CHAPTER 4

EMPIRICAL RESULTS

This chapter presents the results of this qualitative research to assess the strategic management of drug addiction treatment using Balance Scorecard at the Rayong Provincial Health Office. Data was collected through documentary review and focus groups of health personnel involved in drug treatment and rehabilitation in 2002. The Balance Scorecard concept was used as a tool to analyze the data. .

The results are presented in three sections:

- Evolution of drug treatment programs in Rayong province;
- Assessment of drug addiction treatment programs using Balance Scorecard.

4.1 Evolution of Drug Treatment in Rayong Province

The critical state of drug addiction in the country demands coordination among all stakeholders. The Ministry of Public Health has the primary responsibility for the treatment and rehabilitation of drug addicts. The Rayong Provincial Health Office serves as the administrative body in charge of planning, managing, coordinating, and implementing all treatment and rehabilitation programs by the health facilities under the ministry in the province. These facilities include one provincial hospital, six community hospitals, and 94 health centers located in six districts and two sub-districts, with a total population of 537,434.

The first drug treatment program by the Rayong Provincial Health Office was launched in 1994. It was designed with a focus on prevention and health promotion aimed at specific target groups, primarily students and factory workers. Only one facility – the Rayong Provincial Hospital - was equipped to provide treatment for addicts of heroin, opium and cannabis that were the drugs of choice at the time.

In 1997-99, the treatment program was adjusted. In 1998 a separate Mental Health Section was formed at the Rayong Provincial Health Office. One of its responsibilities was building life skills through peer education to address all drug related problems - prevention, treatment and

rehabilitation. Mental health was previously a part of the Health Promotion Section. There was more concrete coordination and collaboration with other government agencies with anti-drug programs such as the District Office, and schools among others. All hospitals within Rayong had to submit progress reports. Their analysis pointed to a worsening drug addiction problem as amphetamine gained popularity among drug users and addicts in the province. Rayong had also become a transit point for drug trafficking, with dealers and pushers, users and addicts. However, there was no evidence that drugs were produced locally. The new situation demanded a different and more sophisticated approach.

In 2000, The Rayong Provincial Health Office launched the Matrix Program. This program is generally accepted as comprehensive including detoxification, rehabilitation and follow up (or after-care).

In terms of budget, the Rayong Provincial Health Office received most of its funding for drug treatment and rehabilitation from the Ministry of Public Health. It was responsible to strategically manage this budget to deal with the specific problems of each district. The Rayong Provincial Health Office also sought financial support from other sources, namely the Local Administration Organization under the Ministry of Interior. This additional funding was primarily used to monitor and evaluate drug programs though there was no standardized format to do so. Most of the monitoring and evaluation was carried out at the end of each project at meetings of those concerned in its planning and implementation.

The initial drug treatment program (1994-2001) did not have an evaluation format in-built thus it is not possible to accurate rate its success. However there are signs of positive results.

The Rayong Provincial Health Office received awards for its work in mental health from Region 3, Chonburi province in 1999 and 2002. Since 2002 when the Matrix program was launched, its performance has continuously progressed with systematic training of health personnel and the increasing number of *tambon* health centers being able to provide addiction treatment. Seven centers were also set up that are capable to provide treatment, rehabilitation, and follow-up services.

A total of 1,137 people were treated from the fiscal year starting May 31, 2002. Of these 371 are new patients and the remaining recuperating

patients enrolled in treatment and rehabilitation during the previous fiscal years. The Rayong Provincial Health Office has also established a firm relationship with all other agencies with anti-drug programs with which it undertaking 6 projects. These include one in prevention, four in detoxification and rehabilitation, and one in training of personnel.

For fiscal year 2002, it received a total of 1,282,792 baht from the Ministry of Public Health (or 85.25%), and 222,000 baht (or 14.75%) from other ministries. The budget was distributed as follows: 1,221,726 baht (or 81.19%) for treatment, 152,000 Baht (10.10%) for prevention, and 131,066 Baht (8.71%) for training of health personnel.

