior. They are attitude, subjective norm, and perceived behavioral control (Ajzen, 1991). Foreign studies supported the predictive ability of Planned Behavior Theory on drug use behavior (Bashirian, Hidarnia, Allahverdipour & Hajizadeh, 2012; Malmberg et al., 2012; Stewart & Moreno, 2013; Umeh & Patel, 2004; Morrison et al., 2010). In Thailand, Planned Behavior Theory has never been applied to explain such crime behaviors. However, the theory of reasoned action by Ajzen and Fishbein (1980) was induced to explore any other crime-related behaviors such as drug use behavior and smoking behavior.

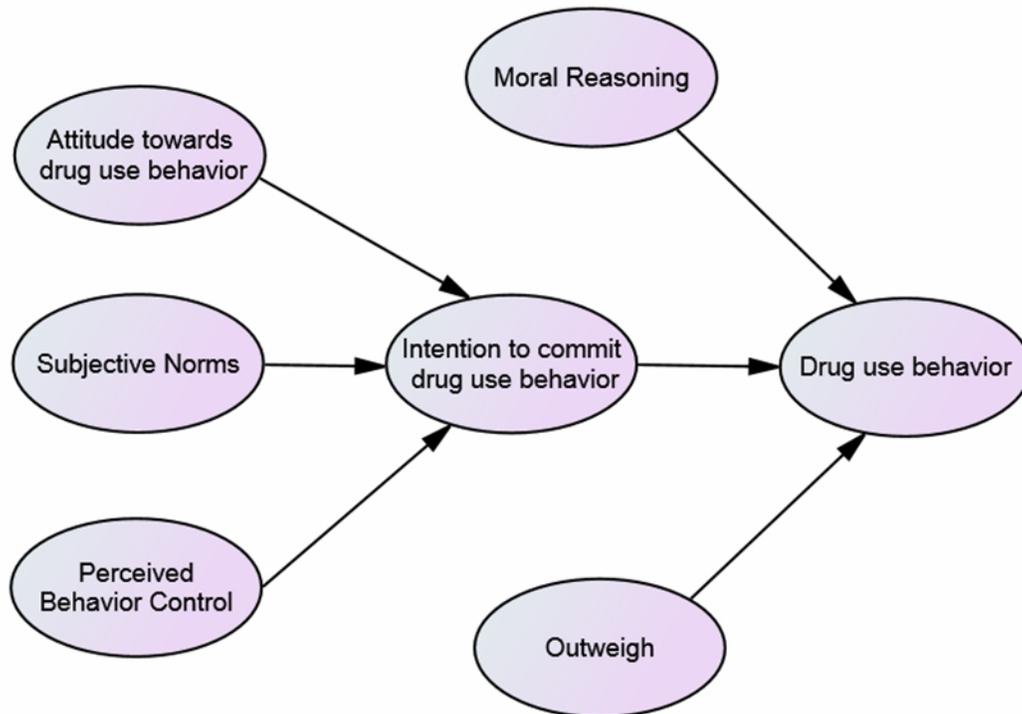
Kohlberg (1984) believed that the level of moral development was directly associated with social behavior. Simply put, the level of moral development would change when human's development has changed. Several findings focusing on levels of moral development among children and juveniles with offenses revealed that youth criminals had different levels of moral development from normal children (Stams et al., 2006; Blasi, 1980) and moral development related with recidivism (Vugt et al., 2011). This study investigated the group of children in the Observation and Protection Centers and indicated that moral development might influence offense behavior in juveniles. Moreover, myriad studies displayed the significant relationship of moral development and drug use among children and juveniles (Sooksriwong, 2007; Amonin & Donovan, 2006; Abide, Richards & Ramsay, 2001). The author would like to assume that this theory could explain the behavior of drug use among children and youths in the Juvenile Observation and Protection Center and Juvenile Training School.

