

Laos PDR

Training Needs Assessment and Analysis

Training Needs Analysis in Laos PDR was presented by Dr. Sisouphan Boupha, Director of Center, Somsanga Treatment and Rehabilitation Center, the oldest and biggest center in the country taking care of 800 clients. Presentation was translated into English by Apinun Aramrattana, MD., PhD, Director of Northern Substance Abuse Centre, Chiang Mai University

Alcohol and drugs situations. according to LCDC reported that until recently, Lao PDR appears to have had one drug abuse problem – opium smoking – principally among hill tribe villagers residing in the mountainous poppy growing regions of the north. The estimated opium addict population has been on the decline during the past several years with an estimated annual prevalence of 20,160 in May 2005. The reported decline in the prevalence of opiate abuse is offset by the emergence of ATS abuse beginning in the late-1990s. While current abuse prevalence rates are not clear, the apparent ‘spillover’ from the location of Lao PDR as a transiting country already has created conditions for a potential abuse epidemic. ATS abuse originally was reported to be concentrated in the urban areas of the country, but recent reports indicate a spread throughout the provinces. The rapid spread and popularity of ATS, particularly among youth, is not surprising in light of the experience in the neighboring country of Thailand. The emergence of ATS and polydrug abuse patterns among youth is leading to increased health problems and growing complexity in the treatment of addiction. At the same time, drug-related issues such as HIV and AIDS and drug-related crime and violence have become an increasing concern.

Methodology of the TNA. TNA in Laos PDR was conducted by Northern Substance Abuse Center, Chiang Mai University. The survey location was Treatment and Vocational Training of Drug User Center in Vientiane, the capital during August to September 2008. The process started with letter of introduction signed by Director of NSAC in presenting the IDI AOD project background, the permission to assess the training needs of personnel at the center, the TNA purpose and the coordinator. Questionnaires were used as the tool for data collection both in Thai and English versions. Respondents were doctors, nurses, peer educator, drug care workers and health auxiliary/pharmacist assistants at total of 13 respondents.

Demographics of the survey. There were 13 respondents from 5 work roles, they were 2 doctors, 5 nurses, 1 peer educator, 3 drug care workers and 2 Health auxiliary/pharmacist assistant in district public health office. Though the survey location was at Treatment and Vocational Training of Drug User Center in Vientiane, but the primary setting in which the respondents worked were at Treatment and Vocational Training Center, Primary Hospital, Tertiary Hospital, Juvenile Corrections and Community Based Center. All the 13 respondents are generalist in alcohol and drugs treatment. Though they are not described themselves as specialists, however the nurses say their specific service areas are adolescents, women and elderly. Whereas the specific areas for the peer educator and drug care workers are adolescents, women, families including of persons with mental health/substance abuse issues.

The highest level of education, most of respondents completed college certificate or diploma. Experiences in working with person/group using alcohol and drugs, doctors and nurses have 2-3 years while other respondents have less than 1 year experience. The nature of AOD intervention as per individual viewpoint, the mostly preferred interventions were cognitive behavioral therapy, managing withdrawal, working with family, alcohol/drug education/advice and counseling. Regarding the percentages of working time spent, doctors spent most of the time on managing withdrawal and report/paper work, nurses on CBT and relapse prevention, peer educator on responding to critical situations, relapse prevention and referral, drug care workers on assessment, diagnosis, relapse prevention, networking liaison work and report/paper work while health auxiliary spent most of the time on managing withdrawal, CBT and report/paper work.

Survey findings

Alcohol and drug problem identification			Type of training needed
Relevance to job	Level of skills & knowledge	Level of confidence	
high	limited – adequate	limited – adequate	
Alcohol and drug assessment			
Relevance to job	Level of skills & knowledge	Level of confidence	
high	limited	limited – adequate	
Alcohol and drugs treatment planning			
Relevance to job	Level of skills & knowledge	Level of confidence	
high	limited – adequate	limited	
Alcohol and drugs intervention			
Relevance to job	Level of skills & knowledge	Level of confidence	
high	limited – adequate	limited – adequate	
Alcohol and drugs follow-up and relapse prevention			
Relevance to job	Level of skills & knowledge	Level of confidence	
high	limited – adequate	limited – adequate	
Exit planning and referral			
Relevance to job	Level of skills & knowledge	Level of confidence	
high	adequate - high	adequate - high	