

# CHAPTER 1

## INTRODUCTION

### 1.1 Rationale and Background

Drug use and addiction is one of the most serious challenges facing Thailand today, impacting every sector of society – the economy, national security, social stability, culture and traditions. Several countries in Europe and Southeast Asia also have a situation however Thailand has been affected more heavily and deeply.

In 2001, as many as 3 million people were involved with drugs nationwide: 2.7 million as casual drug users and 300,000 addicts. At 100-150 baht per tablet and assuming each used at least 1 tablet per day these people spent at least 300-450 million baht each day on amphetamine, according to the Office of Narcotics Control Board (ONCB). The ONCB also estimated there are 80,000 new drug addicts per year.

In addition to money lost to buy drugs, the government and the private sector have had to spend millions of baht to deal with related issues such as treatment and rehabilitation; policing, drug processing and judicial procedures; loss to life and damage to property as a result of accidents that took place under the influence or intoxication. The National Safety Council of Thailand estimated that 50% of all reported accidents nationwide resulted from drug or alcohol addiction in 2000.

The amount spent on drugs and on how to deal with its social impact accumulated over a week, a month, and a year, is enormous, heavily affecting the country's economic productivity and growth.

The neuro-psychotic impact on the emotional and intellectual growth of young users and addicts will no doubt weaken their role as the future of the nation.

In Rayong province, of the 2,245 patients treated for drug addiction at the Provincial Health Office under the Ministry of Public Health in 2001, 1,466 or 65.3% were addicted to amphetamine.

The amphetamine situation in Rayong is critical. It has affected people from all walks of life and age groups in so many ways both physically

and emotionally, whether they are casual users, addicts, pushers, or dealers. Similarly to other regions in the country, the long-term effect of the drug's toxicity more specifically neuro-psychosis have had social impact on the addicts, such as lost of family support and friendships, and reduced productivity and eventual loss of employment.

To effectively deal with the situation, the Department of Mental Health, Ministry of Public Health has launched in 2000 a comprehensive rehabilitation program that involves the family and the community of drug users and addicts, known as "the Matrix program." Past efforts by various concerned government agencies have had limited results. The complexity of the drug problem and its ever evolving nature, the number of users and addicts had continued to rise.

The government of Prime Minister Thaksin Shinawatra has launched in 2001 an aggressive anti-drug policy on both fronts: suppression and policing; and treatment and rehabilitation. For the latter it has combined both compulsory and voluntary measures.

The Ministry of Public Health has had extensive experience in the treatment and rehabilitation of drug users and addicts. Over the years it has developed various approaches and established an acceptable standard for treatment and rehabilitation. As of last year, the ministry through its health facilities was caring for some 45,312 patients nationwide.

However, the system was built and developed to deal specifically with opium and heroin addiction that was the key problem for decades in the country, and not with amphetamine and other synthetic drugs such as ecstasy that are in popular use today. The former are natural products that suppress the nervous system (thus known as suppressants) while the latter are synthetic drugs that have the opposite effect—stimulation (thus known as stimulants). The two require different treatment regimens and rehabilitation programs.

An analysis of the treatment and rehabilitation services provided in Rayong indicated there was little coordination between the various concerned agencies. It also revealed that the officials at the Rayong Provincial Health Office who hold the primary responsibility to provide these services lacked the morale, team spirit and systematic coordination. There were also little public relations about the services available in the

province aimed to raise awareness about the impact of drug use and addiction, and options to quit the habit or take care of one self.

The Rayong Provincial Health Office has identified a number of weak points while planning a strategic approach to treatment and rehabilitation, using SWOT analysis. These points include limited resources available at the Office to efficiently provide the necessary services, low commitment to strategy and policy at the operational level, poor accessibility and effectiveness of the information system. On the other hand, there are also strong points, the strongest being active learning by its officials and continuing development of human resource. One of the key topics is management skill using a model known as “Balance Scorecard (BSC).”

A balance scorecard allows for effective planning, tracking of implementation, and evaluation of results. One strong point of this management model is that it deals with both short term and long term benefits. In the past, management within the government system emphasized primarily short term results – to spend all allocated budget within the fiscal year - while disregarding long term implications and sustainability of programs and policies. A balance scorecard not only manages available budget cost effectively but also ensures sustainability through strengthening of the organization, building human resources, use of appropriate technology, and other tools.

As for evaluation of programs and policies, a balance scorecard allows for outside feedback, especially from the “customers”. This is unusual for the government health system that in the past disregarded patient satisfaction. There are two sets of indicators that the key basic qualification under this model: “lagging indicators” and “leading indicators.” The former provides the picture of what has *already* happened while the latter rates chances of success and potential problems. The latter is crucial for planning quality control and follow-up services. Both indicators thus provide a comprehensive picture.

The primary objective of this study is to identify a model for effective and sustainable management for the treatment of drug addicts by the Rayong Provincial Health Office, not as an approach to deal with a short term crisis situation but as a long term health issue within the context of the current national health care system.

Balance Scorecard is used as the tool in this study to assess the organization and management by the Rayong Provincial Health Office of drug treatment provided by the various agencies under its responsibility. The author believes that effective management treatment will help improve the quality of life of patients, their families and the community at large, and also strengthen the health care the country's health care system, currently undergoing reform.

