

Providing Community Level

Methadone Maintenance Therapy:

An Evidence – Based Report on

Effective and Sustaining Treatment for Opioid Substance Users

*Santikhiri Village, Mae Salong Nok Sub-district
Mae Fah Luang District, Chiang Rai Province*

Preface

This report has been prepared to present the outcomes of the project's best practice in providing a community-level methadone maintenance therapy (MMT) model – a case study in the rural, mountainous community of Santikhiri in Mae Salong Nok sub-district, Mae Fah Luang district, Chiang Rai Province. Methadone is a synthetic substance used for the treatment of opioid dependence through detoxification and long-term maintenance. Currently, MMT has been recognized as yielding better results than detoxification in terms of living life free from opium and heroin dependence, thus improving health and quality of life while reducing expenses associated with drug use and restoring family relationships.

Remaining in the treatment program for a longer period of time reduces a number of risks such as acquiring and spreading blood – borne infections, and death from drug overdose. In Thailand, the treatment is only available in one hundred and eleven district- and provincial-level hospitals from a total of over a thousand hospitals nationwide, representing approximately 10% of available. Due to the regulations and restrictions in personnel related issues, many hospitals are hesitant to provide this service. As a result many people who use drugs (PWUD) who require the treatment are unable to access the service. The MMT model in the Santikhiri community was founded through collaboration between several sectors, in response to the need for health services to support people who inject drugs (PWID) living in hilltribe communities in remote rural areas.

The mode of service implementation is still under the regulations governing the control of methadone, with the integration of project workers to solve the problem of personnel shortage, involving PWID and community leaders who all take part in delivering the service and caring

for other friends in the community. O-zone and PSI Thailand Foundation hope that this report will be an example in learning to organize methadone service in the community and inspire many stakeholders by guiding, empowering and encouraging the provision of these services and developing options in the treatment of drug dependence in the community.

O-zone Chiang Rai
PSI Thailand Foundation

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The development of the MMT model in Santikhiri and this invaluable report would not be possible without the empowering movement from local peers and PWID, the dedication and sacrifice from the Chiang Rai O-zone project workers, the brave support and unceasing partnerships with individuals and agencies, including with Mr. Vorayan Bunarat, District Chief Officer; Ms. Pornpimon Saksoong, Mae Chan Hospital pharmacist; the Global Fund to Fight AIDS, Tuberculosis and Malaria for the funding; local community leaders; Chiang Rai Provincial Public Health Office; the Princess Mother National Institute on Drug Abuse Treatment; the National Health Security Office; the National AIDS Management Center (NAMC); the national Sub-committee on the Promotion and Protection of HIV and AIDS Rights operating under the National AIDS Committee; as well as media agencies which has been a source of support and encouragement. We respect their determination, dedication, sacrifices and appreciate the value of our partnership in developing options to improve the quality of life for people who use drugs. This, however, is just the beginning steps of developing the model service to treat drug dependence in the community. It is our greatest desire to see these services improved continually and sustainably. We hope that the model of treatment with the focus on the relationships of PWID with their family and their community will continue to receive the support from all stakeholders.

Verapun Ngamdee

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Acronyms

AIDS	Acquired immune deficiency syndrome
HIV	Human immunodeficiency virus
MMT	Methadone Maintenance Therapy
NAMc	National AIDS Management Center
NHSO	National Health Security Office
PWID	People who inject drugs
PWUD	People who use drugs
SAO	Sub-district Administration Organization

Executive Summary

Methadone is a chemically synthetic substance which mimics the action of heroin. It is used medically to treat opioid dependence in the form of detoxification and long-term maintenance. However, according to research and past empirical information, experts recommend implementing methadone maintenance therapy (MMT) as this has been shown to yield more positive results both in studies conducted and in the international arena. MMT is one of the services provided under the concept of harm reduction from illicit drug use. The Thai Government has recognized this concept by publishing Thailand's harm reduction policy in 2014. Currently, methadone has been made available under the Thai universal health coverage scheme and social security health coverage scheme. This means that people who are eligible to access benefits of the Thai universal health coverage scheme and social security health coverage scheme are entitled to receive treatment free of charge – both in the forms of detoxification and long-term maintenance treatment.

