

Increasing Participation and Accessibility of Services for People Who Inject Drugs in Thailand



Overcoming Barriers, Enhancing Incentives, and Promoting Healthy Behavior Change

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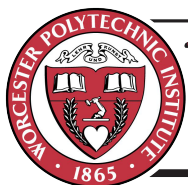
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Abstract

People who inject drugs are at a high risk of contracting and transmitting disease. In Thailand, the Raks Thai Foundation provides health education and needle exchange programs for users to live a healthier life. Our project determined factors influencing drug users' access to and participation in these programs. We proposed a set of recommendations and educational posters to promote behavior change leading to increased awareness and participation with the overall goal to reduce the spread of diseases.

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Executive Summary

Introduction

People who inject drugs (PWIDs) in Thailand are at high risk of contracting and transmitting diseases such as the human immunodeficiency virus and hepatitis C. The prevalence of HIV in Thailand is the highest among injection drug users as compared to all other groups of people including men who have sex with men and sexual workers (AVERT, 2015). Among the intravenous drug using population in Thailand, hepatitis C infection is also considered to be endemic, with an incidence rate of 86%. Furthermore, the use of drugs causes impaired judgment, frequently leading to high-risk behaviors such as the sharing of needles or unsafe sexual practices (Ross and Peterson, 1992). Laws and policies that criminalize drug use prevent this population from getting the health care they need, which calls for alternative measures to reach out to this population.

To reduce the spread of these diseases, international and Thai organizations offer outreach programs for people who inject drugs. These programs are designed to provide resources for people who are unable to quit the habit themselves or need to learn more about how their addiction negatively affects them. These include needle exchange programs, opioid therapy, HIV testing and counselling, condom promotion, and other health education programs. Despite the promise of the Thai government to expand the services offered to PWIDs, Thailand has failed to implement effective outreach and health reduction programs. In 2004, only 1% of PWIDs were using harm reduction services. Moreover, according to Thailand's UNGASS Country Progress Report in 2008, "prevention work among PWIDs is extremely inadequate with limited coverage" (Canadian HIV/AIDS Legal Network, 2009).

The Raks Thai Foundation (RTF) currently provides most of the health reduction programs for people who inject drugs in Thailand. One of the branches of RTF is located in the Samut Prakan Province, where the number of PWIDs increased significantly from 1,145 in 2010 to 2,372 in 2012. However, a significant number of drug users are not using the programs the Raks Thai Foundation offers; out of the 2,013 drug users living in the Samut Prakan Province, only 460 participated in the programs.

The goal of our project was to determine the factors influencing service use in order to increase accessibility and participation of services offered for PWIDs in Thailand.

Methods

To achieve the goal we completed 3 objectives:

- (1) identify the perspectives of staff members about what are the incentives and barriers influencing participation and accessibility of services for PWIDs,
- (2) identify the perspectives of PWIDs about the incentives and barriers influencing participation and accessibility of services, and
- (3) determine the discrepancies and similarities between RTF staff and PWIDs opinions about factors influencing program use.

To determine these factors, we interviewed staff members of the RTF and drug users living in Samut Prakan and Khlong Toei slums, as well as experts from other foundations. We gathered data on the following topics through open-ended interview questions:

1. Programs offered to people who inject drugs
2. Factors or barriers preventing accessibility and participation in the programs
3. Factors or incentives encouraging accessibility and participation in the programs
4. Motivations for using safe needle practices and accessing the services for the first time among PWIDs

Findings

- (1) Drug users and staff members agree that peer support, transportation to the foundation, and the distribution of information regarding services and health risks are factors that influence service use
- (2) There are discrepancies between drug users and staff member perspectives on factors influencing service use

We identified incentives and barriers influencing accessibility and participation in the RTF programs from interviews with PWIDs and staff. There was some overlap, but a lot of differences in emphasis too.

We determined three primary incentives mentioned by both staff members and PWIDs that promote the participation and accessibility of the services provided for drug users. These include providing peer support, which refers to family, friends, as well as past and current drug users who have accessed and participated in the programs, transportation to the foundation, and the distribution of information regarding services and health risks.

There were three factors that PWIDs mentioned that staff did not as barriers preventing program accessibility and participation: first, the lack of interest in programs was found to be the most significant barrier according to the PWIDs. Many of the drug users we interviewed were people who have used RTF services and felt they were not very interesting or different from the past. Second, the lack of many kinds of supplies such as needles or places to gather for workshops and programs were identified as a common barrier among PWIDs. Last, the lack of advertisement was highlighted as a factor when we interviewed people who attended the workshops and did not know about the RTF; they were at the workshop only because of peer recommendation.

Staff members expressed several factors that were not raised by PWIDs in the interviews. These included:

- Lack of services for women
- Lack of peer support for women in the PWIDs community
- Lack of RTF awareness

From these comparisons, we found that the needs and demands of PWIDs are not being addressed, because the staff members do not perceive the same factors as being barriers preventing program use. This gap in perception about the needs of the PWIDs contributes to an important factor PWIDs identified as a barrier: not being interested about the programs. Doubts about the benefits of participating in the services might arise among the PWIDs community if the RTF is not providing what PWIDs are asking for.

Recommendations and Deliverables

We developed four kinds of recommendations and a set of two deliverables that RTF can use to enhance their programs to increase the accessibility and participation of PWIDs.

Implement a long-Term Program for People Who Inject Drugs

Based on our finding that the Raks Thai Foundation does not currently offer programs focusing on the internal motivations of drug users for accessing the services for the first time, we designed a long-term action plan that does include behavior change interventions. This action plan is meant to encourage drug users who have never used services as well as current members to access services by overcoming their disinterest in the programs. The action plan addresses the incentives mentioned to encourage access to the services. It consists of five parts, which overlap with the five stages a user goes on the path of adopting safe needle practices behavior (Boston University School of Public Health, 2016).

1. *Promote awareness of one's behavior.* PWIDs may not be aware of unsafe sexual and needle practices that can increase their risk of contracting or transmitting diseases. We recommend the RTF use health educational materials and programs about diseases to educate PWIDs on the negative consequences of unsafe sexual and needle practices. We also suggest that the RTF conduct one-on-one meetings between a staff member and a drug user to discuss the drug users' behavior and risks associated with drug injection. Using peer support, RTF can reach people who inject drugs to build awareness of their behavior and harmful practices. This can help PWIDs start to think about their health and motivate them to start accessing services.
2. *Promote awareness of services.* We propose using peer support to encourage the PWIDs to learn about the services and understand how they can be beneficial. Peer support is designed to verify that former or current drug users have used the services and that the programs work. Through discussion on program benefits, PWIDs can have a better understanding of what programs they can take part in and why they should take part in them. This knowledge can result in PWIDs start using the programs as well as in a longer and more involved participation in programs.
3. *Promote participation in the programs.* To tackle PWIDs concern that the programs the RTF offers are not interesting, we recommend that the RTF implements more recreational activities into its programs. Recreational activities can serve to promote interest and strengthen peer support to PWIDs. This was a recurring topic brought up by PWIDs during interviews. RTF has provided recreational programs in the past, which had a higher attendance than the actual programs. We suggest the recreational activities include movie nights, sports activities, dinners, hiking trips, field trips with outdoor activities, and women's only activities like baking workshops.
4. *Promote continued use of services in order to adopt healthy behaviors.* We recommend using an incentive program where PWIDs will collect points for accessing services. To encourage them to keep using services, we suggest that the PWIDs are rewarded with a prize for people who attend a certain number of programs. They can also collect points through Q/A games regarding general information on HIV, diseases, and health. Through this, RTF can overcome the

barrier of disinterest in programs as well as use monetary incentives and peer support to aid in encouraging PWIDs to access services.

5. *Maintain the healthy behavior.* We recommend the RTF provide PWIDs the opportunity to become a volunteer or mentor for other PWIDs. In this way, they can keep being involved in the services as well as providing peer support to other PWIDs to start and continue participating in programs. By doing this, RTF can overcome the lack of staff and disinterest in programs. Following this long term program can attract new PWIDs as well as old members to continue to access the services.

