

# **Epidemiology Bulletin**

- 43 The Treatment of Drug Abuse and Dependence in Taiwan
- 48 Cases of Notifiable and Reportable Diseases, Taiwan-Fukien Area

---

## **The Treatment of Drug Abuse and Dependence in Taiwan**

— A Clinical Report from a Private Mental Hospital

### **1. Introduction**

A hundred years ago, China paid dearly for issues related to opium. The impacts can still be felt. Dr T. M. Tu<sup>(1)</sup>, a pioneer in medicine in Taiwan, used opium and even morphine to control opium addicts, and the number of opium addicts in Taiwan was brought under well control. However, the medical care and treatment of drug abusers and addicts in Taiwan are still in the beginning stage, and it is at least 20 years behind the practices of neighboring Hong Kong or the USA.

Data of a private psychiatric teaching hospital in the southern part of Taiwan are quoted herewith to show the current status of the medical care of drug abusers and addicts in Taiwan. Findings of two study tours to Hong Kong and USA in connection with the medical care and rehabilitation of drug addicts made by the staff of the hospital are also quoted.

### **2. Clinical Data of a Private Mental Hospital<sup>(2)</sup>**

The number of drug abuse patients and drug addicts who sought for treatment in the hospital between October 1990 and November 1992 was 964 (1/6 of the total number of patients of the hospital). Of them, 831 (86.2%) were male, and 133 (13.8%), female. On average, there were 37 patients in a month. The average age of the patients was  $27.33 \pm 6.48$  years. Of them, 61.3% were opium abusers, 33.0% amphetamine abusers, 4.6% abusers of combined drugs, 0.7% abusers of glue, 0.4% abusers of sedatives and 0.1% abusers of cold syrups.

Of the opium abusers, 262 patients (27.2% of the total 964 patients admitted) stayed in the hospital for treatment. Their records were more complete, and were used for the present analysis as to their social and demographic characteristics, history of drug use, history of drug abstinence and medical treatment. Of them, 221 were male and 41, female; the average age was  $28.53 \pm 5.8$  years; majority (85.1%) had junior

and senior high school education; and the married and unmarried ratio was not much different.

The reasons for the initiation of the drug use were: curiosity (54.6%), for treatment of diseases such as tuberculosis and peptic ulcer (11.1%), for identification by peer groups (10.7%); and in some cases, under deceit (6.5%, being deceived into taking the drug). Many started drug use by smoking (80.2%) at the first time. They spent on average NT\$500-3,000 a day (56.9%), while some even went as high as NT\$10,000 a day (21%)

The reasons to terminate the drug use were: for economic pressure and for the future (21% each), and for the adverse physical effects produced by drug (19.5%). Parents were the main source (49.6%) of family support in the process of drug abstinence, to be followed by spouses (26%). An interesting fact in the process is: that only 2.3% and 3.5% respectively used the half-way houses of rehabilitation centers of some religious organizations and the public narcotics abstinence centers, while 9.6% used private narcotics abstinence centers and 31.3% used other medical care institutions. The rest either stayed at home (34%) for abstinence, used pharmacies (1.9%), took Chinese herbal medicines (3.4%), or received abstinence treatment abroad (Hong Kong, Mainland China, Vietnam, 1.1%).

For the medical treatment of drug abusers, the hospital organized a medical team comprising of doctors, nurses, pharmacists, psychologists and social workers. Treatment was primarily by the use of medicines. During the acute withdrawal period, Clonidine at 17  $\mu\text{g}/\text{kg}/\text{day}$ , divided into three doses, was given after a pre-test. The pre-test used Clonidine at 6  $\mu\text{g}/\text{kg}$ , and blood pressure was taken three hours later. Only patients with blood pressure above 90/60 mmHg were given the higher dosage of Clonidine to maintain an average level of 0.8-1.2 mg/day. Every patient, before admittance, was assessed by social workers and tested for HIV and also psychologically.

In terms of accidents during the detoxification period in the ward, verbal attack was the highest (22.5%), to be followed by stealing of drugs (13%), destruction of medical facilities (8.4%), and assaultive violence (5.7%, 7 cases of attacking other patients, 3 cases of attacking doctors, and 5 cases of attacking nurses). There were interestingly, a little discharges by approval than anti-advice discharges, and 44.3% of the patients were tattooed.

76.7% of the patients were admitted only once. Since no follow-up system has been established, there is no way to confirm that patients had succeeded in terminating the drug use. Records of the out-patient clinics show, however, that 8.8% of the patients did not use drugs 1-3 months after discharge, and only 1.4% did not use drugs 3-6 months and 6-12 months respectively after discharge.

The above data indicate that medical treatment of patients of this group in Taiwan is still difficult and the effects are rather limited. "Physical poison is easier to be detoxified, but the psychological poison is harder to be abstained." Anti-drug war requires the total participation of the whole nation, and medical care needs further

improvement as well. The experiences of other countries are most valuable in this regard.

### 3. Current Anti-Drug Measures in USA and Hong Kong

After forty years of rapid economic development, Taiwan is now emerging as one affluent society, and yet at the same time, drug abuse is becoming more prevalent. However, statistical data of the USA and Hong Kong show that through effective and strict law enforcement, control of communication and transportation, sound establishment in medical care and rehabilitation, and firm stand against drug abuse, the number of drug abusers has been brought under effective control. Their experiences provide good lessons for Taiwan to learn.