Santikhiri is a village in the Mae Salong Nok sub-district of Mae Fah Luang District in Chiang Rai Province. The village is situated on Mae Salong mountain, fifty kilometers from the town of Mae Chan and several hours by car to reach from Mae Chan. Access to health care services is a challenge for people from the Santikhiri community due to a variety of factors: the village is located in the area where there is widespread use of drugs; different languages are spoken and cultural values practiced; villagers' socio-economic status is below the national average; and transportation to Mae Chan is inconvenient. This has caused many from the community to turn to illicit drugs for alleviation of pains and illnesses. As a result, many of them have become drug dependent. In the past, the community and stakeholders tried hard to find solutions to support people who had become dependent on drugs. However, previous efforts

have not resulted in improvements in the situation for those affected. Many approaches were implemented with the objective of making people cease their drug use and become totally abstinent. After attempting this for many years, it appears that the community has now recognized that this approach has not been effective. The number of PWUD has not decreased and PWUD are unable to become abstinent. Meanwhile drug use practices have shifted from smoking to injecting, increasing health risks both for the individuals and for those around them. The shift to injecting especially increases the risk of contracting and spreading HIV, hepatitis B and C, and other blood-borne infections.

O-zone, a civil society agency working on illicit drug use in the area, together with representatives and volunteer PWUD from the community, met to brainstorm in order to identify a solution to present to community leaders, healthcare providers and other stakeholders. As a result of a number of brainstorming sessions and discussions, stakeholders started to agree that the past approach to solving problems of drug use seemed to be ineffective and that there was a need to find a new approach for treatment, and that in order for this to be effective, the approach must be derived from the co-operation between various sectors of society – PWUD, their family members, community leaders, health service providers, and the local government. This approach needed to be in line with the context of the problem, be friendly to client and be easy to access. Nevertheless, there remained some components of the approach for which agreement had not been reached. For example, there were differing expectations about whether PWUD should immediately cease drug use completely, or whether they would aim for a gradual reduction of drug use and see the behavioral change of PWUD over time. Given that the majority of PWUD mainly use opium and heroin, both PWUD and the community had either seen or experienced methadone treatment previously. The suggestion of using methadone as treatment in the community was proposed for consideration and received support. However, there continued to be discussion regarding which approach to methadone provision should follow: whether to use it as a form of detoxification as recommended by the community leaders and the local government, or as a long-term substitute as recommended by people who use drugs, health service providers, and O-zone workers.



“The treatment of drug dependence in the community is an approach which has been recognized by both academic and international organizations as effective and sustaining. MMT in Santikhiri community is considered a thought-provoking example to learn from in order to extend service accessibility for PWID in other areas.”

PSI Thailand Foundation Field Manager

Model Design and Development

When forced treatment in the form of detention camps was once again imposed upon PWUD, they were called upon to get together with peers who had been through forced treatment. The impact from treatment in detention camps was raised for discussion in the talks between people who use drugs and O-zone team workers. They seemed to reach the same conclusion that forced treatment in the form of camps is not suitable, especially for those who are dependent on opium and heroin as this group of PWUD are shown to have high physical and mental dependence, with severe and at times life threatening withdrawal symptoms. Treatment for this group requires pharmacological assistance for the relief of physical conditions, medical attention from health care professionals, as well as knowledgeable personnel in this field. Methadone treatment was recommended. At present, methadone treatment is only available in district level hospitals or at remote drug treatment centers. Travelling to these places is very difficult, time consuming and costly. Moreover, language barriers and service eligibility are issues Ozone clients have frequently encountered. As a result, accessibility and continuity of the service becomes a challenge. In order to manage said problems, it was recommended that the services should be provided at the community level.