Promote RTF through advertisements

We found there is a lack of awareness about RTF and a lack of insufficient advertisement to promote RTF. Because of this, we recommend the RTF to create advertisements through variety of media. This would address the issue of PWIDs being unaware of the RTF and its services. We recommend that RTF using public media, posters, announcements and booklets. Public media includes radio, audio, television and visual advertisements. These were chosen due to the high prevalence of illiteracy within the community of drug users.

We designed three posters:

1. General information about HIV
2. Safe needle practices
3. RTF information to increase awareness

We recommend that be distributed throughout the Samut Prakan hospital as well as in the drop in center to help promote RTF as well as provide knowledge about safe needle practices and diseases. These will be useful for developing other public media advertising, such as videos, since the information needed to be provided in them is already present in the posters.

Assess the effectiveness of the programs with a clear and relevant set of criteria

The criteria used to assess the effectiveness of current programs at the RTF are implicit and only address desired final outcomes, such as PWIDs having jobs and an stable income. However, there are many other factors influencing those outcomes, which can be factors independent on the RTF programs or factors that can be controlled by the programs. The RTF needs criteria to assess specific programs goals.

In order to address this problem, we recommend that the RTF develop a framework for assessing the effectiveness of their programs. Because of the similarities with other programs offered to people at risk, we suggest that the RTF criteria for assessing performance on the program at each state of behavior includes the following (Kaskutas, 2009):

1. Number of injection drug users participating in the program
2. Duration of participation in each of the stages
3. Specific actions that can be counted such as the number of workshops attended, supplies used, etc.
4. Transition of people from one stage to the next
5. Achieving specific objectives, such as the number of PWIDs becoming RTF volunteers

Enhance Relationships between RTF Staff Members

The chain of command within the RTF flows from the top to the bottom wherein the staff in the lower hierarchy say that they are unable to suggest ideas that they think will be effective. Promoting open communication between staff members and managers can improve the content and effectiveness of services, as well as increase the accessibility of services for PWIDs.

Therefore we recommend that RTF staff should:

1. Decentralize the organization: Lower rank managers should be able to take certain actions within the regulation of the RTF as agreed upon by the higher ranking managers and within the skill set of the specific employee.
2. Staff & Managers meetings: Having a meeting every month will not only bring staff and managers together, it will make them understand each other better both intellectually and personally.
3. Team assessment: Staff members evaluate one another as well as themselves with respect to ways in which they could improve when working with the PWIDs and each other.

Recommendations for future research

We recommend to be conducted to further complement this project includes focusing on HCV awareness within the injection drug user community, determining how social stigma against drug user affects the use of services, as well as finding sources of funding for the RTF in order to increase their staff, supplies and activities offered.

Conclusions

There are many factors influencing PWIDs use of services in the Samut Prakan Province. Most of these are organizational and personal factors, such as fear of police, disinterest in programming, and lack of recreational activities. Perception of the factors affecting accessibility and participation in programs were different between staff members and injection drug users. Peer support was identified as one of the most effective methods to encourage PWIDs to access services and continue using them. We have proposed a new program, which emphasizes the need to address PWIDs' lack of interest and motivation to use RTF services. We also recommend a new way of assessing effectiveness and advertising the RTF and its programs. These recommendations are designed to enhance the quality of the programs, draw in more PWIDs, and encourage continued participation.

Through these measures, we hope RTF improves accessibility and participation of its services for PWIDs. Because of that, the PWIDs community will start using safe needle practices as well as reduce other high-risk behaviors, such as having unprotected sex. These will lead to a disease reduction within the PWIDs community and within the overall population.

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1. Introduction

In 2014, an estimated 20% of the 16 million people who inject drugs (PWIDs) worldwide were infected with human immunodeficiency virus (HIV) (World Health Organization, 2015). While only accounting for 0.26% of the world population, PWIDs constitute about 10% of all the people who are living with HIV. If untreated, HIV can lead to the development of acquired immunodeficiency syndrome (AIDS), the cause of 1.2 million deaths in 2014 (WHO, 2015). The PWIDs community is at a high risk of contracting and transmitting health diseases, such as HIV and Hepatitis C. Globally, around 63% of all the PWIDs are infected with the hepatitis C virus (HCV). Laws and policies prevent PWIDs from getting the health care they need. Moreover, the use of drugs causes impaired judgment that frequently leads to high-risk behaviors such as the sharing of needles or unsafe sexual practices (Ross and Peterson, 1992).

In 2011, approximately 40,300 people in Thailand injected drugs and 25-30% of this population was infected with HIV (WHO, 2010). The prevalence of HIV in Thailand is the highest among PWIDs as compared to all other groups of people including men who have sex with men and sex workers (AVERT, 2015). Among the intravenous drug using population in Thailand, hepatitis C infection is also considered to be endemic. In 2010, the HCV infection incidence rate in the Thai PWIDs community was 86% (WHO, 2010).

To reduce the transmission of diseases, many countries have implemented a variety of harm reduction programs offered for PWIDs (National Institute on Drug Abuse, 2014). Harm reduction programs include outreach programs to prevent the contraction of blood-borne diseases, such as HIV and hepatitis C, as well as opioid substitution treatment. Others include needle exchange programs (NEPs), recognized as an effective method because of their prevention on the spread of HIV among PWIDs. In Switzerland, where NEPs have been implemented since 1990, HIV and HCV prevalence among PWIDs has decreased 80% (Abdul-Quader, Abu S., et al., 2013). Additionally, in Connecticut (USA), providing free needles significantly decreased the sharing of non-sterile needles between PWIDs (Abdul-Quader, Abu S., et al., 2013). In some countries, such as China and Russia, organizations and foundations offering harm reduction programs face severe restrictions, preventing PWIDs from getting the adequate health care (WHO, 2004).

In Thailand, many services are offered to PWID, such as community-based needle exchange programs, opioid substitution treatment, and outreach and informational programs (Canadian HIV/AIDS Legal Network, 2009). Outreach programs provide health education about contraction of diseases, safe needle practices as well as condom promotion. The Raks Thai Foundation (RTF), an organization aiming to improve the health of PWIDs, offers both NEPs and outreach programs. Despite the promise of the government to extend the services offered to PWID, Thailand has failed to increase outreach and health reduction programs. In 2004, only 1% of PWIDs were using harm reduction services. Moreover, according to Thailand's UNGASS Country Progress Report in 2008, "prevention work among PWIDs is extremely inadequate with limited coverage" (Canadian HIV/AIDS Legal Network, 2009).

To enhance the accessibility and participation of programs offered to PWID, we determined the factors influencing injecting drug users to use RTF's services, as well as identified the motivations that made them access the services for the first time. We provided recommendations and deliverables to help the RTF overcome the barriers and enhance the incentives. This project is an important step towards an impactful outreach program that, in turn, can lead to the reduction of the spread of HIV and other blood-borne diseases.

2. Background

This chapter provides an overview of the diseases injection drug users are more vulnerable to transmit and contract as well as the outreach programs offered in order to prevent their spread. We present possible factors incentivizing and preventing people who inject drugs to use harm reduction services, and the services the Raks Thai Foundation offers to this community. This helped us in find out what barriers to service use exist in order for us to provide recommendations to the RTF for removing them and improving their programs.

2.1 People Who Inject Drugs (PWID) and blood-borne diseases

In Thailand, the HIV/AIDS epidemic has claimed over 400,000 lives and has infected close to 1 million people (National Aids Committee, 2014). HIV prevalence is the greatest among the 40,000 people who inject drugs in Thailand as compared with other groups at risk for HIV, including sex workers and men who have sex with men, as well as compared with the overall population. Globally, the HIV prevalence within the PWIDs community is also significantly higher than in the overall population (Table 1).

Table 1 - Estimated prevalence of HIV in overall and PWIDs populations worldwide and in Thailand

	Overall Population Prevalence	PWIDs Population Prevalence
<i>Worldwide</i>	0.50%	18.75%
<i>Thailand</i>	0.90%	30%

Globally, since 1959, when the first case of HIV infection was detected, 78 million people have contracted the virus and nearly 39 million of them have died of AIDS related diseases (Appendix A) (WHO, 2015). HIV infection in the PWIDs community increases the risk of contracting other diseases, such as HCV. HCV prevalence among PWIDs in Thailand is extremely high, with some studies suggesting more than 90%. Globally around 10 million people in the PWIDs community are infected with HCV (Table 2).