The Rational Choice Theory essentially based on the belief that crime was the outcome of rational decision considering pros and cons before committing offence. Crime has been done under the personal consideration of increasing benefits and decreasing negative consequences (Cornish & Clarke, 1986). The research in association with juvenile delinquency demonstrating the decision-making prior to commit crime behavior (Jeffrey & Alex, 2007; Tantiphongwiwat, 2007). Several studies pointed out the importance of an opportunity that alleviated crime decision (Little & Steinberg, 2006, Suriyamanee et al., 2010). The author expected that this theory could explain drug use behavior among children and juvenile regarding outweighing factor.

From the literature review, a research conceptual framework was created showing factors related to drug use behavior by using related theories on human behavior

reasoning. This conceptual framework applied three theories to explain drug use behavior of children and juveniles. They were: Planned Behavior Theory, Moral Development Theory, and Rational Choice Theory. To predict drug use behavior, the Planned Behavior Theory focused on attitude towards behavior, subjective norms, and perceived behavioral control via the intention to predict the behavior and intention to commit drug use behavior, the Theory of Moral Development focused on moral reasoning factor, and the Rational Choice Theory focused on outweighing factor. The hypothesis model (Picture 1) among several variables; attitude towards drug use behavior, subjective norms, and perceived behavioral control, which all indirectly influenced via intention on drug use behavior, has been applied. Also, intention to commit drug use behavior, moral reasoning, and outweighing factor directly influenced drug use behavior among children and juveniles in the Juvenile Observation and Protection Center and Juvenile Training School as presented below.

Picture 1 Hypothesis Model



The result from this research enabled us to acknowledge factors that could explain the drug problem among children and youths in the Observation and Protection Centers. The result of this research could be used as fundamental information to create a suitable model in solving and rehabilitating children and youths with drug addictive behavior. This program also provided guidelines for executives in planning and making a policy as well as for those who involved with the implementation of prevention, building therapeutic factors and rehabilitation for children and youths with drug problem. Eventually, this research would be useful and beneficial for the holistic care management on drug related children and youths in the future.

Methods

Procedures and samples

The sample for this study consisted of 739 male children and juveniles in the Observation and Protection Centers and Juvenile Training Schools, Department of Juvenile Observation and Protection under the authorization of Ministry of Justice, Thailand. The inclusive criteria of this study exploited the multi-stage random sampling method through several steps; 1) cluster sampling based on the classification of the Office of National Statistics (2010) divided into four regions (North, South, Central, and North-East), 2) simple random sampling was used. The samples were calculated on the basis of variable-item ratio by 1:10 with 10% estimated standard error. The minimum samples were 605 from 8 juvenile observation and protection centers and Juvenile Training Schools.

Measures

This study was a survey research applying questionnaires to collect all variables. Questionnaires were used for the data collection. The content of the questionnaire was divided into several parts in accordance with various variables. Background characteristic section consisted of 4 items, Drug related behavior consisted of 13 items, Reasoning factors consisted of 23 questions; attitude, subjective norms, perception on behavior control, and intention to commit drug use behavior, Moral reasoning questions intended to assess the moral reasoning influencing the decision of use and not-to-use drug. The questionnaire consisted of 10 questions according to the Moral Development Theory, Rational pattern of thought consisted of 5 items. Questions were created to evaluate children and juvenile's pattern of thought in making a rational decision.

The author has created questionnaires in accordance with the definition and terminology. It aimed to assess the empirical validity (Face Validity) by distributing the questionnaire to three qualified experts in order to examine the validity of content, questions, and language use in consistent to the operational definition. It was later amended prior to implementation (Try Out). Those items have been amended for a better objectivity and the modified version of questionnaire has been examined the reliability to identify better Cronbach's alpha coefficient (.802). Prior to the hypothesis testing, the author investigated the construct validity by using confirmatory factor analysis to identify the congruence of construct model and the empirical evidence.

Data analysis

The collected data from the questionnaire was, in the first place, evaluated for accuracy and data completeness. It was later coded using SPSS for several statistical analyses; Descriptive statistics described the background characteristic of samples; such as, frequency, percentage and standard deviation. Path analysis was also used to test the research hypothesis.

