

Name of the Initiative: “Supportive Workforce for Opiate Rehabilitation towards Sustainable Development”

Field 2: Promotion of Policy Integration for Sustainable Development

Organization: Princess Mother National Institute on Drug Abuse Treatment (PMNIDAT)

1. The Objective of the Initiative (300 max)

According to current circumstances in most mountainous areas of northern Thailand, opium plantations have increased from 744 rais in 2004 to 1,800 rais in 2009. Most of them are found close to border areas where the landscape is rather mountainous. Geographically, those areas are remote from modern transportation. As a result, they are not easily accessible.

Most of the population residing in those areas are ethnic people whose way of life is related to the usage of opium. They have used these plants for several purposes such as for medical treatment, individual rituals and indication of social status. Hence, the number of opium users residing there has increased. It is estimated that there were approximately 15-20 opium users per household family. Moreover, opium users can be found in every age group such as advanced age, labor age and adolescence, and 90% of the opium users are male.

However, there were very few opium addicts who receive rehabilitation services. According to the statistic recorded by 7 hospitals, there are in total not over 20 patients who receive rehabilitation services. This indicates that there are still a plenty of opium addicts in the communities, which is the key obstacles of holistic development. Therefore, the pattern of rehabilitation must be improved in accordance with actual contexts in order to 1) Reduce the opiate addiction rate and raise the quality of life for opiate addicts and their families. 2) Elevate the public services by integrating every organization for the purpose of solving every dimension of problem for the benefits of the communities as our main orientation. 3) To support prevention and solutions to the drug issue and promote Thailand’s national security. 4) Transform the communities to a society without drug abuse. (287)

2. Alignment with the Selected Category

Please explain how the initiative is linked to the category and criteria selected (100)

Our implementation is aligned with Category 2 due to ethnic people. They dwell along the borders without identification cards nor proof of citizenship. According to our objectives, opium addicts should obtain public health services as equally as other people. Therefore, every relevant public and private organization need to co-operate so that the implementation can be integrated successfully. Missions and targets are mutually established whereas implementation mechanism is constructed under network organizations in order to adopt the opium addicts to rehabilitation process. Also, there is the management system regarding local resource use in order to meet their needs. (97) ✓

3. Alignment with the 2030 Agenda

*a. Please specify which SDGs and **target(s)** the initiative supports and **concretely describe** how the initiative has contributed to their **implementation**. (200)*

Our initiative has focused on the adjustment of the rehabilitation system which provides opium addicts with proactive medical services through integrated coordination of every unit. This will help opium addicts who reside in remote to areas receive opportunities to gain access to public services and better career options conveniently and equally. Opium addicts are entitled to receive medical services equally as per the principles of human rights. This concept contributes to the third target and indicator 3.5.1, reinforcing and strengthening opium addicts' mentality. Methadone is therefore used as a means of opiate rehabilitation. Medical treatments against physical illness and mental disorder which are caused by opiate addiction will be provided. Consultation together with medical care will be also given in order to encourage them to stop their opiate addiction. Meanwhile, after the rehabilitation, we also provide them with follow-ups and help them find career paths in support of their future well-being. (151)

b. Please describe what makes the initiative sustainable in social, economic and environmental terms. (100)

The number of opium addicts in the communities receiving rehabilitation services increased to 310 from 90 and expanded to 2,288 people registered and receiving Methadone continuously. They have no withdrawals. They can earn money and look after their families.