Through various official and informal meetings, a proposal with two distinct features was presented to the community leaders, the local governors, sub-district health promotion hospital, and Mae Chan Hospital by representatives of PWID and O-zone team workers – i.e. providing methadone treatment service and providing the service in the community level. Mae Chan Hospital showed a positive response by providing support through technical support, documentation, personnel, and methadone. The community leaders and the local government also

endorsed the proposal. It was initially agreed to provide methadone service in the community in the form of detoxification. Although community leaders and the local government want people to completely give up drug use and recover from drug dependence, PWID representative and O-zone workers recognized that the community had used this approach in the past and it was clear to them that aside from not helping people to recover from drug use, the detoxification approach led to people avoiding accessing health services and treatment programs. The result is an increased likelihood of returning to using drugs and increasing risks to their health.



Due to the differences in opinions, both parties set up various discussions where each recognized the co-dependency of their roles. In those sessions, documentation and evidence-based information were presented. However, the community leaders and the local government still believed in the detoxification approach and argued that even though they have not been successful in the past, it could indicate a need for increased efforts. The PWID representatives and O-zone workers value the importance of working together and sharing in the learning experience. They wanted to see the progress of the project and so accepted the suggestion of community leaders and the local government to provide methadone services in Santikhiri village in the form of

detoxification, with a specific timeframe for the pilot with the condition that an evaluation should accompany the service and, should the service be found to be ineffective, an extension of the timeframe for methadone treatment should be allowed with the consideration to launch MMT in the community. Unanimous consent was received for this proposal.

At this point, where all parties had reached an agreement, roles and responsibilities of all parties were agreed to ensure that the approach and implementation of MMT is both effective and comprehensive in addressing the conditions and needs of clients, is easy to access, is provided with caution, and safeguarding against unpleasant impacts, for example, maintaining peace and order during treatment, misuse of methadone and not conforming to objectives. At the initial stage, the operation included the following stakeholders:

**Community leaders, Sub-district Headman,
Members of Sub-district Administration Organization (SAO),
Chief Administrator of the SAO**

Each of those stakeholders played important roles in terms of attending the meetings, evaluating the past performance in the community, counseling, advising project workers and providing clarification and publicity to the people in the community.





Volunteers, peers and PWID representatives

From the beginning, this group played a critical role in sharing their needs, lessons learned, and experiences from past treatment and proposing responses and mechanisms for appropriate treatment suited to PWID. Most importantly, due to the specific nature, sensitivity and complexity of problems and the personnel limitations, having project team workers who possess the insight is key to establishing trust between service providers and clients. It is essential for volunteers and peers to take part in providing the service, publicity, tracking for and preparing PWID, supporting and following up after treatment.



O-zone

Providing MMT in the community is a proactive approach for people dependent on opioids. Drug dependence is considered a chronic disease which needs constant and comprehensive care – physical, emotional and psychosocial. Hospitals are limited in specialized personnel but the O-zone team, a member of the civil society sector, has experience in working with the community, with PWID and with hospitals. O-zone plays an essential role in developing the competency and supporting the tasks of volunteers and peers, assisting in the provision of methadone treatment under the supervision of medical professionals of Mae Chan Hospital from assessment, distribution, evaluation of drug overdose and under-dosing conditions, as well as coordination among various and related sectors.

Mae Chan Hospital

Methadone is a narcotic, classified as a Schedule II drug, which can be used medically for the treatment of opioid dependence and requires supervision and management to ensure that implementation is done objectively and effectively. Mae Chan Hospital plays an important role in providing academic information and technical support with reference to methadone treatment, training and developing skills of related project workers, assessing and diagnosing clients prior to treatment, determining the course of methadone treatment for each client, providing treatment and follow-up on treatment results, procuring adequate quantity of methadone, and controlling and managing drug storage.

PSI Thailand Foundation

PSI plays the role of supporting personnel, fundraising and providing resources required for operations, along with having responsibility for follow-up and evaluation of results.

Chiang Rai Provincial Public Health Office - Anti-drug Scheme

Implementing MMT in the community is one component under the concept of harm reduction, which is considered a new concept for Thailand. Many sectors may not have a deep understanding of the practical approach. Even though methadone is currently accepted for medical use, it must be administered under severe restrictions. As a result, it has become difficult in practice to facilitate access to this important service. The Chiang Rai Provincial Public Health Office is a local government agency with a mandate of facilitating government policy implementation for health promotion. It plays a vital role in establishing understanding between related organizations with reference to methadone treatment as well as reviewing restrictions and conditions that obstruct the accessibility of methadone. It also has a responsibility to reduce obstacles to access the services, in keeping with the principles of the government's commitment to support necessary resources and funding to extend service coverage in Chiang Rai province, and providing mechanisms to build morale for project workers.