4.2 Assessment to the management of drug addiction treatment program using Balance Scorecard

The following shows an analysis of data from drug addiction treatment programs management and documentary review in fiscal year 2002 obtained during focus groups of health personnel involved in drug treatment and rehabilitation at all levels in the province.

The Rayong Provincial Health Office has assessed the management strategy using Balance Scorecard in response to the Thaksin government's policy to accelerate drug treatment and rehabilitation. As stated in earlier chapters, Balanced Scorecard has four perspectives - Financial Perspective, Internal Process Perspective, Customer Perspective, and Learning and Growth Perspective.

Assessment was made of drug treatment and rehabilitation programs undertaken in 2002 using BSC as an analysis tool. Data from each program was obtained from documentary research and focus groups, from four perspectives: financial perspective, internal process perspective, customer perspective, and learning and growth perspective.

Here are the main points from the documentary research and focus groups:

1) Customer Perspectives

Table 4.1 Customer Perspectives

Customer					
Project	Objectives	Measures	Targets	output/outcome	Initiatives
"Strong Family-Warm School" project	Parents and students have the skills to prevent and solve drug problem	Number of parents and student who joined project # of schools that support knowledge and skills	70% of parents and student have skills 100% of schools	- 100% of schools	Coordinating with school for training
Case finding and treatment in community	Community has potential to identify and monitor drug addicts by participatory process	# of potential community for case finding	100% of target community	80%of target community	Participation for case finding drug addicts in community
"New World" camp	Addicts under legal or regulatory supervision	#of addicts who received treatment	100% of addicts	100% of addicts	Cost to organize camp activities
Life skills group for treatment and rehabilitation of drug addicts in schools and the community	Youth and student addicts receive treatment	#of youth and students who receive treatment	100% of youth and students	78.57% of youth and students	Organize activities for treatment and rehabilitation
Treatment and Rehabilitation drug addicts by matrix program	1.Form a Matrix team 2.Patient are satisfied	#of teams %of satisfied patients	100% of all districts Matrix team 90%	100% of all districts Matrix team 80%	Providing treatment activities at health facility

Table 4.1 Customer Perspectives (continued)

Customer					
Project	Objectives	Measures	Targets	output/ outcome	Initiatives
Training health personnel on Matrix Program and Counseling at Thunyaruk hospital	Heath personnel have skills to treat addicts by Matrix program and counseling	#of health personnel at hospitals and health centers who received training	# of health personnel who were trained	37 persons were trained	Training health personnel

From the Customer Perspective, Rayong has organized various camps to treat and rehabilitate drug addicts in the province in fiscal year 2002. There was training for health personnel and capacity building for health facilities. All these combined has contributed to building a better "corporate image" and "customer satisfaction."

Citing project by project starting from "Strong Family-Warm School" that involved 600 people in six schools, it was found that while the number of participants and the number of institutions targeted during planning took part, it is not possible to assess the skills that parents and students gained. No evaluation of the project was done.

The project to identify addicts to enroll in treatment and rehabilitation programs that involved the community had targeted five villages (100%) however only four (80%) took part. The one village that did not participate was in Muang district.

"New World" camp shows that all 30 addicts or 100% were treated but it is not possible to assess how many of them were able to quit drugs because there was no evaluation of the project.

As for the boot camps in schools and communities that involved 140 addicts, it was found that 110 were youths and students (or 78.57%). And again, it is not possible to assess how many were able to quit because there was no evaluation of the project.

As for the Matrix Program, 80% of the customers were found to be satisfied. This treatment and rehabilitation program based at health facilities has encouraged upgrading of services. In 2002, it was found that those facilities capable to provide treatment and rehabilitation under the Matrix Program included one provincial hospital, six community hospitals and 94 health centers. It was found that 90% of clients were satisfied, one team of "Matrix team" therapists was formed at one hospital (100%), while six community hospitals (100%) and three health centers (2.82%) were able to provide such therapy to the satisfaction of 80% of their clients.

As for the training of health personnel in the Matrix Program and counseling for drug addicts held at Thanyarak Hospital, it was found that 100% of the personnel targeted for training did attend. It is however not possible to assess in percentage the knowledge and skills they gained because there was no evaluation of the project.