Results

Most participants were 16 to 18 years old (82.3%). Most of them, 62.8% were prosecuted for the first time. In the closer consideration, children were sent to the Juvenile Observation and Protection Centers or Juvenile Training Schools at the first time with the percentage of 82.3%. Drug offence showed the highest rate of 80.9%, 9.2% committed

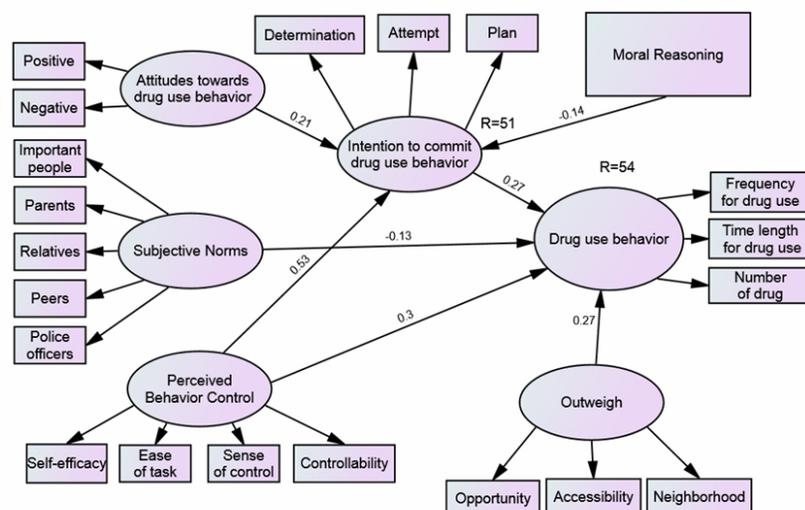
offences against assets, and 6.9 % committed offences against life and body. It displayed that before juveniles entered to the Juvenile Observation and Protection Center/ Juvenile Training School, most of them, 40.9% had used drug almost every day. Age of first contact with the drug use displayed that 71.7% had first contact at age of 13 to 15. First type of drug use (except cigarettes and alcohol) among children and juveniles were amphetamine (67.5%), marijuana (20.8%), and *mitragyna speciosa* (4.7%).

Mostly, juveniles had experience in using amphetamine that accounted as 88.9%, 60.5% experienced marijuana, and 44.7% experienced meth-amphetamine use. It could be seen from the pattern of drug use that 79.0% used the one type of drug at a time. Time length of drug use, mostly, 33.2% had used drug for one to three years. 76.9% mostly took drug at a friend's house, 63.9 % at home, and 39.4% at the hotel. 70.9 % usually took drug at nighttime. People whom these children usually spent time with while taking drug were outside-of-school or neighborhood friends (53.5%), 53.7% of all juveniles showed drug rehabilitation experience. Furthermore, mostly, 77.2% have been involved with drug distributing while; 67.1% used to involve as drug dealers. While 18.9% had some of their family members related to drug use behavior. Most of them were brothers/ siblings (10.1).

The results demonstrated that the structure equation model of the study hypothesis (Picture 1) was not congruent with the empirical evidence ($c^2= 669.494$, $df = 174$, $p\text{-value} = 0.00$, $GFI=0.919$, $CFI =890$, $SRMR = 0.0688$, $RMSEA = 0.062$), which was not in the acceptable criteria. This meant that the structure equation of the hypothesis model was not relevant to the empirical evidence.

The author has modified the structure equation model by considering modification indices and structure equation modeling adjustment theory in order to identify the causal relationship among drug use behaviors. Also, the author considered the cut-off point of non-statistical significant at .05. The adjusted model has been presented in Picture 2.

Picture 2. Adjusted Model



After adjusting the model as presented in Picture 2, the alternative structure equation model was congruent with the empirical evidence. Even though p-value was less than .05, other indices were in the acceptable criteria ($\chi^2 = 628.121$, $df = 173$, $p\text{-value} = 0.00$, $GFI = 0.925$, $CFI = 0.900$, $SRMR = 0.0661$, $RMSEA = 0.060$). It could be concluded that the structure equation model influencing drug use behavior among children and juveniles in the Juvenile Observation and Protection/ Juvenile Training School had the acceptable fit.