Approach in the Implementation of MMT in the Community of Santikhiri Village

- Brainstorming sessions were held with peers and PWID representatives to analyze problems and make a proposal. The proposal at the time was to provide MMT to people dependent on opioids in the community.
- The proposal was presented to related agencies, PWID, community leaders, the local government, Santikhiri Sub-district Health Promoting Hospital, Mae Chan Hospital, for consideration; received suggestions, recommendation and made a joint resolution. The joint resolution was to work together to provide methadone detoxification service for the community in the initial stage. Should the service be proven to be ineffective, an extension for methadone treatment should be allowed, followed by launching MMT in the community.
- In February 2012, pilot testing of methadone detoxification service was implemented, utilizing Mae Chan Hospital service staff, peers and O-zone project workers.
- In August 2012, a meeting was held with the network of civil society members, public health and local government agencies to present the treatment outcomes in the form of detoxification.
- The implementation of community-based MMT was reconsidered after the outcomes of the detoxification treatment were proven to be unsatisfactory and it was agreed that methadone detoxification treatment was ineffective and that they should move to providing MMT.

- In September 2012, the competency of workers was strengthened and agreements were initiated with people dependent on opioids who were willing to participate in the community-based MMT service.
- In October 2012, MMT treatment was initiated in the community in collaboration with PWID representatives, civil society sector, public health agencies (Mae Chan Hospital, Chiang Rai Provincial Public Health Office anti-drug scheme).
- From January to October 2013, treatment outcomes were evaluated using research methodology, follow-up and evaluation with clients and stakeholders.
- From January – to October 2013, treatment outcomes were evaluated using research methodology, follow-up and evaluation with clients and stakeholders.

Best Practice

Methadone detoxification had been used in Thailand for more than 30 years. The notion of MMT had been recognized in the academic and international arena as yielding more positive results than methadone detoxification. At the policy level, the Thai Ministry of Public Health has recognized the fact. However, in practice, the provision of services is still limited. Though there are over a thousand hospitals nationwide, methadone is only available in only around 100 hospitals or about ten percent of the total number of hospitals. This is in line with the statistics of PWUD receiving treatment. It was found that the number of clients receiving treatment consists of only ten percent comparing to the estimate number of PWUD who need methadone treatment. Community-based methadone service has the target of increasing access for those in need of methadone by increasing the number of easy to access service points and thus improving the quality of life of the PWID.



Lessons from the Operation and Recommendations for Practices Leading to Success

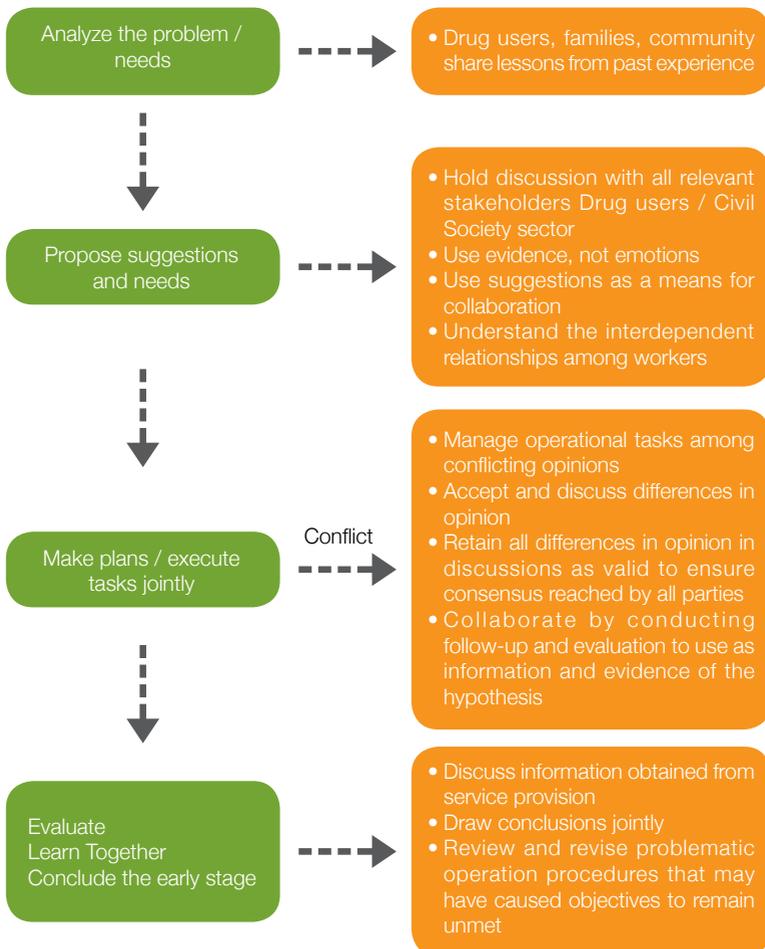
1. In the early stage when the proposal was made to provide MMT at the community level, the community disagreed and wanted to use methadone detoxification treatment first.
2. In the later stages, the community agreed to provide MM recognizing the effectiveness of maintenance.

