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Close-Out Report*

Narcotic Rehabilitation Program

Ministry of Public Health

Vientiane, Laos

Narcotic Rehabilitation Program, Ministry of Public....

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616.863 Berger, Laurence J.

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Laurence J. Berger
Minneapolis, Minnesota

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TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
I. HISTORICAL BACKGROUND	1
1. Development of Program	1
2. National Detoxification Center	2
3. Program Objectives	2
4. Use of Methadone	3
5. No Diversions of Methadone	4
6. Well Integrated Treatment Modalities	4
7. Maximization of Ministry of Health Commitment	5
8. Principal Modalities of Treatment Used	5
II. DISCUSSION	8
1. Numbers of Addicts Treated	8
2. Post Cease-fire Period	9
3. Completion of Projects	9
4. Attitude of the Ministry of Health	10
5. Negotiations for Transfer of Program Support	11
6. Condition of Program at Termination of Support	11
Successes - Accomplishments	11
1. Humanitarian Grounds	11
2. The Program as a Model	12
3. Training	12
4. Collection of Demographic Data	13
Factors Conducing towards Success - Indications for Future Programming	14
1. Utilization of a Consultant	14
2. Limiting Direct American Involvement	14
3. High Quality Health Care	14
4. Results of Follow-up	15
Problem Areas	17
1. Lack of Structured Follow-through	17
2. Equating Amount of Resources with Treatment Efficacy	17
3. Obstacles to Ambulatory Care Delivery and Follow-up	18
III. DEMOGRAPHIC CHARACTERISTICS	19

I. HISTORICAL BACKGROUND

1. Development of Program

Towards the middle of 1971 a dialogue arose between the U.S. Mission to Laos and the Prime Minister's office as well as other elements of the Lao government concerning the establishment of anti-narcotic legislation and furnishing the necessary resources to assist already existing law enforcement agencies in its implementation. Because it was mutually recognized that such legislation would be to the distinct advantage of the U.S., the Lao expressed both deep interest and concern that some attention be paid to the medico-social aspects of any such program.

It was as a direct consequence of Lao government concerns about the area of treatment/rehabilitation that the USAID/LAOS Public Health Division retained the services of a consultant around whose inputs a program could be mounted. The consultant's intimate knowledge of both the area and subject matter made him an excellent choice for the task at hand. The first consultation paper¹ appeared in March of 1972 and delineated three separate courses of action that could be undertaken by the Ministry of Public Health with USAID's assistance.

The alternative chosen was to develop a small medically and socially oriented program for voluntary opiate addicts that could be easily monitored and fairly flexible in its first year of operation to allow for evaluation and possible modifications at the end of that period.

It was recognized, at that time, by people involved in programming that the increasing social problems caused by opiate addicts in the Vientiane provincial areas were connected to the recent war-related refugee migrations from northern sections of the country. Problems arose when people went from a production-consumption situation with strict mores controlling social and medicinal usage of opiates into a consumption situation with the attendant economic and social hardships caused by becoming a refugee.

2. National Detoxification Center

The main thrust of the effort was the establishment of the National Detoxification Center located in two rented villas on the edge of Vientiane. The facilities contained administrative offices, waiting area, pharmacy, conference/activity room and carpentry shop in one building and 27 in-patient beds, day-room area, treatment room, nurses' station, nurses' lounge, patient activity area, kitchen, laundry and dining area in the other.

3. Program Objectives

The program's aim was that of helping Lao people overcome their addiction to narcotic drugs, and secondary objectives included:

- (A) assistance to the Ministry of Public Health in the development of an addiction care cadre that would act as a resource to their fellow professionals and community in the areas of chronic disease care and mental health;

- (B) the mobilization of community resources to aid in the creation of new social-psychological environments (life styles) for abstinent addicts. Laos had virtually no social services other than the Ministry of Social Welfare which was primarily involved in the care and feeding of refugees. Therefore, it was imperative that the community be involved in any successful effort.
- (C) the development and administration of the Narcotic Rehabilitation Program by Lao Ministry of Health officials with ancillary technical expertise provided through the U.S. Mission was in itself an exercise in the design and delivery of treatment/rehabilitation care to the community. Activities directed towards the proper feeding and housing of patients, provision of utilities, maintenance and housekeeping, budgeting and financial control, logistics and supply, personnel management, organization of training and staff, and records it was hoped would inculcate into the Lao director and his staff the type of management skills necessary to deliver these services.