Table 2 - Estimated prevalence of HCV in overall and PWIDs populations worldwide and in Thailand

	Overall Population Prevalence	PWIDs Population Prevalence
<i>Worldwide</i>	2.2%	67%
<i>Thailand</i>	3.2-5.6%	90%

There are many ways HIV and HCV can be transmitted, including sexual contact involving bodily fluids such as blood and semen, direct blood contact, or due to blood transfusions. Another of the most important ways is through the sharing of needles with an individual infected with HIV and/or HCV, because it leads to a direct injection of the virus into the bloodstream of the uninfected individual. People who inject drugs are at high risk for transmitting and contracting blood-borne diseases not just because of the sharing of needles, but also because of their drug use. Drugs affect self-control and judgment, which can lead to an increase in disinhibition and unsafe sexual practices (Appendix B) (Graves and Leigh, 1995). In 2009, around 18 to 26% of injecting drug users shared needles within the province of Samut

Prakan (UNAIDS, 2015). Among the PWIDs population in Thailand, only 49% are estimated to use a condom and less than half have been tested for HIV (AVERT, 2015). This lack of awareness of the health issues associated with drug injection among PWIDs can also increase their risk of contracting diseases.

2.2 Programs Offered to People Who Inject Drugs

In order to reduce the spread of diseases within the people who inject drugs community, many countries offer outreach programs. These programs are designed to provide resources and materials for people who are unable to quit the habit themselves or need to learn more about how their addiction negatively affects them. These include needle exchange programs, opioid therapy, HIV testing and counseling, antiretroviral therapy, condom promotion and health educational programs. In Thailand, many organizations offer services to improve healthcare to PWIDs. From all of the available programs for PWIDs only methadone treatment (as opioid substitution treatment - See Appendix C), needle exchange programs, and outreach and informational programs, which also include condom promotion are available in Thailand. The Raks Thai Foundation, an organization aiming to improve the health of PWIDs, provides most of the services available in Thailand (Table 3).

Table 3 - Types of programs offered by the Raks Thai Foundation and their purposes

Type of Program	Purposes
<i>Needle Syringe Program</i>	Provide clean needles and syringes for PWID, as well as a place to dispose of dirty needles. Discourage needle sharing.
<i>Condom Promotion</i>	Increase awareness on the spread of diseases. Diseases can be contracted by other risky practices such as not safe sex.
<i>Health Educational Programs</i>	Increase the awareness about HIV, antiretroviral treatment and harm reduction techniques.
<i>Becoming a Member of RTF</i>	Users enjoy benefits, including unlimited supplies, such as free clean needles and syringes, condoms, and educational sessions. Membership allows them to widen their social circle. They are allowed to apply to be a volunteer, which could lead to being promoted to a staff member.
<i>Methadone treatment in the Samut Prakan Hospital</i>	The RTF directs PWIDs to the Samut Prakan Hospital for further treatment, if needed. The main service offered at the hospital is methadone treatment, which is provided daily for all PWIDs in Samut Prakan province free of charge.

Since 1997, the Raks Thai Foundation has implemented 34 subprojects related to health issues, specifically the contraction and transmission of HIV. The purpose of these sub-projects is to increase the awareness of disease risks, especially HIV/AIDs, to respect the people who have contracted the virus and provide them with available treatments. One of the branches of RTF is

located in the Samut Prakan Province, where the number of PWIDs increased significantly from 2010 to 2013 (Figure 1).

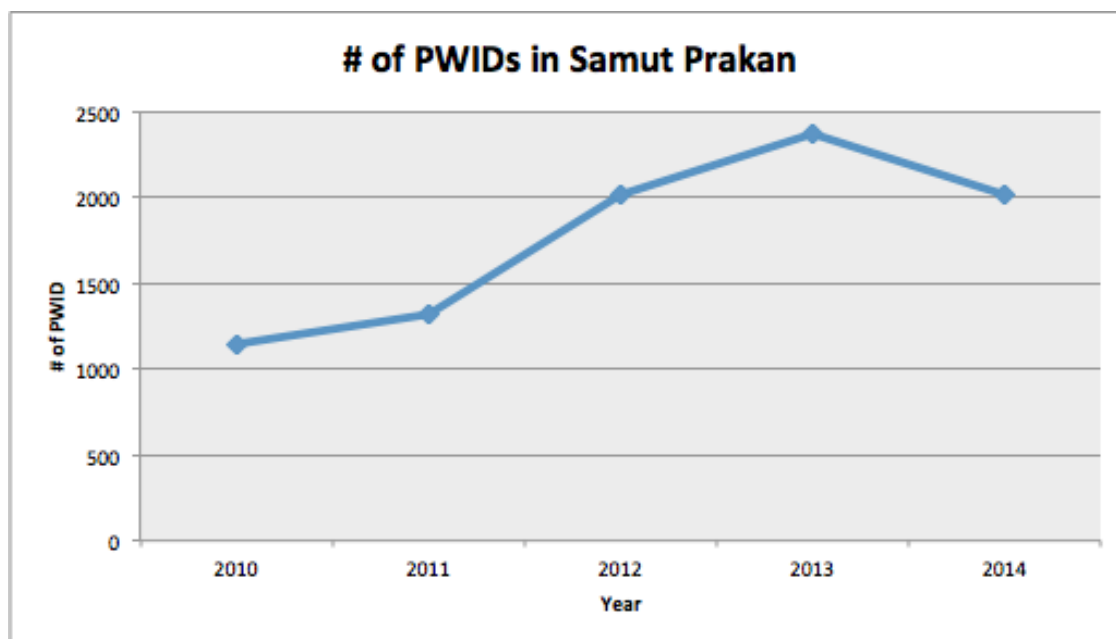


Figure 1 - Number of PWIDs in Samut Prakan over the past four years

According to the Raks Thai Foundation, out of the 2,013 PWIDs living in the Samut Prakan Province, approximately 460 participated in the services provided for PWIDs. The RTF is neither reaching the full population of PWIDs to use their programs nor retaining the injecting drug users who previously used the services.

2.3 Incentives and Barriers Related to Outreach Programs

There are four main types of factors that have been identified as affecting access and participation of PWIDs outreach programs: organizational, personal, societal, and legal. These factors can be either barriers or incentives to PWIDs behavior.

The risky health behaviors of PWIDs are a personal factor influencing their access and participation in outreach programs. One of the goals of these outreach programs is to cause behavior change in the people using them (Egger, Spark & Donovan, 2005). Therefore, understanding the internal motivations driving these changes is essential in order to enhance the accessibility of the services. For example, to start using safe needles practices, there is an internal process a user has to go through. This internal process can be explained by a health behavior change theory known as the transtheoretical change model (Figure 2).

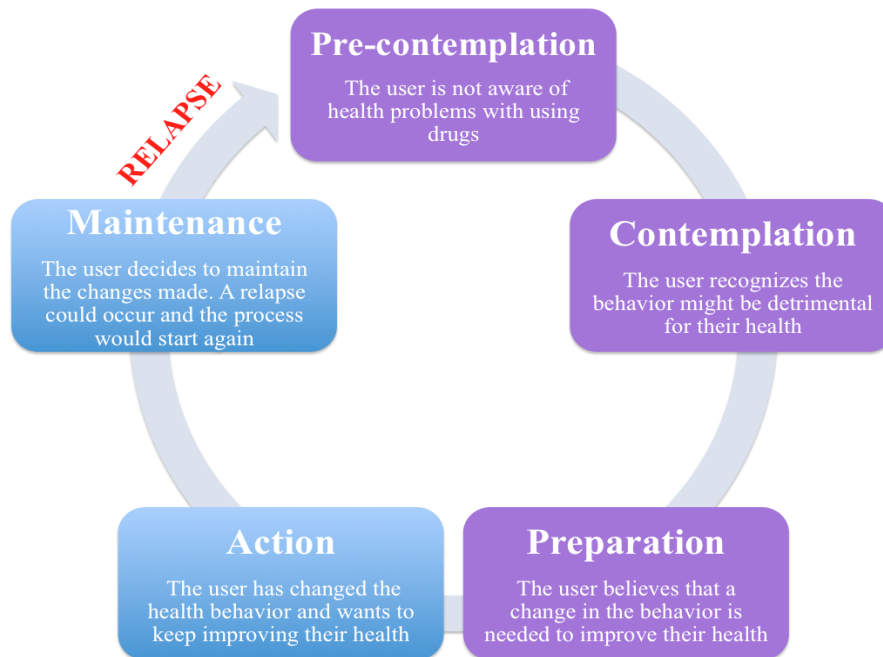


Figure 2 - Stages of behavior of a drug injection user

At the starting point of this internal process, the users are not aware of the negative consequences of their actions and, therefore, do not consider to start using the services provided for them. By learning about diseases and how the sharing of needles can be a way of transmission, the users will recognize their behavior as detrimental to their health but will still be doubtful about accessing the services. Informing PWIDs about the programs RTF and other organizations provide and their benefits will help the users decide to access and participate in the services. Therefore, effective communication between the staff members and the PWIDs is needed in order to overcome the lack of awareness about diseases and RTF programs among PWIDs. Health communication theory is a framework for designing a strategy to improve communication and to convey the most impactful message to PWIDs. There are four components affecting this communication process the most: source, message, channel, and receiver (Annu. Rev. Public Health, 2004).