Early Stage

In addition to facilitating consensus in the community to provide MMT at the community level, one of the most important innovations relates to building the understanding, capacity, acceptance around the community-based model that led to effective collaboration. The following steps were taken:

1. Brainstorming to assess the situation, analyze the problem and needs, explore options and suggestions.
2. Gathering information, solutions and suggestions and propose to stakeholders through both official and unofficial discussions.
3. Negotiations emphasized respectful discussion and exchanging of experience and knowledge, focusing on building understanding rather than seeking a specific predetermined conclusion. In this sense, there were a number of options to choose from – formal and informal discussions, presenting academic and evidence-based information, inviting experts to share information and opinions, as well as arranging study visits for community representatives to visit other communities to examine and explore options by exchanging ideas with other community members.

4. Drawing conclusions jointly. In the case where conclusions drawn were not in line with the original intended strategy, there was a need to compromise. Nevertheless, follow-up and evaluation of results were requested in order to preserve our suggestions as criteria for consideration. This helped to make community representatives feel at ease and remain open to work with the O-Zone team.
5. Executing the task in parallel with close follow-up and evaluation.
6. Presenting work results. When the original approach was proven to be ineffective, the community accepted to pilot the maintenance approach in line with O-zone's proposal.



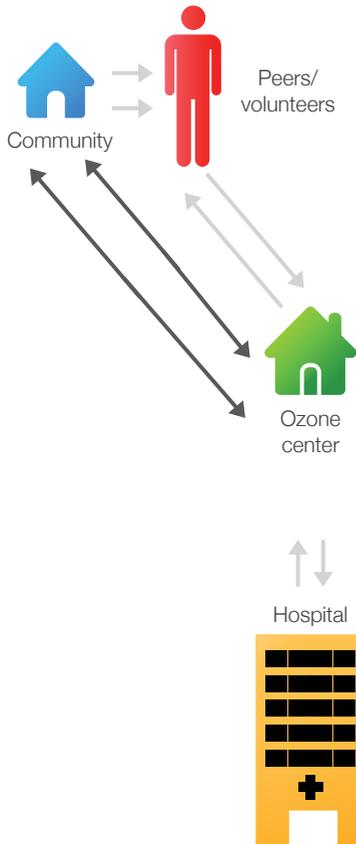


Later Stage

Provision of effective community-based MMT is an innovation in terms of strengthening The national network of MMT in the sense that a multi-sectoral collaborative model was used to mobilize key stakeholders including Mae Chan Hospital, peers, PWID volunteers, and O-zone team workers at the community level. In order to reduce the risks associated with drug use, it is critical to have complete understanding of problems associated with this issue. Navigating this sensitive issue is complex and it is vital to understand and empathize with the genuine needs of clients without passing judgment. This empathy must be balanced with understanding the apprehension and concerns of service providers, communities, the local government and law enforcement. The following steps outline a practical guide to encourage collaboration:

1. Set up meetings to confer with and define the roles of related stakeholders – Mae Chan Hospital, peers / PWID volunteers, O-zone team workers and Chiang Rai Provincial Public Health Office - Anti-drug Scheme workers.
2. Mae Chan Hospital engaged in the following roles:
 - Providing academic information and support relevant to methadone treatment.
 - Training and developing the skills of relevant project workers.
 - Assessing and diagnosing clients prior to treatment.