4. Use of Methadone

The choice of methadone to be used in the medically supervised withdrawal of opiate addicts was determined solely on medical and technical grounds. "This drug was selected based on reports in the literature as well as on previous personal

experience with various medications in narcotic detoxification (including methadone, morphine, demerol, codeine and barbiturates).²

The use of methadone, then, can be seen as merely fulfilling situational needs within the context of the program. Issues which surrounded the introduction of methadone on a widespread scale for use in drug treatment programs in the U.S. at that time, the abuse and re-sale of synthetic drugs and use of extended methadone maintenance as a treatment modality for opiate addicts, had no relation to the Lao scene.

5. No Diversions of Methadone

The fact that no diversions of this drug were experienced during the life of the project was not the direct result of elaborate security measures scrupulously maintained during the program but rather, at least in part, reflects the lack of familiarity and saleability of such synthetic substances on the Lao drug scene at that time.

6. Well Integrated Treatment Modalities

The treatment modalities used in the Narcotic Rehabilitation Program were well thought out and implemented in a manner that allowed integration of Western medicine/technology and Asian conventional wisdom concerning modes traditionally used by the Lao-Thai folk culture in the treatment of opiate addiction. The appropriate and effective incorporation of such material permitted both unsophisticated patients and staff

to better relate to the methods employed at the center and more fully participate in the treatment process.

7. Maximization of Ministry of Health Commitment

There also existed in the inception of the program an informal contract between the Health Administration Advisor and the Director of the National Detoxification Center that stipulated all technically trained personnel including doctors, nurses, pharmacists, lab technicians, etc. would be provided by the Ministry of health, while support personnel involved in simple housekeeping related functions would be furnished by USAID and supported under the local currency operating budget used by the center. It was in this way that the program was insured being identified as a total Lao effort, and any gains in knowledge and expertise by staff would appropriately be seen as belonging to the Ministry of Health.

8. Principal Modalities of Treatment Used

(A) In-patient Care at the National Detoxification Center

This consisted of medically supervised withdrawal using methadone in gradually decreasing dosages. As the program progressed, the Lao medical director became expert at determining proper dosage of methadone, treatment time increased from approximately 10 days to an average of 21 days to allow for treatment of accompanying physical problems and for the development of a treatment plan after discharge. This gave the patient some time before discharge

to adjust to his/her new state of abstinence and for the staff to create a constructive milieu where the family could discuss with small informal groups of patients and staff the problems to be faced after discharge.

(B) Out-patient Program at the National Detoxification Center

Patients were treated by medically supervised withdrawal using methadone; however, in-patient status was not indicated. This group presented itself as much younger, more sophisticated, involved in a variety of daily activities (school, work), and more amenable to treatment on an out-patient basis. They also tended to be more manipulative of the staff's time and were best managed in conjunction with use of the narcotic detection equipment available at the center to do urinalysis of those patients suspected of abusing the treatment situation.

(C) Neighborhood Branch/Half-way House

This facility accomplished three main functions:

- (1) temporary residence for patients' awaiting treatment or those having finished, awaiting transportation home;
- (2) half-way house enabling patients to receive counselling and/or work assignments aiding in the initial adjustment to abstinence;
- (3) a social meeting place to receive support, follow-up treatment, etc. for those returned patients from that part of the community.

The director of the National Detoxification Center developed, using this facility as its base, a unique program consisting of job placements for some of the younger unskilled patients who had no cohesive family ties. The local artisans and shop proprietors, who had initially agreed to accept placements only on the strength of their friendship with the director, soon started investing a lot of time and interest in their trainees. At the end of several months with this project many of the shopkeepers had developed very warm relationships with their trainees, and one case that started out as an extended apprenticeship ended as a full-salaried position.

(D) Wat Tham Ka Bok

Financial support for this project initially started by the Ministry of Social Welfare in 1970 was continued for an 18 month period during 1973 and 1974. Eight hundred and twenty-four addicts from the Vientiane Plain, Xieng Khouang and Ban Houei Sai areas of Laos received treatment at a Buddhist temple located 300 miles south and west of Vientiane.

Treatment was not medically supervised and constituted a cold-turkey withdrawal. Herbal substances fed to patients at regular intervals aided in this process and people were encouraged to take steam baths and cold showers to help purge their bodies of the opiates within and

alleviate the burning sensation that was experienced. The basis for treatment surrounded the religious pledge or oath of abstinence that every person had to exchange with the abbot of the temple upon entrance into treatment. There were favorable aspects in this project and some will be treated in the discussion sections. Suffice it to say that it did afford large numbers of people to get into treatment in the beginning of the program and actually had moderate success among ethnic Lao-Thai populations with whom its belief systems were compatible.