From the customer perspective, the primary objectives of the projects/activities were treatment and rehabilitation, prevention and identification of addicts in communities. Indicators of the projects/activities are provision of services at the health personnel level, students/youths, families, communities and those under legal/regulatory supervision. As for target groups, they are students, families, the communities and those under legal/regulatory supervision, as well as team members who implement the Matrix Program. As for output/outcome most were in keeping with the objectives however there are some students, youths, families who were not able to reach the target. The innovation achieved was primarily coordination, participation and hosting/organizing activities.

Did the health personnel involved drug treatment and rehabilitation programs find job satisfaction and were they successful?

"Customers" in this study means the health personnel under the Rayong Provincial Health Office whose duty was to treat and rehabilitate drug addicts. From the focus groups, it was clear that health personnel at the Rayong Provincial Health office were satisfied and felt they were successful in their work. These customers do not include patients. This study shows that the personnel at the provincial level are satisfied with their jobs because they have been successful and they have accumulated experience over an extended period of time. The reasons given are that

they had the opportunity to learn new skills and gain experience from their work. There were two awards to testify to their success. Their success is demonstrated by awards received, namely the psychology program at Region 3 Chonburi Province given to the Rayong Provincial Health Office in 1999 and 2001, and drug award in 2002. Those health personnel at the district and *tambon* levels were also highly satisfied because for each client they return to society, they are making a contribution to the invaluable human resource needed for the development of the country.

At the district and *tambon* levels, health personnel have been found to be highly satisfied and proud of their job. This is mainly because those addicts who complete their treatment and rehabilitation program, albeit a low percentage, are most appreciative of the health personnel who have guided them through each step of their recovery. These personnel feel their have made a major contribution to the country by returning healthy productive people to society. Pluak Daeng District Hospital was the first district hospital to be accredited for addiction treatment.

2) Internal Process perspectives

Table 4.2 Internal Process Perspectives

Internal Process					
Project	Objectives	Measures	Targets	output/ outcome	Initiatives
"Strong Family-Warm School"	To provide incentive and support , and develop skills for parent to prevent drug at school	number of parents and students who joined the training	parent 300 persons student 300 persons	100%	Coordinating with school for training
Case finding and treatment drug addicts in community	Community is involved in identifying addicts	Percent of community who participated in case finding	100% (5 Moo)	80% (4 Moo)	Participatory meeting

Table 4.2 Internal Process Perspectives (continued)

Internal Process					
Project	Objectives	Measures	Targets	output/ outcome	Initiatives
"New World" camp	There are treatment process for addicts under legal or regulatory supervision	number of target rehabilitation camp	100% of addicts who joined camp	100% of addicts who joined camp	Cost for planning camp activities
Life skills campus for treatment of drug addicts in school and the community	To provide training by life skills group for treatment in student and youths	Number of target rehabilitation camp	5 groups (140 persons)	4 groups (110 persons)	planning camp activities for treatment
Treatment drug addicts by matrix program	All district to have one team of Matrix team	# of Matrix team at least 1 team/ district	100%of district have Matrix team	100%of district have Matrix team	Cost of planning for capacity building to implement Matrix Program
	All health offices capable To treat and rehabilitation	# of health facilities have treatment activities	100% of all health facilities	100% 1 general hospital 6 community Hospitals 3 health centers	
		#of drug addicts to complete treatment	50% of drug addicts	25.8% of drug addicts	
Training of health personnel in Matrix Program and Counseling at Thunyaruk hospital	There are training health personnel process by Matrix program and counseling for out- patient	percent of health personnel who were trained	100% of health personnel (32 persons)	100% of health personnel (37 persons)	planning the training course

From the Internal Process Perspective, Table 4.2 shows that all the areas in drug prevention have been carried out in fiscal year 2002. Activities included health promotion and drug prevention, detoxification/treatment, rehabilitation, follow-up, and capacity building for health personnel to implement the Matrix Program. There was also a project to encourage community involvement.