Thus, domestic violence rate decreased. Having community representatives will secure them from poor conditions. This initiative will urge understanding, sympathy and support and will make community members love one another. No crimes will be committed. Meanwhile, the chiefs will promote their communities to become eco-tourism attractions which will lead to employments and career opportunities. In the end, everybody can be self-sufficient. (100)

4. Relevance to leaving no one behind

a. Please explain how the initiative has addressed a significant shortfall in governance, public administration or public service within the context of a given country or region. (200)

Drop-in center service is provided in the communities in order that patients can receive medication and medical services. Firstly, the rehabilitation services contributing to the benefits of ethnic opium addicts had encountered difficulties in all dimensions. When new rehabilitation service was initiated, the authorities must have been opened to try something new such as to prescribe Methadone to categorize as Narcotic Drug II, used only in hospitals under the control of physicians or pharmacists and also control used outside hospitals to communities. At that time, it was very challenging and difficult to organize and supervise the use of Methadone. Therefore, organizations must cooperate for the law amendment and control distribution of such medication. Delivery of Methadone to the target patients must be cautiously supervised as Methadone are seen as valuable and rare items in the communities. The fourth year of the implementation, the management system regarding prescription and medical check-up for the opium addicts and their families have been developed, so everybody is accessed public health service equally as per the principles of human rights. Their life quality becomes better due to the coordination between governmental organizations and volunteering villagers participating in such responsibilities reinforcing looking after community members. (199)

b. Please describe how your initiative addressed gender inequality in the country contexts (100)

Over 90% of the opium addicts are male. When they become addicted, they turn unhealthy, lethargic and stop working. They spend their earnings on opium, neglecting their families. Their wives feel abandoned, starting separation, but they cannot. Therefore, women whose husbands are addicted to opium end up with working hard outside by cultivating plants

or selling non-timber forest products for a living. Unfortunately, some are domestically assaulted by their husbands. Meanwhile, their children become uneducated. Rehabilitation is therefore practical to bring the opium addicts back to new lives and improve their families lives to become more physically and mentally healthy. (100)

c. Please describe who the target group(s) were and explain how the initiative improved outcomes for these targets. (200)

The opium addicts are sensitive people lacking opportunities and rights to earn a living. They are ethnic people living in remote areas and not naturalized as citizens, so they receive no public health services. Moreover, they receive no education and do not understand Thai. They only earn small income for daily survival. When they become addicted to drugs, all these problems are worsened. Each household family has financial hardship and domestic violence. Those addicted are barred from gaining good opportunities from the communities such as financial aid and education. Children are not properly educated as they have to leave home for work, making money for their families. Therefore, this project will enable opium addicts to gain access to rehabilitation services. It does not only make them better, but it also helps their families. According to the consistent rehabilitation result, we had 292 opium addicts (94.1%) having undergone the rehabilitation, and there were only 3 opium addicts (0.9%) who cannot quit their addiction. Those successfully rehabilitated became healthy and socially acceptable. They become capable of earning a living, so they can earn enough income to live. This leads to the reduction of domestic violence especially against women and children. (199)

5. Implementation

a. Please describe how the initiative was implemented including key developments and steps, monitoring and evaluation activities, and the chronology. (300)

The implementation was divided into 2 teams, consisting of PMNIDAT, taking responsibilities for management and information and the Chai Prakan District Team, taking responsibilities for rehabilitation services. The concept of community participation and Harm reduction were raised to support our project. In first phase in 2013, PMNIDAT engaged in developing the workers' proficiency, adjusting their attitudes and constructed coordination

network among the communities. There were medical officers, local administrative officers, police officers, soldiers, community leaders and NGO officers participating in this project.

In Phase 2 in 2014-2015, the District exercised the power establishing Chai Prakan Drug Abuse Prevention Committee, issuing positions instead of calling upon them by names for continuity. The Committee chairman was District Chief. Also, there were local administrative offices, schools, private organizations, police, army, district health office, sub-district health support hospital and Chai Prakan Hospital, working as team secretaries, taking their individual responsibilities and cooperating as per rehabilitation procedure comprising of extensive search, encouragement, triage, rehabilitation and follow-ups. Every step would be executed in safe and helpful communities. Meanwhile, the field team would organize meetings where performance results and problems from each organization were reported and mutually solved them once a month. The PMNIDAT team would coordinate with them by offering policy solutions, managing budget, supervising and monitoring them and annually studying on performance lessons in order to eliminate obstacles and pursue improvement with the rehabilitation team until they managed to undertake this implementation independently.