It is essential for the government to create an inter-departmental professional organization to handle the matter. In Hong Kong, the Action Committee Against Narcotics (ACAN)<sup>(3)</sup> is a non-governmental consultative organization to the government on formulating policies against narcotics trafficking and drug abuse. The Committee is responsible for the supervision and evaluation of governmental and voluntary organizations in their anti-narcotics measures and the effects of drug abstinence programs. In the USA, the National Institute of Drug Abuse (NIDA), a governmental organization conducts clinical studies on the mechanism of the abused drugs, studies on AIDS, practical and operation research and epidemiological studies. Preventive measures are formulated and based on research findings, and technologies are transferred for promotional activities. The Institute also provides information and maintains a line for the referral of patients.

SARDA (Society for the Aid and Rehabilitation of Drug Abusers) of Hong Kong, a government supported voluntary organization, maintains its own island facilities and clinics for drug detoxification and rehabilitation, and also sends out staff to the government Methadone clinics regularly for education of the public<sup>(4,5)</sup>. The Circle Park of South Carolina, USA, also a government supported voluntary organization, promotes prevention education in schools, treats drug abusers either at out-patient clinics or in hospitals, and organizes community-based prevention activities. These government supported voluntary organizations in the prevention, care and rehabilitation of drug abuse are important and common in both Hong Kong and the USA.

Both Hong Kong and the USA offer a variety of treatment programs based on the age of the abuser, his willingness and the special features of addiction, for the option of medical care personnel or abusers themselves. The male clinic of SARDA, for instance, has five short-term, mid-term and long-term care programs<sup>(4,5)</sup>. The Oakleigh Facility (a Substances Abuse Speciality Hospital) of the United States offers more than seven different treatment programs.

In both Hong Kong and the USA, comprehensive treatment is emphasized. The treatment teams, often under the leadership of social workers or psychologists, cover a large area of counseling and supervision, group therapy, occupational therapy,

and training in social skills<sup>(4,5)</sup>. The Psychotropic Substances 33 program (PS 33)<sup>(6)</sup> of the Hong Kong Christian Service and the Therapeutic Community of the Operation PAR Inc., USA, rely upon social workers or psychologists for the psychological rehabilitation and the recovery of social functions of drug abusers.

Lastly, both Hong Kong and USA are affirmative of the Methadone Maintenance Treatment program (MMTP)<sup>(7,8)</sup> in its recovery of social costs. They believe that this Program can reduce the abuse of narcotics such as opium and thus to reduce crime rates, can also control the transmission of communicable diseases such as HIV, hepatitis B and syphilis, and can help establish a rapport between the drug abuser and the therapist for the recovery of personal, social and occupational functions of the abuser. This Program, however, should never be implemented alone. It should only be promoted under the conditions that there is an inter-departmental professional organization, that the organization has plans to promote team work for comprehensive treatment, that various treatment programs based on the special features of addiction have been developed, and that community rehabilitation services are available. Only then, the repeated abuse of narcotics can be prevented. However, the countries vary nowadays in their promotion of MMTP. Japan, Korea and Mainland China have still reserved their attitudes, for Methadone is also addictive. The Methadone supported patients, in fact, is a group of "legalized drug abusers". Whether they will eventually succeed in terminating drug abuse depends heavily on the programs of psychological rehabilitation. If no such process can be made available in Taiwan, the only use of Methadone as the main treatment will continue drug abuse and passively prevents social crimes.

#### 4. Conclusions

In Hong Kong and the USA, the workers and the patients are at equal status, and they respect each other. There, the governments and the voluntary organizations join together to work through laws and regulations, and to promote communities through health education to effectively utilize available community resources for the overall fights against drug abuse. They have already obtained remarkable success. Whereas in Taiwan, the progress in anti-narcotics has been slow, and yet the availability of narcotics has grown at a surprisingly rapid speed. The situation makes one worry, and the fight to overcome drug abuse has a long way to go.

**Prepared by:** J. K. Wen\* and S. Y. Yang\*\*

\* Superintendent, Tsyr-Huey Mental Hospital, Kaohsiung Jen-Ai's Home

\*\* Director of Pharmacy, Tsyr-Huey Mental Hospital, Kaohsiung Jen-Ai's Home

**References:**

1. Tu TM. The memoirs of Tsungming Tu. Taipei. The Scholarship Council of Dr. Tsungming Tu, 1973.
2. Wen JK, Wu CK, Yang SY. The treatment of drug abuse & dependence — An overview of the current status in Taiwan. The Annual conference of the Mental Health Services Network in Taiwan. Department of Health, R.O.C. 1992.
3. ACAN. Hong Kong Narcotics Report 1991. Hong Kong ACAN.
4. SARDA. Society for the Aid and Rehabilitation of Drug Abusers Annual Report 1990-91. Hong Kong, a member agency of the Community Chest, 1991.
5. SARDA. Society for the Aid and Rehabilitaton of Drug Abusers Annual Report 1991-92. Hong Kong, a member agency of the Community Chest, 1992.
6. Hong Kong Christian Service. Hong Kong Christian Annual Report 1990-91.
7. ACAN. Methadone Treatment Programmes for Opiate Abusers, the Hong Kong experience. Hong Kong, 1992.
8. Hong Kong Government. Hong Kong The Facts, Narcotics. Hong Kong, 1992.