Other examples of utilization of indigenous community resources program-wide were the inclusion of the Buddhist clergy in mental hygiene and educational sessions, the Vietnamese and Chinese Merchants Association in vocational placement and support, and various veterans groups involved in setting up a village for the handicapped.

II. DISCUSSION

1. Numbers of Addicts Treated

During two years and eight months of operation, the combined projects of the Narcotic Rehabilitation Program afforded treatment to approximately 2500 members of the community. The program contributed significantly in making other facets of the Narcotic Control Project palatable to the government of Laos and its people and in this manner aided in the overall attainment of objectives.

The number of addicts who received treatment, however, was never really significant in proportion to the total estimated population of addicts in Laos (25,000). Addiction is learnt behavior and chemical dependence a chronic relapsing phenomenon. Without strict social control and isolation, any other objective, other than offering treatment as an alternative for those who would genuinely seek it, is unrealistic.

2. Post Cease-fire Period

The post cease-fire period was characterized by a burgeoning Lao awareness of the passive and rather impotent role as recipients in the donor-recipient relationship. While the authority was invested in the program's director, the real power which was centered around the allocation and control of the resources available to the program had been retained by USAID. This awareness and attendant activity was directed towards getting direct control over program resources and taking the responsibilities involved in program operation.

3. Completion of Projects

There was a direct correlation between increased Lao participation in administration of resources and decision-making and time necessary for the completion of the particular task towards which they were directed. Projects planned for completion during late 1974 and early 1975, such as the long awaited outreach detoxification branches, a scheme designed to allow provision of services in the more populous rural areas

of the country, became beset with an inordinate amount of problems. Hope for the establishment of these branches ended with the increased military activity during April, 1975.

4. Attitude of the Ministry of Health

Although informal overtures were made by the USAID/Public Health Division as early as October, 1974, concerning the eventual turnover of the local currency operating budget to the Ministry of Public Health for the Narcotic Rehabilitation Program, there seemed to be no interest displayed within the Ministry to focus on this issue.

The basic attitude of the Ministry of Public Health towards the Narcotic Rehabilitation Program was one of ambivalence. Faced with a program that had gained such overwhelming public acceptance and become not only an institution in the community but an integral part of its overall health care delivery system, it could hardly refuse to accept the continued administrative responsibilities involved. However, given the priority of primary health care in Laos, with which it found itself hard pressed to cope already, it could hardly accept a program involved in the areas of chemical dependence/mental health. For this reason, unless outside assistance is received, the program will cease to function and follow the downgrading of all health services to be commensurate with the general level of development.

5. Negotiations for Transfer of Program Support

Negotiations were in process during May, 1975, and transition to the United Nations Fund for Drug Abuse Control (UNFDAC) in the areas of technical assistance and financial support was projected for 60 to 90 days, were it not for political factors which interrupted these efforts.

6. Condition of Program at Termination of Support

At the time of termination of support, there existed in the program an excellent potential for the formal expansion of services into the areas of education/mental hygiene and rudimentary diagnostics and treatment of psychiatric and neurological disorders. It was hoped that the new detoxification center funded by the USC during FY 1972/3 then under construction on the grounds of the Mahosot National Hospital Complex would have provided the necessary impetus and focal point for these and other related activities.

Successes - Accomplishments

The program must be considered highly successful on:

1. Humanitarian Grounds

Needed health and medical care services were provided in a reasonably economic manner (based on cost-accounting data compiled by this author in July, 1973). The program was seen as reflecting the felt needs of the community by the high level display of immediate and continued public acceptance and support for a program that represented an entirely new direction and

dimension in health care. Occupancy rate for the 27 bed in-patient unit at the National Detoxification Center averaged 94% for the life of the program.

2. The Program as a Model

This effort illustrated that a program having its complexity can be mounted and made to work in a developing country, such as Laos, by unsophisticated health care personnel. Nurses and medics with marginal training and without any prior knowledge of program subject matter were able to perform and respond to the maximization of their potential within their levels of competence. This last point can be illustrated by the lack of mortalities in the patient population during the life of the program. Despite the fact that over 75% of patients treated were 40 years of age or older, whose condition could be generally characterized as being moderately to severely debilitated, there were less than 10 deaths in a population of 1500 treated. This represents high quality care.