## **1.2 Research Question**

What is the appropriate management for drug addiction treatment program in the Rayong Provincial Health Office?

Does the BSC concept appropriate for drug addiction treatment program in the Rayong Provincial Health Office?

## **1.3 Research Objective**

### **General Objective**

This study is aimed to assess management of drug addiction treatment program using BSC in the Rayong Provincial Health Office.

### **Specific Objective**

1. To study the health service of customer perspective for drug addiction treatment.
2. To analyzed internal process of drug addiction treatment program.
3. To study learning and growth perspective of drug addiction treatment providers.
4. To determine drug addiction treatment program in financial perspective.

## **1.4 Scope of Study**

This study will assess drug addict treatment at the Rayong Provincial Health Office. This research uses retrospective data to analyze the strategic management for drug addict treatment at Rayong Provincial Health Office for fiscal year 2002. This study will cover only addiction to one drug: amphetamine.

## 1.5 Research Constraints

This study was done as part of a “Learning at the Workplace Program” and there are some aspects that could not have been studied in details. The author encountered many hurdles while collecting needed data within a limited time, due to the re-organization and transfer of personnel responsible for drug treatment at the Rayong Provincial Health Office under Prime Minister Thaksin Shinawatra’s health care reform.

This study conducted on provider perspective. All the data from provider may cause some errors from attitude of provider and the uncompleted of financial collecting data that might caused some unseen data, especially the provider training cost are often uncounted to analyzed the unit cost.

## 1.6 Definition

**Assessment** means the process of systematic data collection for use as basic guidelines for evaluation. This includes assessing, planning, implementing, and evaluating. Assessment covers both the performance and the outcome with the objective to identify the factors that lead to effective positive results. Thus, assessment and evaluation are inseparable.

**Drug addict** is a person who uses addictive drugs for purposes other than those, for which they were normally intended, or in a manner or in quantities other than directed. Drug addiction in this study covers only the synthetic drug amphetamine.

**Treatment** includes the types of therapy used in drug addition treatment. In this study is matrix model of outpatient treatment.

**Balanced Scorecard** is a measurement-based strategic management system originated by Robert Kaplan and David Norton that provides a method of aligning business activities to the strategy, and monitoring performance of strategic goals over time. Balanced Scorecard has four perspectives: financial, internal process, learning and growth, and customer.

**Financial:** In the government arena, the “financial” perspective obviously differs from that of the private sector whose financial objectives is primarily making as much profit for as long as possible. The

public sector rarely aims to make profit therefore its success should be measured by how effectively and efficiently it can meet the needs of constituencies. Therefore, in the government, the financial perspective emphasizes cost effectiveness and the ability to deliver maximum value to the customer, and other outcomes whose value cannot be spelled in monetary terms.

**Customer:** This perspective captures the ability of the organization to provide quality goods and services, the effectiveness of their delivery, and overall customer service and satisfaction. In the governmental model, the principal driver of performance is different than that in a strictly commercial environment; namely, customers and stakeholders take preeminence over financial results. In general, public organizations have a different, perhaps greater, stewardship/fiduciary responsibility and focus than do private sector entities. Customer in this study is means health personnel who provide drug addiction treatment at the Rayong Provincial Health Office.

**Internal Processes:** This perspective focuses on the internal business results that lead to financial success and satisfied customers. To meet organizational objectives and customers' expectations, organizations must identify the key business processes at which they must excel. Key processes are monitored to ensure that outcomes will be satisfactory. Internal business processes are the mechanisms through which performance expectations are achieved.

**Learning and Growth:** This perspective looks at the ability of health personnel, the quality of information systems, and the effects of organizational alignment that lead to the attainment of organizational goals. Processes will only succeed if adequately skilled and motivated health personnel, supported with accurate and timely information, are driving them. In order to meet changing requirements and customer expectations, health personnel may be asked to take on dramatically new responsibilities, and may require skills, capabilities, technologies, and organizational designs that were not available before.

**Key Performance Indicators (KPI):** A short list of metrics that a company's managers have identified as the most important variables reflecting mission success or organizational performance.

**Strategy:** (1) Hypotheses that propose the direction a company or agency should go to fulfill its vision and maximize the possibility of its future success. (2) Unique and sustainable ways by which organizations create value; a pattern in a stream of decisions positioning an organization within its environment and resulting in the “behavior” of the organization; a future-oriented plan that provides decision-making guidelines for managers.

**Strategic management** is a term used to describe a drug addiction treatment, which was planned to some extent before hand, and which is deliberate and has a clear purpose.

**Strategic planning:** The set of process used in an organization to understand the situation and develop decision-making guidelines for the organization.

**Vision:** Long-term goal or strategy that answers the question: “How would the country be different if your mission were fully successful?”

## **1.7 Expected Benefits**

It is expected that this study will assess the strategic management of drug addiction treatment. This in turn will influence a more appropriate strategic management of drug addiction treatment at the Rayong Provincial Health Office. It is also expected that the findings could be adapted or applied in the management of other health issues.