- Determining the course of methadone treatment for individual clients.
 - Providing MMT.
 - Following up on treatment outcomes.
 - Procuring an adequate quantity of methadone, controlling and managing the drug storage.
3. Peers / PWID volunteers engaged in the following roles:
- Analyzing and sharing their problems with, lessons from, and experiences of past treatments.
 - Sharing their needs and suggesting modes for appropriate treatment.
 - Taking part in publicizing the treatment.
 - Tracking other users
 - Providing information to prepare PWID before treatment.
 - Following up and assisting after the treatment as peers.
4. O-zone team workers engaged in the following roles:
- Developing skills and providing resources needed by volunteers and peers.
 - Assisting with the provision of methadone treatment under the supervision of medical professionals of Mae Chan Hospital from assessment, distribution, and following up on treatment outcomes.
 - Acting as coordinators among the involved parties and sectors.
 - Setting up meetings and talks to follow up on operation outcomes, adjust working procedures and provide information on outcomes and progress to stakeholders periodically.
5. PSI Thailand Foundation is responsible for follow-up and evaluation of operation outcomes.
6. Setting up meetings and talks to follow-up on operation outcomes, adjust working procedures and provide information on outcomes and progress to stakeholders periodically.



- Share needs and ideas for appropriate treatment
- Take part in publicizing the treatment
- Track other users
- Provide information to prepare PWID to receive treatment
- Follow up and assist PWID after treatment as peers

- Develop skills and provide resources needed by volunteers and peers
- Provide methadone treatment under the supervision of medical professionals from Mae Chan Hospital
- Coordinate among involved parties and sectors

- Assess and diagnose clients prior to treatment
- Determine courses of methadone treatment for individual clients
- Develop skills for officers and relevant volunteers
- Provide treatment, control and manage drug storage
- Follow-up on treatment plan

Treatment Outcomes

This is a table showing methadone treatment outcomes from March 8 - May 25, 2012 (Methadone detoxification period).

Admissions		Arrests		Employed		Relapses		Recoveries		Deaths	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
52	7	2	-	3	-	44	6	3	1	-	-
59		2		3		50		4		0	

This table shows Methadone treatment from October 1, 2012 - December 20, 2014 (MMT period)

Methadone Treatment Clients		MMT Clients		Employed		Arrests		Left Community for Employment		Deceased by other Medical conditions/ Accident		Recovers		Stop MMT	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
180	25	70	5	9	2	33	3	7	3	6	2	19	3	36	7
205		75		11		36		10		8		21		43	



Examples of Treatment Outcomes for Families of Clients

- After receiving treatment, PWID re-entered the workforce and generated income to support their families
- Reduce family expenditures.
- Improve relationships, care and support within the family.
- Clients receive understanding and support from the family and are strengthened physically and emotionally.

“Since starting methadone, I have never returned to using opium, I never quarrel with my wife, and I am so glad I took it. It is many times better than opium. I now have some savings, my wife is happy and so is my child. I am happy, also, that I no longer use opium. Before, I barely had enough to eat, but now, I have enough. Before, my child could barely go to school because if I had no money, my child couldn’t go to school. No matter how much we had, it was never enough. One day, not long after I started methadone treatment, opium was still in my system and there were cops making arrests in the village. I dared not go out for my daily dose of methadone, so my wife went to get it for me. My wife is supporting me on the methadone treatment.”

Male client, age 38

“I used to worry that if the methadone service in the community and the administration is not good, there might be more overdose cases. But for the past two years, we found no overdose cases among the PWID who came for the service. This reflects good administration. The PWID were well-informed and were more aware of their own drug use.”