The “Strong Family-Warm School” project that was a collaborative effort with schools involved 300 parents and 300 students. Both parents and students learned about co-habilitation. Activities were designed for parents to learn how to handle the behavior and emotions of students of various age groups. The output of this project was clear – 600 persons took part - however it is not possible to measure the outcome in terms of how many and how well each parent can handle student’s behavior and emotions after they return to their normal life setting.

The project to identify drug addicts and enroll them in treatment and rehabilitation programs in five villages in Klaeng, Pluak Daeng, Wang Chan and Muang districts was designed to involve the community. Results however show that 100% of the community in four villages participated while in the fifth village, only 80% took part.

The “New World” Camp project aimed to treat and rehabilitate addicts under legal or regulation supervision was successful in bringing together all the concerned government agencies. These are the Ministry of Justice and the Royal Thai Navy Bureau. A total of 30 addicts took part in this project and all or 100% were treated and rehabilitated.

Five youth camps were organized. The target was to enroll 90 young addicts in two camps in Pluak Daeng and Wang Chan districts, and 50 others in two camps in Klaeng and Ban Chang districts. The results show that only four camps could actually be hosted and that in 80% of the target areas, 60 youths and 50 students joined.

The Matrix Program implemented at hospitals has contributed to upgrading services by health facilities enabling them to handle an increasing number of drug addicts. The objective of the project is for all health facilities that can provide services under the Matrix Program to each form one team of “social psychology therapists”. Rayong has adopted a modified Matrix Program that has five steps only. These include individual/conjoint sessions, early recovery skills, relapse

prevention, family education, and social support. This project has resulted in one team of social psychology therapists being formed per district, and one provincial hospital, six community hospitals and three health centers being upgraded to provide treatment and rehabilitation under the Matrix Program. However it was found that only 25.8% of the addicts who enrolled did complete their program. The target was 50%. (See details in Table 4.2)

The project to train health personnel in Matrix Program and counseling at Thanyarak Hospital, was intended for 32 people but 37 took part. This number is higher than originally planned.

Assessing from the Internal Process Perspective, there was a clear management structure to deal with drug treatment and rehabilitation in Rayong in 2002. The primary role was to coordinate the efforts of all stakeholders. This became a more complex challenge when the main responsibility of the Rayong Provincial Health Office as assigned by the Ministry of Public Health has shifted from health promotion and drug prevention to treatment and rehabilitation. But it is also the most crucial challenge simply because the Ministry of Public Health alone cannot resolve drug addiction which is a national problem. Thus the Rayong Provincial Health Office takes the primary role of coordinating between concerned agencies both inside its own organization and outside.

From the internal process perspective, it can be seen that the objective of nearly all projects/activities was to strengthen health personnel in drug treatment and rehabilitation. Some projects/activities aimed at prevention in youths, and significantly some aimed to engage the community. As for primary indicators, they include strengthening of health personnel, students/youths, families and the community, and those under legal/regulatory supervision. As for output/outcome, most met the set target, there are some projects that were not successful. As for the innovation that was gained include coordination with schools, participatory meetings, community engagement, and development of techniques used in the treatment and rehabilitation of drug addicts.

What is the internal procedure for drug addiction program?

At the provincial level, the Rayong Provincial Health Office manages the drug treatment and rehabilitation programs through a set of committees

and a team of health personnel, each with specific mandate and responsibility. The scope of work includes coordination between concerned organizations from the public and private sectors in order to achieve the objectives of the treatment and rehabilitation programs; budgetary support; and distribution of supplies and material to those health facilities that treat drug addicts. It also includes training in order to maintain effective performance by health personnel, and research.

Another important finding is that while the management structure is clear, there was not outline for implementation and no model for collaborating with other stakeholders. The standard for monitoring and evaluation was not determined.