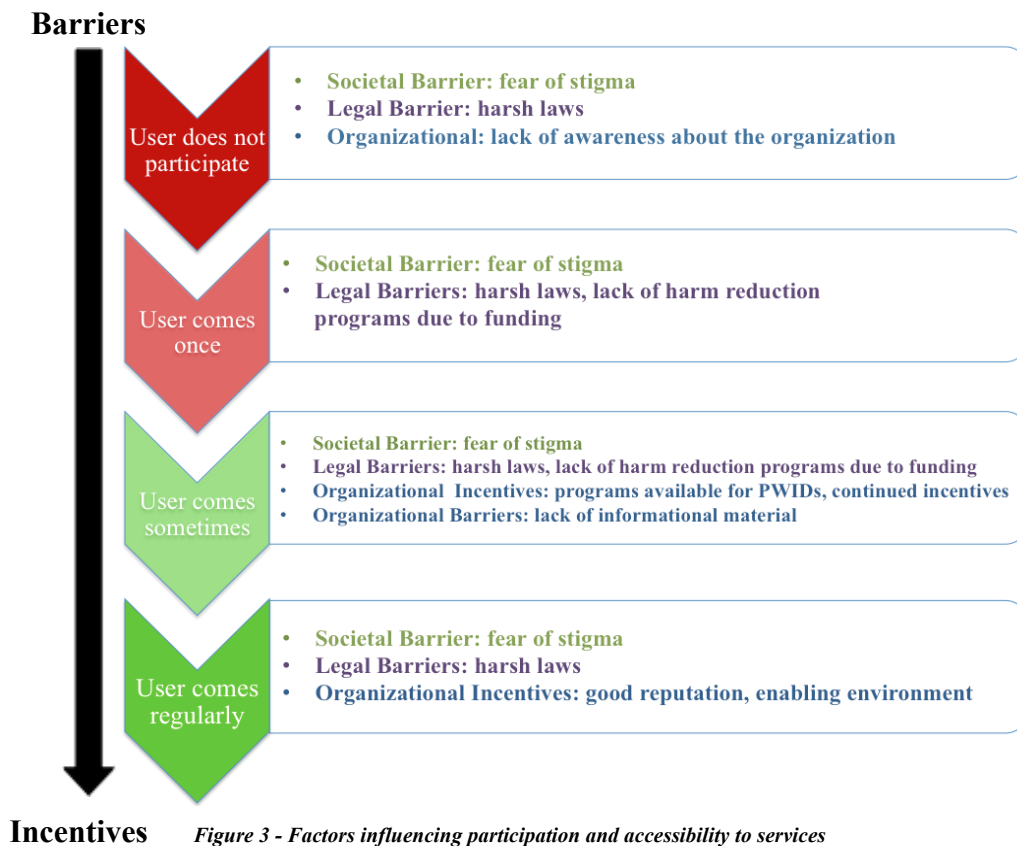
1. Source: The person delivering the message has to be credible, with expertise in the area and trustworthy, as well as sharing commonalities with the target audience
2. Message: The message should include visuals, clear evidence of impact, as well as use the native language
3. Channel: Health communication interventions have to meet the audiences with the correct level of technology use.
4. Receiver: It has to evaluate the content of the persuasive message and its arguments.

Effective communication between the staff and the users will also help the users transition from the different stages of behavior. Once the users are aware of their behavior and the programs offered for them, the users would move into the preparation stage. This stage is when the users want to change their behavior, use the services provided and participate in different programs. During this stage there are other external barriers and incentives that come into play. These will influence the participation of the users in the programs, which refers to users taking part in them,

despite the users' willingness to be a participant in them. Some of these incentives and barriers are:

1. Barriers:
 - Lack of awareness: PWIDs not being aware of the RTF or the services it provides for them.
 - Lack of informational materials provided by the organization about the services
2. Incentives:
 - Programs available for PWIDs. This can involve getting the materials together and the people hired and trained.
 - Continued incentives provided when attending the programs the organization offers.
 - The organization and its programs have a good reputation. This is important for the respect and participation that is needed for the programs to be successful.
 - An enabling environment that allows the participants to be open and willing to participate in activities and discussion workshops.

These external incentives and barriers are specific of different participation stages (Figure 3), since some of these will come into play once the injection drug user starts participating in them. Providing incentives to the users will help overbalance the barriers throughout this third stage of the behavior and will increase the participation of users in the programs.



Societal factors will be influencing the whole preparation stage. These include barriers such as social stigma, which manifests itself as discrimination to this population (UNAIDS,

2014). Legal factors will also be affecting all the stage. These include harsh laws, which can prevent users from being tested for diseases and from accessing available treatment, as well as not providing funding to the organizations offering programs to injection drug users. This is a problem since it is hard for these programs to increase their quality over the years and have an actual impact in society.

Foundations and organizations such as the RTF will only be able to address institutional factors to ensure organizational incentives overbalance the rest of the barriers and keep injection drug users from using the services.

2.4 Summary

People who inject drugs are at a high risk of contracting and transmitting diseases such as HIV, HCV and HBV through the sharing of needles but also by other high-risk practices influenced by the use of drugs, such as unprotected sex. The prevalence of these diseases among the PWIDs community is higher than in the overall population, and this is no different in Thailand. Outreach programs are resources for the PWIDs community, which increase awareness of the negative effects of drug use as well as emphasize the importance of using safe needle and sex practices. However, most of the PWIDs community is not using the outreach programs provided by the Raks Thai Foundation in the Samut Prakan Province and our project is designed to investigate this issue. There are many factors influencing their participation and accessibility. In the next chapter we describe our methods to investigate which ones are relevant in this case, in order to assist the RTF in improving access to its services for the vulnerable population of PWIDs in the Samut Prakan province.

3. Methodology

The goal of our project was to increase the accessibility and participation in the RTF programs offered for people who inject drugs by determining incentives and barriers influencing service use. Once determined, we provided recommendations to the RTF to overcome the barriers. This project focused on the programs and communities located in the Samut Prakan province.

3.1 Identifying perspectives of the Raks Thai Foundation staff members about factors influencing accessibility and participation in programs for PWIDs

This objective focused on identifying what the RTF staff members believe to be preventing and encouraging PWIDs from accessing programs and continuing to participate in them. By interviewing the head of the Samut Prakan branch of RTF and seven RTF staff members working in the Samut Prakan office, we gathered information about the programs offered for people who inject drugs as well as which programs are believed to be successful. This information was helpful in our understanding of what services the PWIDs have access to. Moreover, we asked about the factors staff members believe to be preventing and encouraging accessibility and participation of PWIDs in the services. This information helped us understand the views and opinions of the staff members about what they believe the PWIDs need. Based on them, we determined whether the staff's opinions line up with the PWIDs opinion or if there is a discrepancy between the two.

During the interviews, we used a dynamic process of changing and adding questions based on information mentioned from previous interviews. The interviews were conducted in

Thai, usually in two separate groups of one or two WPI students with two BSAC students. Some ethical concerns regarding the interview process were:

1. Obtain the interviewee consent to participate in the interview by informing them about the objectives for the interview and how the information gathered will be used. Any harm or risks related with the interview process should also be mentioned (Appendix D).
2. Maintaining privacy by promising confidentiality. Interviews will not ask any personal information such as name, nationality, etc.
3. The inclusion and exclusion conditions should be fair and not discriminate individuals by ethnicity, gender, age, sexual orientation, religious beliefs, etc.