The test of alternative causal relationship structure and drug use behavior displayed that causal variables could co-explain the variance of intention at 51% as well as the variance of drug use behavior among children and juveniles in the Juvenile Observation and Protection/ Juvenile Training School at 54%.

The result furthermore presented that attitude towards drug use had direct effect on intention to commit drug use behavior ($\beta = 0.21$, $p = 0.036$). Subjective norms had a direct influence on drug use behavior in the negative association ($\beta = -0.13$, $p = 0.002$), Perceived behavioral control had a direct influence on intention to commit drug use behavior ($\beta = 0.53$, $p = 0.00$), Perceived behavioral control had a direct influence on drug use behavior ($\beta = 0.30$, $p = 0.00$) The result of the intention to commit drug use behavior displayed that intention directly influenced the children's behavior ($\beta = 0.27$, $p = 0.00$) It has been found that moral reasoning had a direct influence on children's behavior ($\beta = -0.14$, $p = 0.00$) Besides, Outweighing factor appeared to directly influence drug use behavior among children and juveniles in the Juvenile Observation and Protection Center/ Juvenile Training School ($\beta = 0.27$, $p = 0.00$).

In a nutshell, this study demonstrated that some variables was congruent to the research hypothesis; attitude towards drug use behavior and perceived behavioral control indirectly influenced drug use behavior via intention, as well as, intention directly influenced drug use behavior, and outweighing factor together with perceived behavioral control had a direct impact on drug use behavior among children and juveniles. However, some variables displayed incongruent relationship to the research hypothesis; subjective norms directly influenced drug use behavior without the mediation of intention, as well as, moral reasoning had a direct effect on drug use behavior mediated by intention to commit drug use behavior.

Drugs use behavior

1. Age of onset of drug use

The study of juveniles' drug use before entering in the Juvenile Observation and Protection Center and in the Juvenile Training School found that the children and juveniles used drugs for the first time when they were 13 to 15 years old. Apparently, the youth in these ages were the main group that involved with drugs use (Kanatho, 2004). The statistical data of youths and juveniles entering to the Juvenile Observation and Protection Center showed that most of them have involved with drugs offense since 2009 (Information Technology Center, 2015). This reflected the widespread of drugs use among adolescents, which was the most important stage needed to be focused. Also, it was critical to prevent young people at this age from getting involved with drug use.

2. Type of drug use

Mostly, the first type of drug use (except cigarettes and alcohol) was amphetamine. Most juveniles have experienced amphetamine, marijuana, and *mitragyna speciosa*, respectively. Likewise, in 2014, young people used amphetamine the most with the percentage of 60.69 (Information Technology Center, 2015). Amphetamine was an initial drug that could lead to the use of other types of drugs. Because the amphetamine prevention programs among youths were not adequately effective, it continued to be commonly used and widespread across the country.

3. Frequency, drug partners, and places for drug use

It has been found that juveniles who used drug almost every their drug partners were friends outside of school or neighborhood. They often used drugs during the night at a friend's house. The result of the study showed that drug could change the juvenile's life into a critical stage. While they should study and spend time with their family or develop their potential to be a key source in developing the country in the near future, they used most of their time with friends and drugs instead. This finding was consistent with the study of Tripathi et al. (2009). They have developed a survey tool in positive life assets for youths and juveniles in order to find guidelines to create an immune against drugs. It was found that most of juveniles in the Juvenile Observation and Protection Center usually spent their leisure time with friends. After school session was very important because children and juveniles could use drugs during that time (The Thai Red cross, 2005). Particularly, children and juveniles who did not live with their parents or their family could have deviant behaviors at a games cafe, a friend's house, or a desert area. Therefore, recreational or amusing activities as well as after school clubs could be very crucial in creating an alternative space for children and juveniles to participate instead of using drugs or having other deviant behaviors (Chulalongkorn University Academic Service Center and Ramjitti Institute, 2007).