In Phase 3 in 2016-2018, the establishment of drop-in centers had been expanded to provide holistic medical services including rehabilitation or other kinds of treatments throughout the areas, from 7 to 25 drop-in centers. This would enable the patients to equally gain access to public medical services and brought about sustainability encouraging the opium addicts to accomplish normal working systems. (298) ✓

b. Please clearly explain the obstacles encountered and they were overcome. (100)

1. adjust people's attitudes towards rehabilitation to have them understand how addicted brain functions, and realize the goals of opiate rehabilitation focusing on reducing the number of opium addicts

2. implement the project in safe communities through coordination of community leaders and local people because of risky environments

3. encourage community leaders or ethnic volunteers to work as interpreters when working on opium addicts with limited Thai

4. have outreach workers/ community members bring the patients medication because of transportation hardship during rainy seasons

5. have security team members eliminate circle of opium production and trafficking and supporting the rehabilitation (100)

6. Innovation

a. Please explain in what way the initiative is innovative in the context of your country or region (100)

Formerly, the opium addicts would take all day traveling from the highlands to the hospital while the physicians could prescribe them each time for 1-2 weeks and maximum 350 cc. However, nowadays they are provided with holistic care through “harm reduction” principle which could provide them with medical services in their own places. Drop-in center services have “Mobile Clinic” encouraging community members to participate in the rehabilitation and build integrated network between relevant organizations. They mutually amended the Act so that Methadone could be prescribed outside hospitals. Plus, the dose of Methadone could be given up to 450 cc. (99)

b. Please describe, if relevant, how the initiative drew inspiration from successful initiative in other regions, countries and localities. (100)

Several countries successfully employed “Harm Reduction” to rehabilitate drug addicts living in big cities. However, the use of such principle has not been found with ethnic people living in remote highlands. Because of this principle, nature of drug addicts is easily understood and rights of humanity are extremely valued. This principle has therefore regarded as the great inspiration. However, the integrated network of relevant organizations must be proceeded in order to construct the new way of service providing systems such as the amendment of Methadone Act, community-based treatments and adjustment of attitudes and beliefs regarding the use of opium. (99)

7. Adaptability

a. Has the initiative been transferred and/or adapted to other contexts (e.g. other cities countries or regions) to your organization’s knowledge? If yes, please explain where and how. (200)

After having applied the principle reducing harm from drug abuse to community-based treatment by adapting the implementation method regarding drug problem to integrated network system and co-use resources in order to gain more access to public services and permanently stop using opium to have better life quality, Chai Prakan Model was created, integrating several knowledges in order to build holistic services covering physical, mental and social dimensions.

Because of such implementation, its outcome was informed through a book of lessons learnt where knowledge was applied and expanded in other 25 communities within 7 districts of Mae Hong Son, Chiang Mai and Tak. Also, this performance has been brought up to Office of the Narcotics Control Board in order that it can be a topic discussion participated by ASEAN countries taking part in National Drug Conferences. It can be a case study for other areas both in Thailand or other countries such as Malaysia, Indonesia, Vietnam, Australia and Drug Information Network ATTC (6 nations), whose representatives inspected our performance and satisfactorily applied the knowledge from it.