3.2 Identifying perspectives of people who inject drugs about factors influencing accessibility and participation in programs

This objective focused on determining what prevents and encourages PWIDs from accessing programs and continuing to participate in them. Our interview process consisted of three different types of interviews approaches that changed as we identified the most effective method of conducting interviews. The three stages are as follows:

1. Outlining specific question to ask PWIDs based on the information that we wanted to know
2. Conducting a conversation-style interview without following a specific outline or series of questions
3. Creating a list of topics that should be brought up during an interview, but keeping the conversation-style approach without any specific questions that need to be asked

We interviewed sixteen PWIDs at the Samut Prakan Hospital for the methadone treatment. At the hospital, we used the first approach of interviews. The next interviews we conducted with PWIDs were during a RTF workshop at a slum community in Khlong Toei. We talked with four PWIDs during this time and used the second approach of interviews. Finally, we interviewed ten more PWIDs in the Samut Prakan area using the third approach of interviews. The third interview approach was the most effective since we were able to gather the most specific information.

We collected information about knowledge of RTF and its services, history of drug use, and background information about their use of drugs as well as initial motivations to access the services for the first time. We identified what the PWIDs want in the programs and what are the barriers preventing their use of the programs as well as the incentives encouraging their participation. We used this information in order to determine discrepancies and similarities between the staff member and PWIDs about factors influencing service use.

The interviews were conducted in Thai and in two separate groups of students. The ethical concerns regarding these interviews were the same as the ones stated in the previous objective (Appendices E and F).

3.3 Determining discrepancies and similarities between RTF staff and PWIDs opinions about factors influencing service use

We analyzed the information gathered from objectives one and two to determine any differences or similarities between the opinions of RTF staff and PWIDs about factors influencing service use. The information was collected using the interview outlines for staff members (Appendices G and H), and for PWIDs (Appendices I and J). The differences helped identify what is not effective in the programs and how they could improve. We grouped the

incentives and barriers determined by both staff members and PWIDs into different factors: organizational, institutional, personal, and societal.

We used these categories to find who is responsible for each factor in order to address the barrier or encourage the incentive with our recommendations and deliverables. We compared responses for barriers between the staff and PWIDs in order to find similarities and differences. This comparing process was also done for the incentives mentioned. After determining the differences and similarities, we developed recommendations that would increase the participation and accessibility to PWIDs, benefiting then the RTF and the PWIDs involved in the programs.

3.4 Summary: Evaluation of recommendations and deliverables with the Raks Thai Foundation

Based on the findings we determined after the analysis of the data collected, we presented four recommendations and deliverables to the RTF in order to determine their viability. We showed some of our data analysis and findings and how they relate to the deliverables and recommendations. The RTF staff expressed their gratitude for the data and explained that they were partially aware of what our findings presented, but did not have any data to back it up or verify it. They were also impressed at our ability to take on this type of project and handle the sensitive topic while producing relevant and helpful recommendations and deliverables. According to the director of the RTF, our deliverables and recommendations will be utilized and implemented throughout their programs and within the foundation. Per the suggestion of the RTF staff, we have also translated the executive summary as well as some main sections of our full report into Thai in order for staff members not present at the meeting to read and refer back to at a later time.

4. Results

The main goal of our project was to identify the factors influencing accessibility and participation in programs offered to people who inject drugs as well as determining the incentives encouraging program use for the first time. Through interviews with PWIDs and staff members, we determined the incentives and barriers to program use. Our findings are presented based on the behavior change model.

4.1 There are different incentives and barriers influencing service use at each stage of behavior change

The five stages of behavior change, as described in section two of this report, explain the stages users will go through as they change their behavior to start accessing services. This part of the project focused on analyzing the data in order to find factors that prevent and encourage PWIDs from transitioning from one stage to another and, therefore, influence use of the programs. The PWIDs we interviewed were contacted through the RTF. Therefore, since they were already aware of the RTF, the PWIDs were most likely aware of their risky behavior and were already at stage two or higher. This, in turn, restricted us to only finding barriers and incentives associated with the transition from stages 2 to 3 and 3 to 4. We have restated each stage below as well as the findings associated with these transitions.

4.1.1 Transitioning from stage 2 to 3: PWIDs understand how the services can be helpful to their health and are ready to access the services, but have not accessed them yet

This transition is focused on getting the PWIDs to access the services for the first time. We determined factors that influenced them to begin accessing services. We interviewed thirty PWIDs about the reasons which made them go to the RTF programs for the first time (Figure 4)

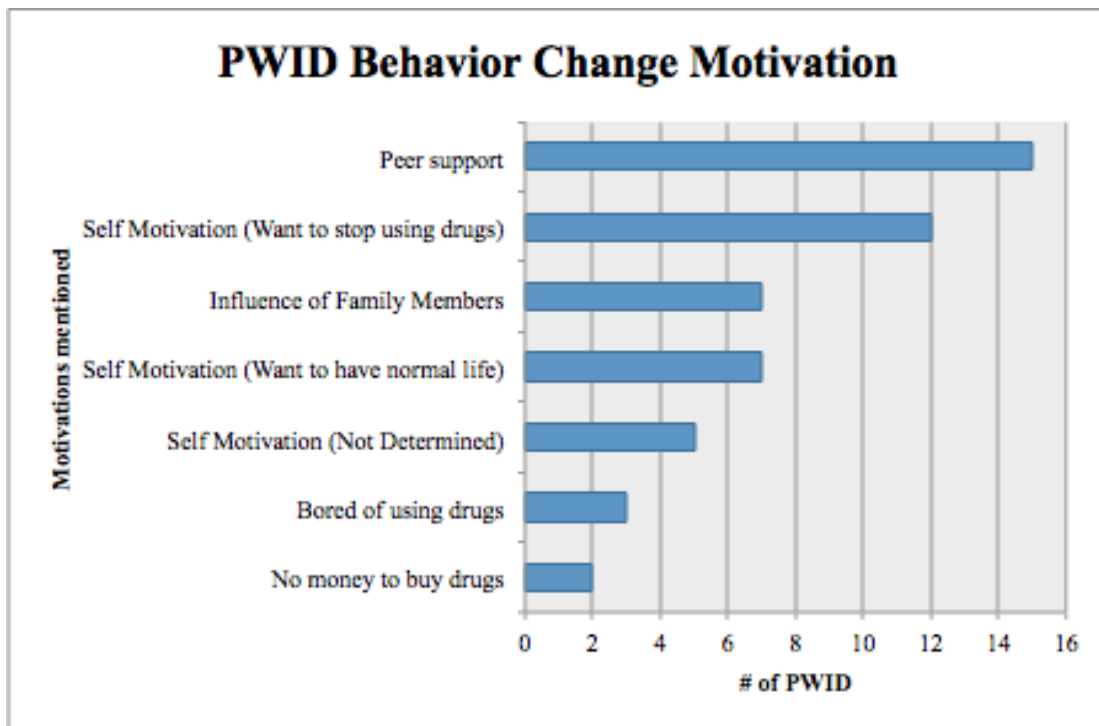


Figure 4 - PWIDs' reasons to access programs for the first time

Finding 1: Peer support and self-motivation are reasons for PWIDs to access RTF services for the first time

Peer support was the most mentioned factor that influenced PWIDs to use the programs for the first time. Peer support includes friend and family encouragement to access services, as well as RTF staff counseling and listening to PWIDs' needs and concerns. Peer support is essential in providing PWIDs with practical, emotional, informational, and social help to the PWIDs community. The majority of PWIDs mentioned factors related to self-motivation that influenced them in accessing services for the first time. One user stated: "I came here because I wanted to stop using drugs". Another user said: "I wanted to start having a normal life". Through these responses, we found that many PWIDs had a personal internal motivation to change their behavior to start using safer needle practices. We found that, in order for this transition to happen, the PWIDs need to understand the risks of their behavior and benefits of using the services. After this is understood, the PWIDs will need to choose to go to the services which would transition them to stage 3: accessing the services.

We determined that PWIDs need to be aware of their actions and their consequences as well as wanting to take action to change their behavior to a healthier one in order to start accessing and participating into the programs.