3. Training

Fourteen persons, including 12 staff nurses, the nursing supervisor and administrator, were sent to Bangkok, Thailand to attend 2 or 3 month courses in Psychiatric Nursing and Administration. It was felt that this training aided in the development of not only formal skills but high morale and an increased interest in the quality of their job performance as well. There was also a unique program entitled, "Summer Work

Experience," funded by International Voluntary Services which afforded nursing and medical students the opportunity of doing an informal affiliation at the National Detoxification Center during their summer vacation.

The sending of the director of the National Detoxification Center and certain key members of his staff to an international conference on chemical dependence and observation tours in area countries was seen as the promotion of a regional dialogue and cooperation by pooling existing and potential expertise in the treatment/rehabilitation field. It was felt that it:

- (A) stimulated interest and activity among existing program administrators and policy-making level officials; and
- (B) cultivated the proper perspective and orientation to drug-related problems enabling them to relate treatment modalities used in Laos to their own country's needs.

4. Collection of Demographic Data

The collection of demographic characteristics (See Figure I) on patients treated in projects of the Narcotic Rehabilitation Program was done from September, 1972 through May, 1975 for approximately 1500 patients. Data was collected by the administrative and nursing staff at the National Detoxification Center. This information proved to be of great wealth not only to program planning and evaluation but also in obtaining much needed base-line data concerning the Lao (Asian) addict and associated patterns of addiction.

Factors Conducing towards Success - Indications for Future Programming

1. Utilization of a Consultant

The role of consultant was utilized very effectively in the overall effort. The initial consultation determined parameters, scope, direction, and focused on alternatives available to both the USAID/Public Health Division and the Ministry of Public Health in initial negotiations for a program. Two subsequent consults served to evaluate program content as seen by a non-participating observer, define areas of achievement, and delineate future courses of action.

2. Limiting Direct American Involvement

There was only one full-time position, which was occupied by this author, as Health Administration Advisor, working in association with the Lao Medical and Administrative Director of the Narcotic Rehabilitation Program. One half-time American clinician, who advised the Lao Medical Director of the National Detoxification Center, was phased out in December of 1974. It was felt that this low profile allowed for the maximization of the Lao role in the program effort.

3. High Quality Health Care

Offering comprehensive health and medical care beyond the scope of detoxification services at no or minimal cost combined with the enthusiasm of the staff made patients hold the total care which they received at the center in high esteem.

The standard of care received was on a par if not higher than that which was offered at other facilities in the area.

4. Results of Follow-up

A small representative sample of patients were interviewed at their homes within one year of treatment at the National Detoxification Center. All had been treated as in-patients and were geographically distributed in three diverse areas of the country.

In the Vientiane Plain (metropolitan and surrounding rural areas) results showed approximately 40% had returned to usage of opiates. The second area, 80 miles north of Vientiane, consisting of hilltribesmen who were former opium producers showed only 30% return to usage. A subsequent survey completed in April of 1975 for about 70% of all patients having been detoxified in that area, regardless of time elapsed since treatment, indicated approximately 60% return to usage. The survey was accomplished through the cooperation and logistic support of the USAID/Public Health Division's Village Health Program, which had 80 medical dispensaries distributed throughout the area. The third location, which was near the tri-border area of China, Laos, and Thailand, had 100% return to usage.

Overall trends indicated:

- a) Sending people who resided together in the same village or who otherwise belonged to the same peer group seemed to be

beneficial towards the favorable outcome of treatment. This was first observed in the Wat Tham Ka Bok project, when all the addicts in one village were transported for treatment at the same time for logistic reasons. Random sporadic follow-up of these patients showed a cohesiveness felt among those persons who had undergone treatment together, and strong peer pressure exerted towards the reinforcement of abstinence and censure of relapse.

- b) The highest rates of abstinence were seen in areas where there was low availability of opiates with attendant high cost. The cost of opiates in the Vientiane area increased, due to the effects of enforcement and inflation, fourfold in a two year period. The tri-border area in northernmost Laos, however, experienced almost no fluctuation in the relatively low price and high availability of opiates. Consequences for treatment efforts can clearly be seen; low cost and high availability correlated with lack of motivation to seek treatment and high recidivism once treated.
- c) The recognition and acceptance, by all facets of the Lao government involved with medico-social legal aspects of programming (ministries of Health, Justice, Interior), of the inviolate position of both confidentiality and voluntary status in the treatment situation, lent to the creation of a favorable treatment environment. Lao national police did not harrass addicts or set up any programs specifically

designed to force people into treatment/prison alternatives.