Hence, this project can be a role model featuring sustainable opiate rehabilitation. Despite different beliefs and societies, our performance can be applied to them potentially. (200)

b. If not yet transferred/ adapted to other context, please describe the potential for transferability (200)

Chai Prakan model has been expanded. Knowledge and ideas of such integrated coordination have been shared enthusiastically in Northern provinces of Thailand, which also have remote communities. The people living in those areas also encountered hardship of gaining access to public health services provided by the authorities. For example, other areas in Chiang Mai, Tak, Mae Hong Son and the areas of the 7 provinces where there are also opium addicts and we have not yet transferred our performance such as Chiang Rai, Phayao, Lamphun, Lampang, Phrae, Nan and Phetchaboon. It is to enforce the rehabilitation procedures with community-based treatment and harm reduction from drug abuse to become a regular project featuring solving drug abuse problem. In other words, it is to expand the ideas of rehabilitation integrated by every network organization. Drug addicts will be able to gain access to public services and change their ideas of rehabilitation focusing on receiving holistic care

and quality of life. It will also lead to the expansion of such implementation to every province of Thailand as well as the accessibility to health service and other public services, covering all dimensions. (188)

8. Resources

a. What resources (i.e. financial, human or others) were used to implement the initiative (100)

We received main budget from Department of Medical Services to adjust mindset of knowledge transfer and create coordination with all sectors including career developers. The communities would receive medical services from Drop-in centers, financially supported by National Health Security Office. Apparently, substitute Methadone costing 35 Baht/tablet was distributed to patients per person/ day. Community leaders and local administrative officers spent this budget on both rehabilitation and community aids. The Highland Research and Development Institute assisted them with career development and support animal and plant species. These enable them to become healthy, independent and strengthen local economic activities as a whole. (100) ✓

b. Please explain what makes the initiative sustainable over time, in financial and institutional terms. (100)

PMNIDAT will execute this project by designing activities tailoring working methods for local communities to follow such as teamwork meetings in a district and community level, development on team personnel's knowledge and attitudes, surveys and giving inspiration to get rehabilitated, follow-up visits and mutual search for organizations supporting our implementation in conjunction with health, career, support of local plant and animal species, capital source, market and employment. These activities will be launched as community plans associated with the authorities' in accordance with roles and responsibilities in regular work systems where budget can be provided for the purpose of consistent implementation. (100)

9. Evaluation

a. Was the initiative formally evaluated either internally or externally?

- Yes. The initiative was formally evaluated internally by PMNIDAT committee and externally by Office of the Narcotics Control Board.

b. Please describe how it was evaluated and by whom? (100)

PMNIDAT evaluates it by:

1) Following up the implementation recorded by statistics showing the number of patients registered for rehabilitation and those receiving the rehabilitation consistently, inquiring them about stopping using drugs, and providing urine drug test

2) Organizing meetings to discuss with community leaders, civil officers, health officers, police and soldiers about performance procedures, problems and obstacles

3) Doing quantitative and qualitative research through questionnaires, interviews once a year - After 5 years of research pursuant to the original plan, it will be evaluated by Office of the Narcotics Control Board who use the research as their assessing tool. (100) ✓

c. Please describe the indicators and tools used. (100)

The indicators used for evaluation are as follows:

1) The number of drop-in centers

2) Participation of the community members evaluated through interviews, group discussions and inspections

3) The number of rehabilitated opium addicts

4) The rate of in-patients expecting the rehabilitation, evaluated through patient's recorded details

5) The rate of patients who successfully stopped using opium, evaluated through interviews and urine drug tests

6) The opium addicts' well-being, evaluated through questionnaires

7) The number of opium plantations, examined through the survey from the Office of the Narcotics Control Board (90)

d. What were the main findings of the evaluation (e.g. adequacy of resources mobilized for the initiative, quality of implementation and challenges faced, main outcome, sustainability of the initiative, impacts) and how this information is being used to inform the initiative's implementation. (200)

1) The number of drop-in centers increased from 1 to 4 centers. This project is expanded to 7 districts, so there are currently 25 drop-in centers in total.

2) Community members participated in solving opiate addictions through several activities in the communities. There was the establishment of rehabilitation team, consisting of an interdisciplinary health team, committee of provincial drug abuse prevention centers e.g. district chiefs, local administrative officers, school workers, private organization representatives, police officers, soldiers, district health officers, and sub-district health support hospital officers. Each responsibility was determined and everybody mutually followed every step including extensive search, encouragement, triage, rehabilitation and follow-ups.