4.1.2 Transitioning from stage 3 to 4: PWIDs have accessed services, but need to continue accessing them and start to change behavior

Stage three is the initial accessing of the services, but now PWIDs need to continue accessing them. This transition to stage 4 is about continuing to participate in the services. We interviewed PWIDs that continue to go to the services to find what encourages them to access them as well as what prevented users from going. We also interviewed PWIDs that do not go continuously (still in stage 3) to find what barriers prevent them from going back again as well as what would encourage them to go.

When we analyzed the data based on the types of factors, we found that the transition from stage 3 to 4 is mainly caused by organizational factors. This means that the RTF is primarily responsible for this transition. Because of this, we also interviewed staff members of the RTF to understand what they believe are the factors that influence the drug users to continue coming to the services.

We were able to determine which incentives encourage PWIDs to access and participate in the services offered to them. We also found there is a difference in perception between PWIDs and staff members working in the foundation in terms of what is most effective in encouraging PWIDs' use of the services.

Finding 2: PWIDs perceive closer program locations and peer support as the main incentives to service use

We found that the main incentives to use the RTF programs included physical proximity to the RTF's services and peer support. For PWIDs not living around the area where services are provided, the transportation cost is sometimes too high, preventing them from attending the programs. As one of the users stated: *"We don't have enough money. The money I make goes to feeding my family and for home expenses. Coming into the Foundation is too expensive for me"*. Other incentives mentioned by PWIDs were knowledge of diseases provided by the RTF, free lunchbox, services fulfilling the needs of PWIDs and welcoming and supportive staff. Most of these incentives are organizational which means they are based on what the RTF offers.

Table 4 - PWIDs perceptions about incentives to keep accessing and participating in the programs

<i>Organizational</i>		<i>Societal</i>	
- Physical proximity	16	- Peer support	15
- Provide information about diseases	8		
- Money offered by RTF	5		
- Good services	3		
- RTF staff is helpful	2		

We found that recreational activities as well as field trips encouraged PWIDs to go to programs and enhanced the transition to stage 4. One user mentioned: *"In the past, there used to be field trips for us, sports activities, and also planting seeds as a way for us to bond. But these have been canceled, no longer happen, we would like them back."*

We determined that PWIDs want programs that fulfill their needs and will keep their interest in order for them to transition to stage 4. In order for the programs to fulfill PWIDs’ needs, the staff members and PWIDs’ perception should be similar.

Finding 3: Staff members perceive free supplies, informational material and peer support as the main incentives to service use

We found that most of the staff members’ perceptions about incentives encouraging program use were also organizational. The majority of the staff members believe free supplies, such as free needles and syringes, are a major incentive for PWIDs to come to the programs. Besides giving out supplies, the RTF offers free lunch boxes, which are also believed to be one of the driving forces for PWIDs to come. In the past, the RTF used to cover transportation fees, but now the PWIDs have to cover their own transportation fees.

Staff members also perceived peer support as a key factor to make PWIDs continue using the programs. Other incentives mentioned were provision of long-term medication and confidentiality of PWIDs’ personal information. These responses, however, were not consistent throughout the interview process with staff members.

Table 5- Staff perceptions of what encourages PWIDs to access and use services

<i>Organizational</i>		<i>Societal</i>	
- Free supplies	7	- Peer support	7
- Available for foreigners	7		
- Distribution of HIV information	7		
- Free lunch box	6		
- Budget offered by RTF	6		
- Confidentiality	1		
- Long term medication	1		

In order to determine if there are discrepancies or similarities between the staff and PWIDs about incentives encouraging program use that could also be affecting its use, the responses mentioned were compared.

Finding 4: Staff Members and PWIDs perceive peer support, transportation to RTF and distribution of information as main incentives

We identified three primary factors that PWIDs and staff agree on when comparing the incentives reported both by the staff and PWIDs. These include the following incentives:

- *Peer support*: it is one of the most influential factors for encouraging PWIDs to access services. Family and friends as well as past and current drug users who have accessed the services are very important sources of encouragement for PWIDs to access services.
- *Transportation to the RTF*: covering travel expenses is a factor that is very influential in encouraging participation in programs. Although transportation allowance is not currently being provided, PWIDs agree that if the RTF reissued the allowance for them, then they would attend the workshops more frequently.
- *Distribution of information regarding services and health risks*. We found that distributing information about diseases that could be contracted by the injection of drugs

is a factor recognized by both PWIDs and staff as important to encourage service use. Currently, the RTF has no means of advertising its services to the PWIDs community besides by word of mouth. Distributing important information about what services are provided for PWIDs can greatly increase access to their services.

Despite the similarities, there are some discrepancies between what PWIDs and staff members believe are factors influencing service use. With respect to the services that the RTF provide, most of the staff mentioned services that give out supplies such as clean needles as a good incentive. However, only three PWIDs referred to such services as an encouragement for them. This was consistent with PWIDs not being interested in the services and the lack of sufficient supplies for their basic needs.

Not fully understanding how the programs fulfill PWIDs’ needs and which are the incentives that encourage them to access and participate in the programs can be acting as barriers preventing program use. Besides incentives encouraging accessibility of and participation in the programs, there are many barriers preventing service use.

Finding 5: PWIDs perceive lack of supplies and programs as the main barriers to service use

PWIDs identified eight barriers preventing the use of RTF’s services (Table 6). Out of all of the barriers mentioned, we focused our analysis on the barriers that were consistently mentioned among PWIDs during interviews.

Table 6 - PWIDs perceptions about barriers preventing PWIDs to access services

<i>Organizational</i>		<i>Personal</i>	
- Not interested but aware	9	- Fear of being caught by the police	6
- Insufficient supplies	8		
- Lack of programs and proper place for them	7		
- Lack of information about RTF programs	4		
- No transportation to RTF	1		
- Lack of awareness of RTF	1		
- Lack of health check	1		

PWIDs responses were gathered from both members and nonmembers of the RTF. The lack of interest in programs was found to be the most significant barrier. One user stated, “*I have come here for a long time and the services are not interesting to me. They are the same, I am provided with the same information in the same fashion. I don’t learn anything new or interesting when I am there.*” Like this user, many of the PWIDs we interviewed were people who have used RTF services and felt they were not very interesting or different from they have heard in the past. Services like HIV education were found to be boring and monotonous. When educational information is presented repetitively and is lacking in variety, PWIDs lose interest in coming to access services at the RTF.

Additionally, lack of many kinds of supplies such as needles or places to gather for workshops and programs were identified as a common barrier among PWIDs. This was reflected by a user who mentioned: “*We want a place to inject drugs and a proper place for a workshop*”.

For the users, workshops are currently held in two locations: a RTF drop-in center located in the Samut Prakan Hospital and a playground in the Khlong Toei slum. Most users live closer to the playground in Khlong Toei, but they feel it is not an appropriate place for these workshops to be held.

The location of the workshops could be the trigger of two more barriers PWIDs mentioned during the interviews. First, many users attending the workshops stated they are afraid of being arrested by the police: *“We felt afraid of being caught from police. It has been happening for many years then we felt tired for doing the same things day after day.”* - a user stated. Another user mentioned that: *“the undercover police casually come by the park and watch us during the workshop. This makes the environment very tense.”* This presence makes the PWIDs anxious and uneasy. Second, the same user also mentioned how tired PWIDs are of being criminalized for their drug use because of the punitive laws, since carrying any needle could make them guilty of drug consumption.

The fear of legal persecution that PWIDs experience is an issue that RTF cannot easily address because many of these fears arise from the illegality of drug use. However, this fear can also be a behavioral issue for PWIDs, since their fear can prevent them from accessing services. The fear is personal but drug law enforcement is a legal issue.

In order to overcome some of this barriers and increase the participation of PWIDs in the programs, the perception of the staff members need to be analyzed as well.

Finding 6: Staff Members perceive lack of staff, transportation and awareness about RTF as major barriers to service use

The staff members working in the Raks Thai Foundation also identified what they felt is preventing PWIDs to take part in the services offered (Table 7).