Problem Areas

1. Lack of Structured Follow-through

This problem was primarily related to leadership and delegation of authority from a central strong medical direction. It made well-ordered expansion of the new creative directions that were defined extremely difficult. Authorization was given only to perform repetitive well defined tasks; imagination and initiative were clearly discouraged. The development of competence anywhere else in the system was seen as threatening to the competency of the central authority figure. Although this problem is universal, it's accentuated in a country like Laos, which is paternalistic in nature.

2. Equating Amount of Resources with Treatment Efficacy

There was a propensity to equate the potential efficacy of a treatment modality with the amount of money/bricks and mortar that was to be spent on its implementation. This was clearly seen in the continual emphasis the Lao administrative director of the Narcotic Rehabilitation Program put on the creation of a residential vocational rehabilitation facility.

Almost all patients treated at the National Detoxification Center had vocations or were landed peasants. Experience with rehabilitation centers in other countries in the area (notably Vietnam) indicated they had only succeeded in supporting certain groups of people for extended periods. Patients who

succeeded in these artificial environments tended to fail when returned home. Patients who have job skills and existing family relations do much better when treated in their environment or returned to it as quickly as possible. In this way they are able to make an adjustment to the drug-free state with all the support they can muster, under the conditions with which they have to live every day.

3. Obstacles to Ambulatory Care Delivery and Organized Follow-up

While the expansion of services towards ambulatory care was desirable, both from the standpoint of cost-effectiveness and treatment efficacy, there were many problems encountered in trying to move in that direction. Lack of material and transportation resources made it impossible for the majority of people. Treatment often meant uprooting the entire family to go live in the city with relatives, or in a Buddhist temple, until the patient was ready to return home. The solution was to tailor the service to meet the target population; the construction of low cost outreach facilities serving rural areas which had high population density. This met resistance from professional staff who refused to be isolated from large urban centers where the standard of living and opportunities for professional advancement were better.

Several attempts to mount organized follow-up of patients treated in the program, a specific recommendation of the consultant, met with very limited success. The country had no

unified network of roads making whole areas virtually inaccessible during certain times of the year. Furthermore, there were problems because Laos had no definitive system of national identification. Addicts often used false names and addresses, and although pictures were taken and I.D. cards issued, the mobile life style of most addicts made trying to track down former patients a discouraging and fruitless task.

III. DEMOGRAPHIC CHARACTERISTICS

Enclosed are the demographic characteristics of patients treated at the National Detoxification Center for period January 1 through December, 1974. The data was collected by administrative and nursing staff at the center.

References

1. Westermeyer, J.: Program Alternatives for Treatment and Rehabilitation of Narcotic Addicts in Laos, Vientiane Laos, Nov., 1971.
2. Westermeyer, J. et al.: A Program for Opiate Addicts in Laos: The First Six Months Experience, Presented at Internatl. Council on Alcohol and Addict., Bangkok, Thailand, Feb., 1975.

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MINISTRY OF PUBLIC HEALTH

ນະຄອນວຽງຈັນ
VIENTIANE, LAOS

ສູນກາງພະຍາຍາມປ່ຽນແປງສັບຊ້ອນ
NATIONAL DEMOGRAPHIC CENTER

ຂັ້ນຕອນການ ລັກສະນະຂອງຜູ້ຂ້າມຮັບການປຸງ
DEMOGRAPHIC CHARACTERISTICS OF PATIENTS IMPRISONED FOR

ແຕ່ເດືອນ ມີນາ ເຖິງ ເດືອນ ທັນວາ ໑໙໗໔
FOR PERIOD JAN 1, THROUGH DEC. 31, 1974

(FIGURE 1)

DEMOGRAPHIC CHARACTERISTICSIN-PATIENTS TREATED AT NATIONAL DEPOXIFICATION CENTER

FOR PERIOD JAN.-MAY, 1974.