At the district level, hospitals and District Health Offices also have a clear structure and division of labor. However the treatment and rehabilitation programs carried out by each of these agencies do not always follow the same direction, and obviously their work load varies according to the situation in each district. Most of these agencies have the capability to treat addicts of all types of narcotics. The treatment approach mostly used is group therapy in boot camps in schools and in the community. This approach is adjusted according to each situation. Drug clinics have been set up within hospitals and a number of health centers however some lacked materials and equipment. In the community, the treatment approach mostly used is boot camps that involve members of the community in various roles and capacities according to the local condition. In some areas, the community has been engaged to support "re-entry" to normal life and social "re-interaction" by recovering drug addicts. These agencies also have designed their own drug prevention programs for specific target groups, such as students. Availability of financial and human resources also varies, for example, some agencies have developed "handbooks" for care providers, some preferred to engage communities to take part in the treatment and rehabilitation programs, while others have developed job training programs for recovering addicts. Coordination at the district level with other government agencies is well established but again the programs do not always follow the same direction.

Still at the district level, the documentation system used by each agency was set up by and thus follows specifications from the Ministry of Public of Health. However changes to forms and the filling system have been made several times in the recent past, resulting is serious data

inconsistency among various agencies. As for evaluation, there is no standardized format for these agencies.

3) Learning and Growth Perspectives

Table 4.3 Learning and Growth Perspectives

Learning and Growth					
Project	Objectives	Measures	Targets	output/ outcome	Initiatives
"Strong Family-Warm School"	That parents are learning to solve drug problem through "family ties" process	#of parents	100% of parents	#of parents and students 600 persons	Organizing activities Curriculum on "Happy Family stops Drugs"
Case finding and treatment Drug addicts in community	Community are learning how to identify addicts trough participatory process	#of communities	100% of target (5 Moo)	80% of target (4 Moo)	Organize community forum to share knowledge and experience gained
Life skills group "New World" camp	Addicts under legal/regulatory supervision are learning about drugs and their effects to prevent addiction	# of addicts	100% of addicts who received treatment	100% of addicts who received treatment	Organize activities for "New World" camp
Life skills group for treatment drug addicts in schools and communities	Youths and students in this project are learning about poison and prevention from drug addiction	#of youths and students	100% of youths and students	78.57% of youths and students	Making life skills group activity for treatment

Table 4.4 Learning and Growth Perspectives (continued)

Learning and Growth					
Project	Objectives	Measures	Targets	output/outcome	Initiatives
Treatment of drug addicts by matrix program	1.Heath personnel are learning team work for treatment 2. Health facilities that upgraded its facilities	#of health personnel #of health facilities that upgraded up the standard set by the MOPH	100% of teams from all districts #of health facilities that upgraded	100% teams from all districts Pluak Daeng community hospital	Drafting training course
Training of health personnel on Matrix program and counseling at Thunyaruk hospital	Health personnel are learning about Matrix program and counseling	#of health personnel who learned	100% of health personnel who are learning	100% of health personnel who are learning	Drafting of plan on capacity building

From the perspective of growth and learning, Table 4.4 shows that there was capacity building for all. The projects carried out in fiscal year 2002 provided the opportunity for the community to learn how to identify drug addicts to enroll them in treatment and rehabilitation, through participatory process. There was also capacity building for health personnel in the Matrix Program and counseling techniques, and a team of "social psychology" therapist was formed in each district and health facilities throughout the province updated their standard of services.

The "Strong Family-Warm School" project has started off a learning process by all 600 participations, or 100% of the parents and the students who took part. However it is not possible to estimate the percentage of knowledge they acquired in the project as there was no formal evaluation.

In the project to identify addicts to enroll in treatment and rehabilitation, it was found that 80% of the community members who took part began learning about participatory process to resolve drug problem.

The same applies for those addicts under legal or regulatory supervision. It is believed that all of them or 100% began a learning process about drugs, their poisonous effects and how to avoid them. However it is not

possible to assess in percentage, what they have learned because there was no evaluation of the project.

As for the boot camp for the youths and students designed to encourage behavior change, it was found that of the 140 who took part 110 or 78.57% learned about drugs, their poisonous effects and how to avoid them. However it is not possible to assess in percentage, what they have learned because there was no evaluation of the project.

In the training for the Matrix Program and counseling for outpatient drug addicts, it was found that 100% of the health personnel who took part started a learning process on team work to deal with drug addiction. One community hospital, Pluak Daeng hospital, also upgraded its facility to the standard set by the Ministry of Public Health. All personnel or 100% also learned about the Matrix program and counseling, however it is not possible to assess output as there was not evaluation of the project.