Table 7 - Staff perceptions on barriers preventing PWIDs use of the service

Organizational		Societal		Personal	
- Lack of awareness about RTF	7	- Social stigma towards PWID	6	- Fear of being caught by the police	6
- Not many services for women	6				
- Insufficient staff	6				
- No transportation to RTF	6				
- Insufficient supplies	2				

Most of the staff members mentioned five different barriers to be affecting PWIDs’ continued access to and participation in their programs. The lack of services specifically for women was mentioned during staff members’ interviews. A staff member stated: *“The previous formal leader of the women focus groups passed away, and the group members drifted apart since no one replaced the group leader who organized the group meetings”*. Having no specific focus group for women or no women-only activities creates a barrier to service use and prevents women from coming to RTF. Included in this barrier is the lack of peer support for women in the PWIDs community. Not having someone of the same gender as a peer was found to be a limiting factor in program participation. PWIDs’ fear of being caught by the police as well as no transportation provided for PWIDs were consistent throughout most of the interviews.

In order to determine if there are discrepancies or similarities between the staff and PWIDs about barriers preventing program use that could also be affecting its use, the responses mentioned were compared.

Finding 7: PWIDs and staff members have different perceptions of what is preventing PWIDs to use services

It is important for the staff members to understand what the PWIDs believe, since they are the ones using the programs. We found that both staff members and PWIDs identify organizational factors as the most influential factors to transition to stage 4. However, there are discrepancies; only four of the factors mentioned were similar between PWIDs and staff members. These four factors were:

1. ***Insufficient supplies:*** while the PWIDs identified insufficient supplies as a barrier (Table 6), the staff members felt it was the number of staff members that was insufficient (Table 7). These two possible issues – material and human resources – are both resources of RTF. PWIDs mentioned that distribution of supplies is not consistent, for example: “*They might be giving out supplies once per week but then the staff didn’t come for 2 weeks.*” On the other hand, the staff members mentioned that the insufficient number of staff makes supply distribution less effective due to the ratio of 60 people who inject drugs per one staff member. Because of that, the staff is unable to cover the whole area with 60 PWIDs under his/her responsibility.
2. ***Lack of programs:*** PWIDs mentioned that there was not enough interest in going to the services offered by the RTF. Some of the users we interviewed mentioned that they want to have more activities that involve less informational-based theory and more recreational activities. During the workshop, the idea of having more recreational activities was brought up several times by the PWIDs. The idea of having more recreational activities was related with the barrier “*lacking of interests to attend the workshop*”. In the past the RTF occasionally organized monthly field trips for the PWIDs to have educational activities outside of the drop-in center to compose an entertaining environment for the workshop, but this recreational activity is now no longer offered. Without recreational activities the opportunity for the injection drug users to see and learn from a wider perspective is lost. As, this kind of activity allows PWIDs to learn a certain skill such as teamwork as well as strengthen their bonds as a community of PWIDs.
3. ***Lack of transportation to workshops:*** Due to lack of funding, the RTF stopped providing a transportation budget to PWIDs to come to RTF. To alleviate this loss, the foundation has decided to change the locations of workshops and group meetings. Currently, the workshops and focus group meetings are held in multiple locations including a playground, temple, and park. The staff members believe this is an effective method for reaching out to PWIDs that cannot travel to the RTF and is a proper solution. However, PWIDs felt that not having an appropriate place for organized workshops and focus groups is a major barrier to their access of the services.
4. ***Fear of being caught by the police:*** The multiple public locations where the workshops are organized are preventing the users from accessing services due to fear of the police. This makes PWIDs tense and unwilling to attend workshops. Offering services at a closer and more private location could encourage more PWIDs to keep coming to the programs.

We found that the needs and demands of PWIDs are not being addressed, as the staff members do not consider them as factors preventing service use. This gap in perception about PWIDs needs might be the cause of the main reason PWIDs identified as a barrier: not being interested about the programs. If the RTF is not providing what PWIDs are asking for, doubts about the benefits of participating in the services might arise among the PWIDs community.

4.2 Raks Thai Foundation lacks a clear set of criteria for assessing success of the programs

RTF offers a variety of programs for PWIDs, such as providing free clean needles, outreach programs including educational health about HIV and treatment for people infected with the virus, as well as focus groups and workshops for injecting drug users. The director of the RTF Samut Prakan branch identified all of the programs offered as neither effective nor successful. The criteria used to assess the effectiveness of current programs at the RTF are implicit and only address desired final outcomes, such as PWIDs having jobs and a stable income. However, there are many other factors influencing those outcomes, which can be factors independent on the RTF programs or factors that can be controlled by the programs.

The lack of criteria to assess specific program goals can be influencing the way the RTF determines successfulness and effectiveness of the programs offered to PWIDs.

4.3 There are discrepancies in opinions between the Raks Thai Foundation staff

Having a clear understanding of what information the PWIDs already know, should know, and needs to be taught in the programs is important for the staff members to all agree on. Through an activity done at a staff meeting, we found that the staff members all have different views and opinions. During the staff meeting we attended, the staff created a chart showing information they believed is important for the PWIDs to know (Figure 5)

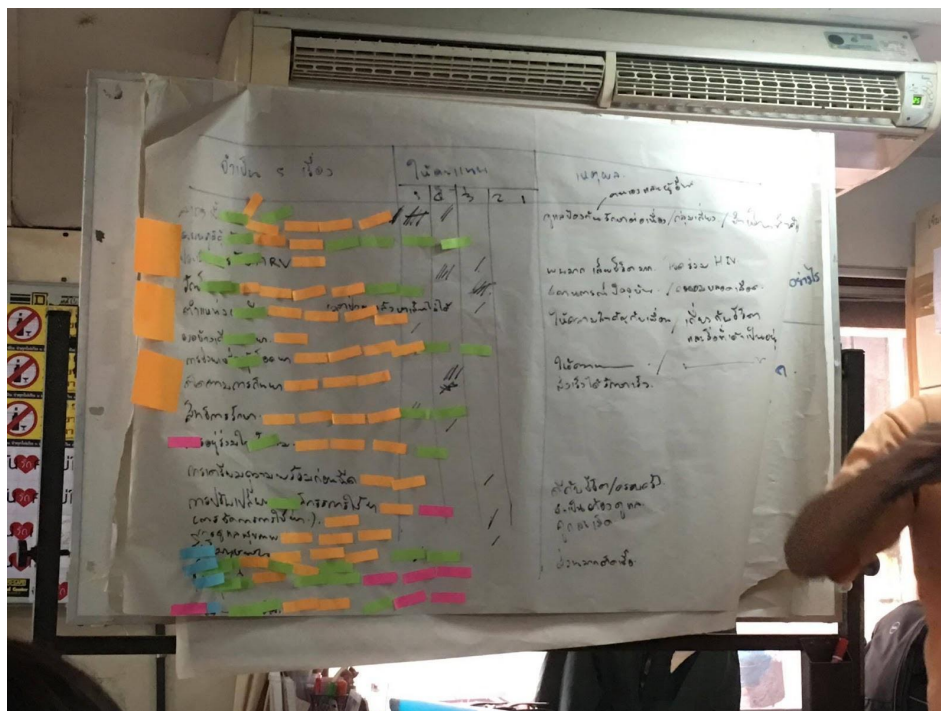


Figure 5. Chart created at the staff meeting comparing and identifying informational topics for PWID

After the most important information for staff members was identified, the staff members marked the information with different color sticky notes. The results from this activity are shown in Figure 6, as well as a description of what each color of sticky note means.



Figure 6. Important information as identified by staff members and the sticky notes that correlate with each topic. (One box=one sticky note) Information is organized in order of ranking that was determined by the staff members (most important down to least important)

Table 8 - Explanation of the sticky note colors from Figure 6

Orange	Information that the staff members already know
Green	Information staff believe PWIDs already know
Pink	Information that the staff members want to review or learn again
Blue	Information that should be included in activities run by the RTF

When analyzing this chart, we focused on the relationship between the rankings and sticky notes rather than the actual topic. This was done because, based on our interviews, program content was not a factor PWIDs mentioned. This information identifies an area of the RTF work that needs some improvement in order to be more successful. By realizing what needs to be relearned and included in programs that are also relevant and important to PWID, the RTF can utilize the time and efforts of the staff better.