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	T o t a l	
		Jan- Mar	Apr- June	July-Sept	Oct-Dec	Number	Percent
<u>1. Sex :</u>							
	Male	69	96	147	165	477	91.73
	Female	$\frac{8}{77}$	$\frac{7}{103}$	$\frac{13}{100}$	$\frac{15}{100}$	$\frac{43}{520}$	$\frac{8.28}{100.00}$
<u>2. Age :</u>							
	1 - 9 Years	0	1	0	0	1	0.19
	10 - 19 "	1	2	1	1	5	0.96
	20 - 29 "	4	14	23	7	50	9.62
	30 - 39 "	11	21	40	34	114	21.92
	40 - 49 "	39	30	35	59	163	31.00
	50 - 59 "	20	25	40	54	139	26.73
	60 - 69 "	9	9	11	21	50	9.62
	70 - 79 "	$\frac{0}{77}$	$\frac{1}{103}$	$\frac{1}{100}$	$\frac{3}{100}$	$\frac{5}{520}$	$\frac{0.96}{100.00}$

Item No. :	Characteristic	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Number	Persons
<u>3. Years addicted:</u>							
	1 - 9 Months	0	3	2	4	9	1.73
	1 - 9 Years	32	42	74	65	213	40.96
	10 - 19 "	25	29	46	73	173	33.23
	20 - 29 "	18	17	27	20	82	15.77
	30 - 39 "	2	3	4	13	22	5.19
	40 - 49 "	0	4	6	4	14	2.69
	50 - 59 "	0	0	1	1	2	0.38
		<u>77</u>	<u>103</u>	<u>160</u>	<u>150</u>	<u>520</u>	<u>100.00%</u>
<u>4. Incidence by Occupation:</u>							
	RLG/Official	1	2	9	0	12	2.31
	Soldier	5	7	3	5	20	3.85
	Policemen	1	0	1	0	2	0.38
	Veteran	3	4	14	3	24	4.62
	Teacher	0	0	1	1	2	0.38
	Student	1	2	3	2	8	1.54
	Electrician	0	0	0	1	1	0.19

22

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
<u>Incidence by Occupation Cont':</u>							
	Driver	2	3	5	0	10	1.92
	Merchant	6	12	14	8	40	7.60
	Mechanic	1	1	0	0	2	0.38
	Tailor	0	0	2	0	2	0.38
	Barber	0	0	0	2	2	0.38
	Gardener	3	1	0	1	5	0.96
	Farmer	40	48	74	137	299	57.51
	Laborer	5	7	9	4	25	4.81
	Cook	0	0	1	0	1	0.19
	House-wife	6	5	9	11	31	5.95
	Unemployed	<u>3</u>	<u>11</u>	<u>15</u>	<u>5</u>	<u>34</u>	<u>6.58</u>
		77	103	160	180	520	100.00%

24

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
5.	<u>Ethnic Group:</u>						
	Lao	50	61	111	126	148	66.83
	Hmong (Meo)	13	2	17	15	47	9.04
	TaiDam	3	0	0	0	3	0.58
	Thai	8	23	16	32	79	15.19
	Chinese	2	3	7	1	13	2.50
	Vietnamese	1	13	9	4	27	5.19
	French	0	1	0	1	2	0.38
	Italian	0	0	0	1	1	0.19
		<u>77</u>	<u>103</u>	<u>160</u>	<u>180</u>	<u>520</u>	<u>100.00</u>
6.	<u>Type of Addiction:</u>						
	Opium	64	80	135	173	452	86.92
	Heroin	6	12	15	5	38	7.31
	Opium & Heroin	4	10	8	1	23	4.42
	Heroin & Morphine	2	0	0	0	2	0.38
	Opium & Morphine	0	0	2	0	2	0.38
	Other	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>3</u>	<u>0.58</u>
		<u>77</u>	<u>103</u>	<u>160</u>	<u>180</u>	<u>520</u>	<u>100.00</u>

25

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
7.	<u>Living Condition</u>						
	With family	65	96	149	171	481	92.51
	With relative	5	0	0	5	10	1.92
	With Friend	4	4	9	2	19	3.65
	Alone	<u>3</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>10</u>	<u>1.92</u>
		77	103	160	180	520	100.00%
8.	<u>Quantity of usage:</u>						
	1 time	3	2	2	6	13	2.50
	2 times	48	48	87	113	296	56.92
	3 "	20	39	68	58	185	35.53
	4 "	4	9	2	1	16	3.03
	5 "	0	0	0	0	0	0
	6 "	0	2	0	1	3	0.58
	7 "	0	0	1	0	1	0.19
	8 "	0	1	0	0	1	0.19
	All day	<u>2</u>	<u>2</u>	<u>0</u>	<u>1</u>	<u>5</u>	<u>0.96</u>
		77	103	160	180	520	100.00%