4. Experiences in drug distribution

Not only have most of juveniles used drugs, but also most of them have experienced in drugs dealing, as well as, have been hired to buy drugs from drug dealers or sell to users. Drug trade could aggravate the existing problems of juvenile's drug use. This implied that drugs could be more easily accessed and it became more difficult to quit drugs when juveniles got more involved with the cycle as they were a drugs dealer themselves. The drugs network, instead of selling by itself, has lured juveniles to become the drug dealers when governments implemented strict and serious drugs suppression. This finding was consistent to the study of Kanato et al. (2002), which found that the drug dealer network intended to use children and juveniles as mediators.

5. Reasons for drug use

The study was consistent to its hypothesis. When juveniles had positive attitude towards drug use, realized that drug use behavior was easy, and believed that they could control their own behavior, they would have the determination, attempt, and plan to commit drug use behavior. Theoretically, the result from this study supported the Theory of Planned Behavior stating that the attitude towards behavior and perceived behavioral control could affect behavior through intention (Ajzen, 1991; 2002).

The theory of planned behavior based educational program may be effective in prevention of substance abuse among adolescents (Bashirian et. al., 2013). Therefore, the results of these studies could be applied to design a substance abuse prevention program for juveniles by creating new values against drugs. It was important to raise the social awareness of rejecting drug use behavior.

For perceived behavioral control, it highly influenced the behavior or the intention to commit drug use behavior more than any other factors, which might be because it was developed from juveniles' past experience in using drugs. It could be seen that the age of the sample group was mostly between 16 to 18 years old. Most of them first used drug at the age of 13 to 15. It might influence the juvenile on supporting or obstructing factors, which could be persuasion from friends, easy drugs accessibility, and self-control. These findings could be used to design drug prevention program for juveniles by providing them the knowledge that drug use behavior was very difficult. Therefore, drug control could be conducted by a policy that limited the accessibility of drug use among youths. The family also needed to monitor a juvenile's behavior in the closer aspect. The community and neighborhood should cooperate to create a drug-free zone. The children who reached the age of schooling should be studying in the education system. When they turned to adult, they should be working in their career. On the contrary, juveniles should have self-efficacy to avoid drug use behavior and self-control to not getting involved with drugs; this would be the one of the major drug preventions.

In self-efficacy can be increased through performance accomplishments, vicarious experience, verbal persuasion and positive emotional arousal (Bandura, 1977). In the juveniles, for example, treatment activities should be designed to fit their individual level of abilities so that it is achievable. If it is possible, demonstrate to them how to achieve the tasks, and provide constructive feedback and encouragement to perform the tasks help the youths overcome any existing self-doubts. These methods help boosting self confidence and in turn resulting increasing level of self- efficacy.

Multimodal interventions can be designed to enhance good self-control and reduce its impact (Wills & Dishion, 2004). For example, asking children their ideas on simple matters and teaching them planning and problem solving help increase their self control. Activities that address impulsiveness and anger coping such as teaching children how to identify and cope with anxiety and anger, controlling their impulsiveness, and inviting them to talk about their problems or challenges that might have come up during the day and discuss how they handled them can help reduce negative impact of low self control. Self-efficacy and self-control can help children and youth resist peer pressure to use drugs, it is recommended that the activities implanted in study courses for children in schools, and encourage teachers and family to enhance the development of these skills for children and youth both in school and at home settings.