3) The number of opium addicts in the communities, receiving rehabilitation increases from 90 to 310 people. Currently we have 2,888 opium addicts registered in our project.

4) The rate of participating patients (94.1%) expecting the rehabilitation from 7 districts is 82.6% whilst the rate of patients (6.1%) successfully stopped using opium from 7 districts is 5.7% .

5) Overall life quality (74.2%) from 7 districts carries 73% in average, which is at a successful level.

6) The number of opium plantations reduces from 1,800 rais to 754.18, 522.79 and 229.64 raise in the 5th year respectively. (200)

10. Institutional Setup (200)

In order for the opium addicts residing in remote areas to gain access to public health services equally, several related organizations perform work together. The roles must be specifically determined as per nature of each organization. Monthly Meetings must be organized for follow-ups, scheming plans and problem solving. The working team mentioned earlier consists of

1) PMNIDAT engaging in monitoring, following up, pushing policies and cooperating with other organizations in order to analyze and assess project development

2) Thanyarak Chiang Mai Hospital, Thanyarak Mae Hong Son Hospital developing the knowledge and understanding with network associates for helping the opium addicts

3) Seven community hospitals/ sub-district health support hospitals in the communities providing opium addicts with rehabilitation services thoroughly.

4) Security subdivision, consisting of administrative subdivision, soldiers, police, protecting and enabling them to gain access to civil rights.

5) Community leaders, local administrative officers, sub-district chiefs, village headmen, NGO taking responsibilities for extensive search, delivery, follow-ups, aids in the communities.

6) The Highland Research and Development Institute supporting and promoting career opportunities for rehabilitated opium addicts along with their families.

7) The Office of the Narcotics Control Board will provide a budget and cooperate with other relevant organizations with schemed policies. (200) ✓

11. Stakeholder Engagement (200)

This project is an integrated collaboration by several organizations, allowing stakeholders or private organizations participating in this project by building accurate knowledge and understanding regarding how to look after the opium addicts through "Harm Reduction" in an interdisciplinary way. This pattern will lead to good attitudes and acceptance towards the opium addicts. The stakeholders can help them out and push them permanently stop using opium by participating in designing the most appropriate rehabilitation patterns with the opium addicts in the communities.

The relevant private organizations are as follows:

1) Community leaders engaging in extensive search, triage, delivery, follow-ups and aids for the opium addicts.

2) Opium addicts' families, determined to encourage and take care of the opium addicts and

3) NGO officers engaging in extensive search and follow-ups after the rehabilitation. They have encouraged the opium addicts who successfully give up using opium to work together as interpreters for the rehabilitating officers. They can support other opium addicts and become the community leaders, who can work on triage and providing aids. Therefore, this project terminated, the opium addicts will be consistently assisted and taken care of due to the workforce of their own communities. (194) ✓

12. Lessons Learned (200)

1. The solution of drug abuse problems should start with small ,well-equipped areas with community leaders and places. The operation must be conducted seriously, consistently and

genuinely in order for community leaders from other areas value the benefits and sincerity from our solutions. Therefore, genuine coordination will be materialized.

2. The implementation should be done systematically, so the project will proceed in case of the replacement of the working team.

3. The leader must value and pursue the assessment at all times in order to stimulate the performance with enthusiasm.

4. There must be an integrated health services mechanism, including for drug abuse and other illnesses such as psychiatric disorder, mother-and-child care, which are regarded as sustainable use of resources.

5. The policy working team must be established to assist the field working team with policies. Therefore, the implementation is done smoothly.

6. The implementation must be well-planned and driven to a regular working system in order for constant sustainability.

7. A hierarchical system should not be utilized to solve drug abuse problem.

8. Indicators should not be set up as quantitative inflexible patterns. (Their flexibility should be commensurate with the context area. **(193)**)