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	T o t a l	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
9.	<u>Treatment Status:</u>						
	Volunteer	25	24	2	32	83	15.96
	Economic Pressure	20	43	83	106	252	48.46
	Family Pressure	3	3	3	0	9	1.73
	Distaste for present circumstances, seeks new life style	$\frac{29}{77}$	$\frac{33}{103}$	$\frac{72}{160}$	$\frac{42}{180}$	$\frac{176}{520}$	$\frac{33.85}{100.00\%}$
10.	<u>Method of ingestion:</u>						
	Smoke	39	56	70	91	256	49.24
	Eat	26	21	13	46	106	20.38
	Injection	0	2	0	0	2	0.38
	Smoke & Eat	12	22	75	43	152	29.23
	Smoke & Injection	$\frac{0}{77}$	$\frac{2}{103}$	$\frac{2}{160}$	$\frac{0}{180}$	$\frac{4}{520}$	$\frac{0.77}{100.00\%}$

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
11.	<u>Patient introduced to opiates by:</u>						
	Self	19	22	52	143	236	45.33
	Friend	16	24	27	4	71	13.65
	Family	0	0	1	0	1	0.19
	Parents	0	2	0	0	2	0.38
	Accident	<u>42</u>	<u>55</u>	<u>30</u>	<u>23</u>	<u>210</u>	<u>40.38</u>
		77	103	160	180	520	100.00%
12.	<u>Habit of usage:(patient takes opiates how?)</u>						
	Alone	51	37	35	156	280	53.84
	With friend	25	66	87	15	194	37.31
	With family	<u>0</u>	<u>0</u>	<u>37</u>	<u>0</u>	<u>46</u>	<u>8.85</u>
		77	103	160	180	520	100.00%
13.	<u>Marital status:</u>						
	Married	69	92	97	166	424	81.54
	Single	5	10	60	11	86	16.54
	Separated	<u>3</u>	<u>1</u>	<u>3</u>	<u>3</u>	<u>10</u>	<u>1.92</u>
		77	103	160	180	520	100.00%

28

OUT-PATIENTS TREATED AT THE FDC.FOR THE PERIOD JAN.-DEC. 1974.

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan- Mar	Apr - June	July - Sept	Oct - Dec	Number	Percent
1.	<u>Sex:</u>						
	Male	20	22	12	20	74	89.16
	Female	$\frac{4}{24}$	$\frac{2}{24}$	$\frac{0}{12}$	$\frac{3}{23}$	$\frac{9}{83}$	$\frac{10.84}{100.00\%}$
2.	<u>Age:</u>						
	1-19 Years	1	5	1	3	10	12.05
	20-29 "	13	16	5	5	39	47.00
	30-39 "	7	2	2	4	15	18.07
	40-49 "	1	1	3	5	10	12.05
	50-59 "	1	0	0	2	3	3.62
	60-69 "	1	0	1	2	4	4.82
	70-79 "	0	0	0	1	1	1.20
	80-89 "	$\frac{0}{24}$	$\frac{0}{24}$	$\frac{0}{12}$	$\frac{1}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$

Item No :	Characteristics	First Quarter Jan - Mar	Second Quarter Apr - June	Third Quarter July - Sept	Fourth Quarter Oct - Dec	Total	
						Number	Percent
3.	<u>Years Addicted:</u>						
	1-9 Months	0	0	4	3	7	8.43
	1-9 Years	22	2	4	11	39	47.00
	10-19 "	1	19	2	5	27	32.54
	20-29 "	0	2	2	1	5	6.02
	30-39 "	0	1	0	0	1	1.20
	40-49 "	0	0	0	1	1	1.20
	50-59 "	1	0	0	1	2	2.41
	60-69 "	0	0	0	0	0	0.00
	70-79 "	0	0	0	1	1	1.20
		<u>0</u> 24	<u>0</u> 21	<u>0</u> 12	<u>1</u> 23	<u>1</u> 85	<u>1.20</u> 100.00%
4.	<u>Occupation:</u>						
	GOVT/Official	1	0	3	0	4	4.83
	Teacher	3	3	1	3	10	12.05
	Soldier	0	0	2	2	4	4.83
	Secretary	0	0	0	1	1	1.20
	Student	2	0	0	3	11	13.25
	Journalist	1	0	0	0	1	1.20