From the growth and learning perspective, the objective was mainly to learn and resolve drug addiction problems, identification of drug addicts in communities and drug prevention. As for health personnel, the main focus was the team and health facilities so they are capable to provide treatment and rehabilitation. Indicators remain students, youths, families, communities and health personnel. Output/outcome was more successful among health personnel and team work, than among students, families, communities. Innovation was in hosting/organizing training, providing the opportunity to share and learn from each other, and skills building for health personnel at health facilities.

What was the learning process for these health personnel, how did they improve treatment and rehabilitation programs?

The focus group concluded that it was the role of the Rayong Provincial Health office to support capacity building for health personnel to enable them to carry out the Matrix Program and resolve drug addiction. It is also its role to train health personnel to become trainers. At the provincial level it is clear that there is a system for capacity building for drug treatment. However there should also be training in other areas as well. At the district level, there were also positive developments. A handbook was put together to help guide implementation of treatment. There were awareness and education programs for various groups in the community on drugs, their dangers and how to prevent addiction. However the lack

of a standardized monitoring and evaluation system has made it difficult to accurately assess the outcome of several of these projects in order to further improve the learning process of health personnel. Thus there should be a standardized monitoring and evaluation system backed by research in order to develop the most appropriate model to resolve drug addition in each particular area.

The most health personnel responsible for drug treatment and rehabilitation have been on the job for at least three years and at most seven years. Research findings indicate that they are highly experienced and are successful in their job, and this are highly satisfied with their work. This is because being on the same job for an extended period of time has led health personnel to learn from their experience and to develop innovative approaches. The award winning Pluak Daeng community hospital is one example. Hence, experience can help health personnel succeed. Management should provide the incentive and the moral support to these health personnel who some times put their lives at risk in taking care of drug addicts, with better pay and other benefits.

The Rayong Provincial Health Office has developed a training program for its personnel with the objective to enable them to effectively carry out the Matrix Program. The program includes training in the Matrix Program and intensive training in counseling for drug addicts at Thanyaruk Hospital in Phatumtanee Province. Some were trained as “facilitators” in order to effectively work with other concerned agencies outside the Ministry of Public Health. Some drug clinics have even developed their special techniques to address the specific problems in their area of responsibility. Some personnel have worked in this area for a long time and have developed skills and techniques through hands on experience. For example Pluak Daeng was the first community hospital in Thailand to receive the prestigious Hospital Accreditation – HA for its drug treatment and rehabilitation program. This recognition has led to more capacity building for health center personnel, community leaders, village health volunteers and personnel of other concerned agencies in undertaking drug treatment and rehabilitation using the “peer group” process.

As for the information system, it was found that forms have been changed several times, causing some confusion at the implementation level. Some of the available data are inaccurate, inconsistent or incomplete. The reason for this data collection is done according to the policy at the top

level which changes with each new administrator. It is not done to serve the need for accurate situation analysis and planning.

The Rayong Provincial Health Office has also developed a community outreach program to raise awareness of the dangers of drug addiction. The campaign targeted the community at large and more specifically village health volunteers who are the "health front line" at the grass root level for the Ministry of Public Health.

4) Financial Perspectives

Table 4.4 Financial Perspectives

Financial					
Project	Objectives	Measures	Targets	Output/ Outcome	Initiatives
"Strong Family-Warm School"	To determine unit cost of prevention activity in school	Unit cost of training	253 baht per person	253 baht per person	Management cost (Collecting data cost)
Case finding and treatment in community	To estimate the unit cost of case finding drug addicts	unit cost of case finding	cost 14,907 bath per community	cost 15,154 bath per community	Management cost (Collecting data cost)
"New World" Camp	To estimate the unit cost for addicts under legal or regulatory supervision	unit cost of treatment	cost 2,333 bath per person	cost 2,333 bath per person	Management cost (Collecting data cost)
Life skill campus for treatment drug addicts in School and Community	To estimate the unit cost of treatment for student and youth	unit cost of treatment	cost 2,250 bath per person	cost 2,318 bath per person	Management cost (Collecting data cost)
Treatment drug addicts by matrix program	To estimate the unit cost of treatment in hospitals and health centers	unit cost of treatment for outpatient	cost 3,455 bath per person	cost 7,208 bath per person	Management cost (Collecting data cost)

