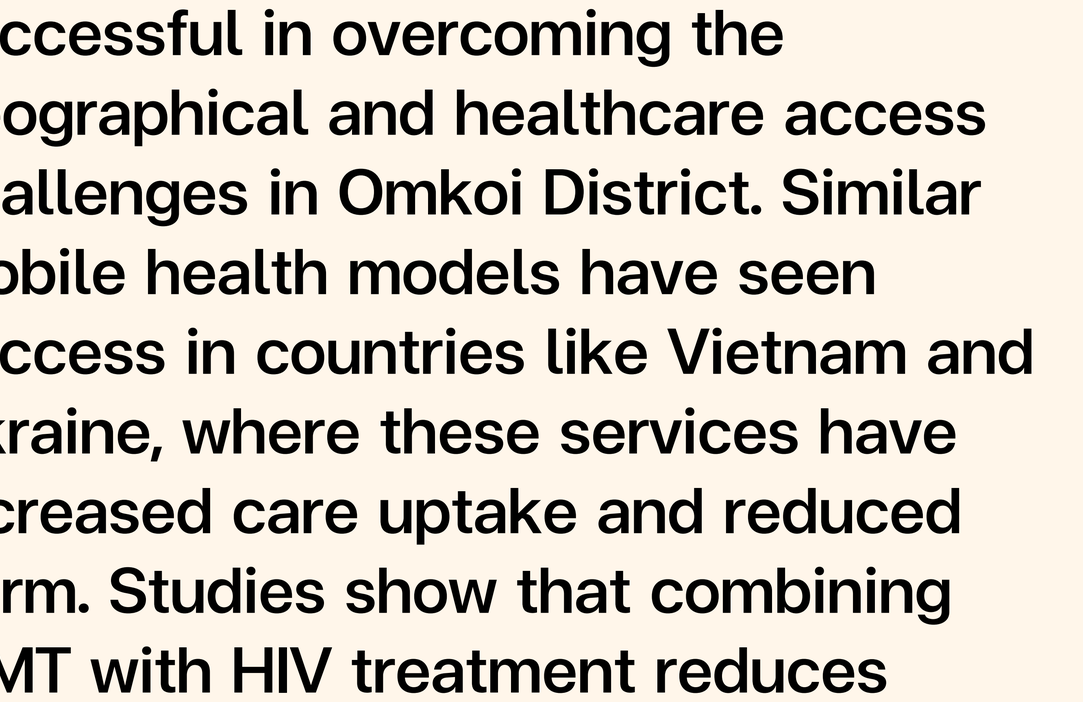
Harm reduction, Methadone, ARV therapy, Mobile services, Thailand, HIV, PWID, Integrated care

Background:
In Omkoi District, Chiang Mai, the Harm Reduction Center and the Thailand Drug Users Network (TDN OKI) have implemented a mobile service model combining methadone maintenance therapy (MMT) with antiretroviral therapy (ARV). This model aims to increase healthcare access for people who inject drugs (PWID) in remote, underserved ethnic communities.

Methods:
From January 2021 to June 2024, mobile methadone services reached 169 individuals across six sub-districts, out of 330 registered participants. These services were delivered in collaboration with Mae Tuen Hospital, utilizing the Reach Recruit Test Treat Prevent Retain (RRTTPR) service package. Mobile clinics also provided HIV, Hepatitis C (HCV), and sexually transmitted infection (STI) screenings.

Results:
In the Bae Ba Gro community, five individuals tested positive for HIV and were enrolled in ARV treatment alongside methadone services. The program's integration of ARV and MMT has facilitated comprehensive care for PWID populations in isolated regions, with services tailored to the needs of ethnic communities. Mae Tuen Hospital adopted a person-centered care approach, in line with Thailand's national AIDS strategy.

Discussion:
The integration of methadone and ARV services in a mobile format has proven successful in overcoming the geographical and healthcare access challenges in Omkoi District. Similar mobile health models have seen success in countries like Vietnam and Ukraine, where these services have increased care uptake and reduced harm. Studies show that combining MMT with HIV treatment reduces mortality by up to 50% among PWID.

Conclusion:
Expanding mobile methadone services across Thailand, with added HCV treatment, could further improve health outcomes for PWID in hard-to-reach areas.