20

Item: No :	Characteristics	First Quarter Jan - Mar	Second Quarter Apr - June	Third Quarter July - Sept	Fourth Quarter Oct - Dec	T o t a l	
						Number	Percent
<u>Occupation Cont'</u>							
	Musician	0	3	0	0	1	1.20
	Driver	0	0	1	0	1	1.20
	Merchant	2	3	1	3	7	8.43
	Farmer	0	0	1	9	10	12.05
	House-wife	2	0	0	1	3	3.61
	Unemployed	$\frac{13}{24}$	$\frac{15}{24}$	$\frac{3}{12}$	$\frac{1}{23}$	$\frac{30}{83}$	$\frac{35.14}{100.00\%}$
5.	<u>Patient takes opiates:</u>						
	Alone	21	14	3	19	57	68.63
	With family	3	10	4	0	17	20.48
	With friend	$\frac{0}{24}$	$\frac{0}{24}$	$\frac{5}{12}$	$\frac{4}{23}$	$\frac{9}{83}$	$\frac{10.64}{100.00\%}$
6.	<u>Marital Status:</u>						
	Married	10	3	7	15	35	42.17
	Single	13	22	5	8	47	56.63
	Separated	$\frac{1}{24}$	$\frac{0}{24}$	$\frac{0}{12}$	$\frac{0}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan- Mar	Apr - June	July - Sept	Oct - Dec	Number	Percent
7.	<u>Living Condition:</u>						
	With family	12	8	8	16	44	53.03
	With friends	5	5	1	5	16	19.26
	Alone	$\frac{7}{24}$	$\frac{11}{24}$	$\frac{3}{12}$	$\frac{2}{23}$	$\frac{23}{83}$	$\frac{27.72}{100.00\%}$
8.	<u>Patient introduced to opiates by:</u>						
	Self	15	14	0	12	41	49.40
	Friend	9	8	6	6	29	34.94
	Accident	0	2	5	5	12	14.45
	Family	$\frac{0}{24}$	$\frac{0}{24}$	$\frac{1}{12}$	$\frac{0}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$
9.	<u>Quantity of usage:</u>						
	1 time	1	1	2	0	4	4.82
	2 times	4	4	6	11	25	30.13
	3 "	11	4	4	7	26	31.33
	4 "	2	3	0	0	5	6.02
	5 "	0	0	0	2	2	2.41

26

Item: No :	Characteristics	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	
		Jan-Mar	Apr-June	July-Sept	Oct-Dec	Number	Percent
<u>Quantity of usage Cont'</u>							
6	Times	1	2	0	0	3	3.61
7	"	0	1	0	0	1	1.20
	All day	$\frac{5}{24}$	$\frac{9}{24}$	$\frac{0}{12}$	$\frac{3}{23}$	$\frac{17}{83}$	$\frac{29.16}{100.00\%}$
10.	<u>Ethnic Group:</u>						
	Lao	6	5	7	15	24	40.97
	Thai	0	0	0	1	1	1.20
	Vietnamese	0	0	1	2	3	3.61
	French	9	5	3	3	21	25.32
	American	2	4	0	0	6	7.23
	Chinese	1	0	0	0	1	1.20
	English	2	4	0	0	6	7.23
	Australian	1	3	0	2	6	7.23
	Italian	3	0	0	0	3	3.61
	Dutch	0	1	0	0	1	1.20
	Canadian	$\frac{0}{24}$	$\frac{0}{24}$	$\frac{1}{12}$	$\frac{0}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$

63

Year: No :	Characteristics	First Quarter Jan-Mar	Second Quarter Apr-June	Third Quarter July-Sept	Fourth Quarter Oct-Dec	T o t a l	
						Number	Percent
11.	<u>Type of Addiction:</u>						
	Opium	3	6	7	14	30	35.15
	Heroin	15	17	5	7	44	53.02
	Ecstasy	1	0	0	0	1	1.20
	Heroin & Opium	1	0	0	2	3	3.61
	Heroin & Morphine	3	1	0	0	4	4.82
	Other	$\frac{1}{24}$	$\frac{0}{24}$	$\frac{0}{12}$	$\frac{0}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$
12.	<u>Treatment Status:</u>						
	Voluntary	20	21	1	10	52	62.65
	Family Pressure	4	3	0	0	7	8.43
	Economic Pressure	0	0	2	9	11	13.25
	Distaste for present Circumstances, seeks new life style	0	0	9	3	12	14.46
	Medical problems	$\frac{0}{24}$	$\frac{0}{24}$	$\frac{0}{12}$	$\frac{1}{23}$	$\frac{1}{83}$	$\frac{1.20}{100.00\%}$

52