O-zone field worker

Example of Treatment Outcomes for the Clients' Community

- Reduce the drug use in the community.
- Reduce the number of burglaries in the community.
- Reduce the number of small drug dealers in the community.
- Reduce stigmatization in the community.
- Drug users able to come-out, accept themselves and are willing to receive treatment.

“My wife and kid are glad that I am not using drugs any longer. We have enough money. When we make 500 baht, we were able to save some. Now, I have some savings, and am not taking any drugs. My wife cooks food, and keeps some for me. Now she eats a small amount and makes sure I have more food to eat. My child is glad. She brought me here because she does not want me to walk here. She wants me to have comfortable life. Previously, my child was never interested in where I went. Wherever I go, she never wanted to go. But now she joins me every day. I don't know how life would be without this drug. Now I don't have any more headaches or leg pain. I am so fine. I just want to thank you so much. I don't know how to thank you because it is so good.”

Male client, age 48

- Drug users are more open to participating in community activities.
- The community develops and interest in learning and problem solving.

Additionally, the lessons from Santikhiri community have received attention from policy level agencies, and the community has hosted study visits for both state and private sector agencies.

- August 2013, National Health Security Office (NHSO), Thailand
- April 2014, Subcommittee on the Promotion and Protection of HIV and AIDS Rights
- November 2013, Presentation of work procedures and accomplishments at the 11th International Congress on AIDS in Asia and the Pacific at the Queen Sirikit Convention Center, Bangkok

Factors Leading to Success

- The integration of project workers including people who use drugs, public health officers and members of civil society, all of whom are equipped with insights and determination to ensure the improvement and sustainability of the treatment.
- Building an atmosphere that is beneficial to all parties. Most essentially, ensuring that people who use drugs are benefitting from the project we have undertaken. This has generated a successful collaboration and safeguarded our progress. This atmosphere can be seen through many stages of the project where there were differences in opinion that were aligned for the sake of the project.
- The strength and contributions of client were powerful, and given much consideration. The mode of service provided is appropriate to meet the needs of people who use drugs, because they were able to define the problems in the beginning and gave continued input.
- The Chief District Officer is a leader who works primarily for the benefits and well-being of the people. His in-depth perspective and emphasis on integration of various sectors have made it possible for all agencies to work together smoothly.
- The experienced health care service providers possessing empathy and understanding were imperative to gain acceptance and recognition.

- O-Zone team workers, consisting of local community members with experience working with people who use drugs, possessing understanding of the community members and their socio-cultural context, ensured that the project was accepted and welcomed.
- The confidence, faith, and trust among Mae Chan Hospital workers and O-zone Team workers have allowed the operation to progress smoothly, efficiently and effectively.

“No one person or organization can solve the problem of drugs and narcotics alone. A sustainable solution should be drawn from knowledge, understanding and the contributions of all parts and sectors, especially the civil society and the community.” Director of O-Zone Foundation

Director of O-Zone Foundation

Lessons Learned

- Imparting knowledge or creating a dataset to eliminate the misconceptions related to drug dependence may not be possible overnight. This can be done through various approaches. The open-mindedness to let the community learn through their chosen course, the willingness to let them learn then prompting that community to review and evaluate their own outcomes ultimately helps that community learn and accept new ideas. This was seen through the early stages when the community wanted to pilot methadone service delivery through a detoxification model. When the evaluation confirmed unsuccessful results, the community began to open up and agreed to extend the duration of treatment and, finally, to provide MMT. Through this process, we were able to work together and accomplished project objectives.
- The contribution of the PWID is not merely tokenistic. The encouragement to build their own capacity to analyze problems, find solutions, and present their suggestions has improved their self confidence. In parallel, their contributions have been powerful and have led to greater acceptance in the community.
- Helping the community understand the importance of harm reduction among people who use drugs, along with providing MMT is vitally necessary, and should remain a priority.



- Providing health care services related to drug use and dependence is not the sole responsibility public health service providers, but rather should be shared through a collaborative approach involving people who use drugs, their families, and the community in order to achieve effectiveness and sustainability.
- Providing community-based MMT is an activity that improves access to health services, and facilitates client's participation and integration, while giving them the peace of mind and safety to access the care they need.

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