The result showed that factors, which were not consistent to the hypothesis, were subjective norms and moral reasoning. Subjective norms referred to the perception of one's important people and expectation on them to have certain behaviors and the behaviors could have been achieved. Subjective norms indirectly affected drug use behavior through intention. However, this study found that subjective norms negatively affected drug use behavior. This indicated that juveniles with low subjective norms would have higher probability of drug use behavior. This finding did not support the Theory of Planned Behavior of Ajzen (Ajzen, 1991; 2002). Although juveniles acknowledged that the most important persons in their life disagreed with their drug use behavior, they were

more likely to increase drug use behavior. They might have an internal conflict, wanted to be free, and were not ready to be responsible for anything. While they did not want to be monitored or controlled by their parents like they used to, they might feel upset with insufficient attention from adults. This was a conflict among thoughts, attitudes, and actions. Relationship with peers could also cause problems and misunderstanding between adults and juveniles. If juveniles had a good relationship with parents, those conflicts would be milder. However, juveniles tended to negotiate or test their parents to see their actions (Office of the Narcotics Control Board, 2006). It was possible that juveniles might have drug use behavior even though their parents would not agree with their drug use behavior. This was especially when the relationship between juvenile and parents, the most important persons in a juvenile's life, did not get along well.

Subjective norms might also have influenced drug use behavior without intention. The juveniles' important persons in life might also use drugs even they rejected drug use behavior. Still, juveniles could imitate such behavior without having an intention. The deviant behavior of family members was considered as a risk factor for children and juveniles. Especially, when members in family also used substances or drugs such as father or brother might drink alcohol or smoke cigarettes, juveniles might try to imitate those actions as their family was the closest role model (The Development of the Practice for Youths in the Justice System Program (2012).

Discussion and Conclusion

The results of this study could be applied to enhance the family's capacity by promoting family member as a role model for drugs-free family and upbringing the children into appropriate development especially in their adolescence in order to bring about drug use problem prevention. The results of these studies indicated more work need to be done in engaging family to play more roles in juvenile rehabilitation. The efforts should begin with activities designed to alter family management practices or to build parenting skills in general through instruction or training. These activities often teach parents skills for monitoring or supervising their children, increasing emotional attachments, helping their children succeed in school or otherwise assisting their children in the development of skills and competencies that will be needed to avoid substance use (National Research Council, 2001). Moreover, drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al., 2001).

For moral reasoning, according to the hypothesis, it would have a direct influence towards drug use behavior. Juveniles with high moral reasoning would have low intention to commit drug use behavior. There were research studies supporting that moral norms directly influenced an intention (McMillan & Conner, 2003; Manstead, 2000). The results of these studies could be applied in designing drug use prevention program for juveniles by allowing them to think about drug use in relation to ethics. If adolescents thought that using drug was immoral, they were less likely to use drug than those who thought drug use was a personal discretion (Nucci et al., 1991; Abide et al., 2001; Amonini & Donovan, 2006). This included discussion on issues of moral and legal issues about substance use to promote the level of moral reasoning in order to prevent drug use behavior (Amonini &

Donovan, 2006). The discussion of the group could change the behavior of offenders. (Claypoole, 2000).

This study was consistent to the theory of rational choice. For outweighing factor, it was in accordance with the hypothesis as well. It had a direct positive impact on drug use behavior among children and juveniles in the Juvenile Observation and Protection Center and Juvenile Training School. Juveniles who outweighed the worthiness or the opportunity of drug use tended to commit drug use behavior. Cornish and Clarke (1986) talked about the first stage of being involved with crime (Initial involvement model). An individual would choose to commit crime to fulfill one's own need after considering from various options. Decision-making could be highly influenced by learning and experience in the past. Also, moral principle and self-perspective with regard to experience in crime directly and indirectly played a critical role in outweighing as well. The study found that 37% of children and juveniles in the Juvenile Observation and Protection Center and Juvenile Training School had prosecuted more than one time, aged of 16 to 18, accounted as 82.3%. Most of them first used drug at the age of 13 to 15 years, accounted as 71.7%. Their family members (mostly their older and younger brothers) have also been using drugs, accounted as 18.9%. Based on this data, juveniles might have learned or experienced drug use behavior, which could lead to directly and indirectly involve with drug use.