Table 4.4 Financial Perspectives (continued)

Financial					
Project	Objectives	Measures	Targets	Output/ Outcome	Initiatives
Training health personnel by Matrix program and Counseling at Thunyaruk hospital	To estimate the unit cost of	Unit cost of Training health personnel	Cost 3,969 bath/person	Cost 3,542 bath/person	Management cost (Collecting data cost)

Table 4.1 shows that a total of 1,504,792 baht were spent on six projects. This amount includes 1,282,792 baht (or85.25%) allocated by the Ministry of Public Health; and 222,000 baht (or14.75%) by the Local Administration Organization.

The six projects are:

- *"Strong Family-Warm School" project.* This project aims to strengthen family ties through activities carried out within the premises of the school, involving parents and students. These activities were designed to help both parents and students learn new things together, learn about themselves and each other, and how to deal with the behavior and emotions of students in various age groups. A total of 600 parents and students from six schools took part in this project in Ban Khai, Pluak Daeng, Ban Chang, Wang Chan and Muang districts. The total budget allocated was 152,000 baht (or 10.10% of the total budget for drug prevention). The cost was 253 baht per head which correspondents to the budget that was planned to implement this project.
- Four projects in treatment and rehabilitation aimed at (1) identification of drug addictions, (2) enrollment into treatment and rehabilitation programs, and (3) monitoring of new addicts in the community. A total of 65,116 baht were allocated to carry these projects in five villages. Implementation costs were calculated at 14,907 baht per village. However these projects could be carried out in only four of the five targeted villages (one each in Klaeng, Pluak Daeng, Wang Chang, and Muang districts). A budget was

60,616 baht, the costs were adjusted to 15,154 baht per village which is higher than the budget planned to implement this project. However it is not possible to calculate costs per head because there are no data on the actual budget allocated to each district and on the number of addicts who were identified per village.

- Projects in treatment and rehabilitation for addicts who are under legal or regulatory supervision. For the first project involving 30 addicts, a total budget of 70,000 baht was allocated. Implementation costs were 2,333 baht per head which corresponds to the planned budget allocation for its implementation. For the second project involving 140 addicts in the community and schools, and a budget of 315,000 baht, the costs were 2,250 baht per head. For the third project involving 110 addicts in youth and student boot camps with a budget of 255,000 baht, the costs were 2,318 baht per head. The costs were higher than planned as less addicts joined the boot camp. For the fourth project designed for treatment and rehabilitation using "social psychology" carried out at the hospital or health center involving 250 addicts with a budget of 863,750 baht, the costs were 3,455 baht per head. However, only 116 addicts joined at the cost of 836,110 baht, or 7,208 baht per head. This includes costs for treatment and follow-up until completion of treatment, and upgrading of health facilities to support the treatment project. The total cost for the above is 1,221,726 baht (or 81.19% of the budget).

- Project to train health personnel in the implementation of the Matrix Program and counseling at Thanyarak Hospital. Thirty-two health personnel involved in the treatment of rehabilitation of drug addicts were trained under this project, with a budget of 127,000 baht. The cost was 3,969 baht per head. However 37 personnel joined the training project and the budget used was 131,066 baht, thus the adjusted cost was 3,542 baht per head. This means that only 8.7% of the total budget was used for training.

From the financial perspective, it is possible to categorize drug treatment and rehabilitation programs undertaken in Rayong as follows: the main objective in 2002 was 50% rate of recovery of addicts who enrolled in treatment and rehabilitation programs, and the secondary objective was prevention, identification of addicts, and training. As for targeting the

programs, it can be seen that the main target groups were students, parents, drug users and addicts, and those under legal/regulatory supervision. The implementation costs were set between 253 to 3,969 baht per person and in certain projects it was set at 14,907 baht per village. Currently, most output/outcome was in keeping with the expected costs of implementation except for those projects with lower or higher participation than planned.