In addition, the study also found that the juvenile's drug partners are friends outside of school or in their neighborhood, accounted as 53.5%. They usually took drugs in their friends' house during nighttime. Youths had opportunity or situation that could facilitate drug use. It could be circumstances, drug use behavior among peers, the desire to be accepted among peers, boredom, and no interesting activities. All of these factors could affect a decision to commit drug use behavior. Consistently, Rational Choice Theory explained decision-making process that the patterns of crime (criminal event model) would occur whenever individual had decided which forms of crime should be committed. This decision was intensely influenced by immediate circumstances and situations such as the need of the money or hanging out with friends who invited them to involve with crime (Cornish & Clarke, 1986).

The result of these studies could be applied to create drug prevention model for children and juveniles by reducing the opportunity to use drug such as promoting quality time spent with family, supporting community's activities, and monitoring juvenile's and parents' behavior.

Moreover, this study found that children usually took drugs with friends. It was about the feeling of being accepted by peers because juveniles thought that friends were crucial in this stage of life. Similarly, Rational Choice Theory also mentioned that crime occurred from the need to satisfy others' expectations. These expectations could be un-materialistic matters such as a higher status or excitement (Cullen & Agnew, 2003).

Clarke and Cornish (1986) also mentioned that various personal and social factors influenced the evaluation of the consequences from committing crime such as punishment in both formal and informal forms, for example; being opposed by parents and moral outcomes--the guilty feeling of committing an illegal action.

The results of these studies could be used to design drug problem prevention in youth. Youths should realize that their benefits would reduce while the loss from drug use increased. To illustrate this, children and juvenile may needed to be informed the harms of drugs, its risk and penalty, knowledge of law related to drug use, the possibility to become

victims of drug trade, prosecution against the drug use, and the penalty and losses they might have to encounter. For the benefits that juveniles considered before making a decision, we should create the value to make juvenile want to be accepted from their peers and feel happy to participate in recreational activities with family and in school instead of using drugs.

However, for brain development, analysis ability in cerebral cortex would not reach the full development until the age of 20 to 25. Therefore, we should inform them why they were easily persuaded (Chucharoen, 2008). This was consistent to the study of Schiraldi (2015). The psychological and neurological results confirmed that teenager's brain would not fully develop until the middle 20s. This would result in having risk behavior from friends' influence, failed to persist in their future, and had emotional sympathy. Entering to the drug use cycle of juveniles might not be similar to the pattern of drug use cycle in free-will model. The adolescent's brain was different from adults and decision involved with brain development. To solve drug use problems, juveniles should not be punished, but they should join the rehabilitation treatment program to develop their life skills. Also, case manager could help by assisting, counseling or helping them to plan their future so they could return to the normal life without depending on drug use. Furthermore, the policy in drug prevention and control in children and juveniles should consider scientific findings since teenager's brain was in the stage of having risk in relation to incentives and outweighing. This finding was very important to understand in order to integrate this knowledge to child and adolescent care in family, educational policy, and the society (Pariwatcharakul, 2013).

Limitations and Suggestions for Future Studies

This study focused on children and youths in the Juvenile Observation and Protection Centers and Juvenile Training Schools. Possibly, reasons towards drug use behavior varied due to individual differences, since children and youths in the Juvenile Observation and Protection Center have not been sentenced as youth offenders by the court yet. However, the children and youths in the Juvenile Training School have been convicted as guilty by the court; therefore, the future studies should separate these children into two groups.

This study emphasized on children and youths with drug use behavior including drug users and drug addicts. The next future studies should separate drug use group from drug addiction group in order to better understand reasons towards drug use behavior of both groups in the closer inspection. According to subjective norms, to assess the recognition of children and youths in regarding important people in their life who convinced them to have drug use behavior was equally important as to question the drug use history of those important persons.

The future studies should explore reasons for drug use among other groups of youths; such as, prisoners, and drug addictive patients in the rehabilitation center. This study projected the deeper understanding of reasons towards drug use among teenagers, therefore, developmental stages would vary from adults, and thus reasons towards drug use may not be able to provide sufficient answers to different kinds of group.

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