Was the project worth the budget spent?

There were two perspectives. Managers at the provincial and district levels thought that the programs in fiscal 2001 were not worth the funds and manpower spent when compared to other health issues. They said the costly input was not worth the output of the programs. On the other hand, health personnel at the *tambon* level maintained that they were worthwhile because they returned productive human resource to society. They said that the programs contributed to resolving the social problems caused by drug addiction, this benefit cannot be put into monetary terms.

The focus group concluded that there was not enough funding in 2002 to efficiently implement drug treatment and rehabilitation programs. The objective to cover health promotion and drug prevention, treatment, rehabilitation, follow-up (or after care), and monitoring and evaluation could not be achieved. Under the old system the allocation of budget was done "top down" without the involvement of those at the district and sub-district levels who are the implementers of the programs. Also starting this year, the government's policy to treat *all* drug addicts has added a burden to the health system as more clients enroll in various programs. Thus the Rayong Provincial Health Office needs to improve its financial management and strategic planning to cover all areas most cost effectively for the highest benefit of both all stakeholders. It also needs to engage the community and/or other agencies to contribute to the national effort to fight drug addiction.

Table 4.5 Assessment Output/outcome

Project	Budget (Baht)	Percentage Of Budget	Output/ outcome	Unit cost
"Strong Family-Warm School" project	152,000	10.10%	600 persons 100%	253 baht/ person
Case finding and treatment Drug addicts in community	60,616	4.33%	4 communities 80%	15,154 baht/ community
Life skills group "New World" camp	70,000	4.65%	30 persons 100%	2,333 baht/ person
Life skills campus for treatment and rehabilitation of drug addicts in school and the community	255,000	16.95%	110 persons 78.57%	2,318 baht/person
Treatment and Rehabilitation drug addicts by matrix program	836,110	55.56%	116 persons 25.8%	7,208 baht/person
Training of health personnel on Matrix program and counseling at Thunyaruk hospital	131,066	8.71%	37 persons 100%	3,542 baht/person
total	1,504,792	100%	-	-

Were there any problems in implementation?

In fiscal year 2002, the Rayong Provincial Health Office encountered a number of challenges in implementing its drug treatment and rehabilitation programs. These related to health personnel, strategic management, work place, and clients.

The challenge for health personnel is that they are given too many assignments and it is often the case that these are totally unrelated. Some felt overworked. In other instances, health personnel were assigned various duties only within the area of drug treatment and rehabilitation. Though they found their job much easier to manage, there were not enough personnel to handle the work load.

The challenge for strategic management, it was found that in some areas a new system, known as CUP, was in put in place by contracting the primary care unit. The new system's objective was to decentralize planning and management at the district level, and improve work efficiency. However this caused confusion among the health personnel as to their scope of work and responsibility as well as the line of command within their organization. Many were demoralized and lost motivation to work. For example, certain programs are implemented under the responsibility of the local district chief (under the Ministry of Interior) and not the district health office. Under this situation, the health personnel felt that they had to report to two different bosses from two different agencies. In addition, some programs also did not go in the same direction as those carried out by the district health office or the provincial hospital. The budget allocated for these programs were also problematic in some cases, as they came from different sources. Some health personnel felt that the situation resulted from a lack of sincerity in addressing the drug problem with various stakeholders involved but with their own programs not cooperating or coordinating with each other.

As for patients, it was found that the lack of coordination and resources among the concerned health offices in the district made it difficult for them to complete their program. Most addicts are reluctant to reveal their identity, or to let their parents, colleagues and others know. Clients faced a number of social problems when "others" (especially colleagues at work) know they are addicts even though they are under treatment. Also the way the treatment is carried out often does not encourage the clients to complete their program. For example, doctors whose responsibility is

to treat them also have to other patients of other diseases. The waiting time is long, and having to be in the common waiting area with other patients make addict clients uncomfortable. This situation has contributed to a high rate of withdrawal from treatment and rehabilitation programs in Rayong. These clients then return to their old habits and health personnel have to encourage them to re-join the program knowing it is not equipped to handle the number of patients.