The information that was gathered from this chart reflects a discrepancy between what the staff members believe is important for PWIDs to know, what they think PWIDs already know, and what they want to add to programs. There are three topics that staff members believe

should be included in the programs, but these programs are ranked as the least important information for PWIDs to know. Of these three topics, two of them were the topics that staff members want to relearn the most, with three pink sticky notes each. It can also be seen that the topic ranked 4th most important has no sticky notes that indicate the PWIDs know about this topic, but the staff members did not indicate that this topic should be included in programs.

In general, the topics that have more orange and not many green sticky notes represent topics that the staff members know a lot about, but about which the staff believe PWIDs do not know anything about. This is the information that should have blue sticky notes which means that this information should be included in programs for PWIDs.

4.4 Summary

We determined many factors influencing the accessibility of and participation in the programs offered for PWIDs. While PWIDs and staff members mostly perceived the same incentives encouraging program use, there were discrepancies about the barriers that prevent the use of the programs. In the next chapter, we provide a set of recommendations to the RTF in order to overcome the barriers and enhance the incentives PWIDs and staff members mentioned.

5. Recommendations

The RTF is interested in reducing harmful practices of PWIDs and reducing the transmission and contraction of blood-borne diseases. Using our analysis of the data and literature review, we developed a set of recommendations for the RTF to improve the accessibility of, and participation in, services that are designed to promote safe practices among PWIDs in Samut Prakan.

As part of the project, we developed advertising and informational materials about the services offered by RTF. We also provided recommendations for content that could be included in workshops to spur interest and participation as well as the need for staff members to state their viewpoint on the program's effectiveness to their superiors to improve service use. Moreover, we proposed an approach for determining the effectiveness of the goals of specific services.

5.1 Advertising Strategies: Using public media, posters, site visits, and booklets to raise awareness of RTF

Currently, the RTF is not raising enough awareness of their programs, which, in turn, reduces the amount of people that are participating in the programs. Our recommendations are aimed at improving the advertising of the RTF in order for more people, drug users or non-drug users, to know more about the programs and purpose of the RTF. Even if some of the audience reached by the advertisements doesn't need to use the services, they can tell someone else about the RTF that might need it. These recommendations are:

1. *Public media to enable the RTF to target a specific audience in multiple ways.* Public media is media that includes radio and video ads. Through our research and interviews, we found that most of the PWIDs are uneducated and illiterate, which would make public advertisement the ideal medium to use because it does not require a high level of education be understood. The advertisements can range from general information about harm reduction when using drugs, to more specifically about the RTF and the programs offered for PWIDs.
2. *Advertising through posters.* This can be successful with the more literate audience. While visiting the RTF drop-in center at the Samut Prakan Hospital, we noticed that there

were no posters or advertisements hung on the walls. This gives the RTF an opportunity to advertise their foundation, programs, and facts about harm reduction policies. The cost of printing posters is very low and posters can be hung in places other than the drop-in center.

3. *Word of mouth and personal interaction.* These can oftentimes be more impactful than public media or posters because they add a personal connection to the message. We recommend that the RTF staff goes out into the field to gather more PWIDs and talk to them about the RTF and the services offered. The staff can tell the PWIDs their personal stories and encourage them to get help and use the services.
4. *Booklet for the field staff and volunteers.* The booklet will include the purpose of the booklet, general information on HIV and other opportunistic diseases, details on the activities that will be organized during the workshop for each week, as well as a section that will be a space for writing down notes for the staff in the back of the booklet. The purpose of the booklet is to make the information that is being distributed consistent and accurate. Using this, the PWIDs will obtain the same information from the staff in different branches of RTF. Moreover, this booklet will help each branch of RTF to be on the same page and to having the same understanding of the workshop.

By adopting these advertisement recommendations, the awareness of RTF, of its programs, and of the diseases that can be transmitted through the sharing of needles and unprotected sex would increase. This could, in turn, increase the number of participants in the programs offered for injecting drug users.

5.2 Enhancing the Raks Thai Foundation Structure

The RTF relies on current injection drug user and leaders in the community to act as mentors to PWIDs. To provide the right care and support to PWIDs, the organization's most valuable asset is its staff, therefore they should be knowledgeable, experienced and actively engaged in programming.

In addition, understanding what the staff members should learn and spend their time on and what the PWIDs already know would help the RTF make better use of their time. As shown in **Figure 6**, the information that some of the staff members want to be re-taught overlaps with what the PWIDs have already been taught and know through the programs that RTF offers. Therefore, it is essential for the staff to manage their time carefully, in order to pass on the knowledge and facts that are crucial for the PWIDs to know about and be aware of. If the staff members keep presenting the same content during the workshop, it will be repetitive and demotivating for the PWIDs.

Some of our suggestions for the RTF staff include:

1. *Decentralize the organization:* Lower rank managers should be able to take certain actions within the regulation of the RTF as agreed upon by the higher ranking managers and within the skill set of the specific employee.
2. *Offer a staff & managers seminar:* Having a seminar every month will not only bring staff and managers together, it will make them understand each other better both intellectually and personally.
3. *Provide team assessment:* Staff evaluate one another as well as themselves with respect manners about the areas that they could be improving when working with the RTF.

By promoting open communication between staff members and managers, the content and effectiveness of services can be improved as well as increase the accessibility of programs for PWIDs. However, the goals of these programs need a criteria in order to determine their successfulness and effectiveness.

5.3 Assess the effectiveness of the programs using a clear and relevant set of assessment criteria

The criteria used to assess the effectiveness of current programs at the RTF are implicit and only address desired final outcomes, such as PWIDs having jobs and a stable income. However, there are many other factors influencing those outcomes, which can be factors independent on the RTF programs or factors that can be controlled by the programs. The RTF needs criteria to assess specific programs goals.

In order to address this problem, we recommend that the RTF develops a framework for assessing the effectiveness of their programs. Because of the similarities with other programs offered to people at risk, we suggest that the RTF criteria for assessing performance on the program at each state of behavior includes the following (Kaskutas, 2009):

1. Number of injection drug users participating in the program
2. Duration of participation in each of the stages
3. Specific actions that can be counted such as the number of workshops attended, supplies used, etc.
4. Transition of people from one stage to the next
5. Achieving specific objectives, such as the number of PWIDs becoming RTF volunteers

By using these criteria, the RTF would be able to set specific goals for each of the programs offered for PWIDs. These, in turn, would lead the RTF to determine how successful and effective their programs are.

5.4 Future research

Our project was focused on improving the accessibility and participation of the services specifically offered at the Raks Thai Foundation, but our research and analysis can be utilized by many other different organizations. During our project and analysis we have determined areas that would benefit from further research. These areas include focusing on HCV awareness within the injection drug user community, determining how social stigma against drug users affects the use of services, as well as finding sources of funding for the RTF in order to increase their staff, supplies and activities offered.

In addition to these recommendations, we designed a set of deliverables that complement them. In the next chapter, we introduce two deliverables in order to increase the accessibility of and participation in the programs. These deliverables take into account barriers and incentives mentioned by PWIDs and staff members.

6. Deliverables

Based on our findings and the literature review, we developed a set of deliverables that RTF can use to enhance its programs in order to increase the accessibility and participation of PWIDs in outreach programs in the Samut Prakan province of Thailand. These include motivational posters about the RTF and its services as well as a long-term program that can be accessed by a wide range of PWIDs. To increase awareness of the RTF, we created motivational

posters on HIV/AIDS facts, safe needle injection practices, and informational material on RTF services. In addition, we developed a long-term program for PWIDs to access based on the transtheoretical model of behavior change discussed in the literature review.

6.1 Implement a Long-Term Program for People Who Inject Drugs

Based on our finding that the Raks Thai Foundation does not currently offer programs focusing on the internal motivations of drug users for accessing the services for the first time, we designed a long-term action plan that does include behavior change interventions. This action plan is meant to encourage drug users who have never used services before as well as current members to access services by overcoming their disinterest in the programs. The action plan addresses the incentives mentioned to encourage access to the services. It consists of five parts, which overlap with the five stages a user goes through on the path of adopting safe needle practices (Egger, Spark & Donovan, 2005).

1. *Promoting awareness of one's behavior.* PWIDs may not be aware of unsafe sexual and needle practices that can increase their risk of contracting or transmitting diseases. We recommend that the RTF uses health educational materials and programs about diseases to educate PWIDs on the negative consequences of unsafe sexual and needle practices. We also suggest that the RTF conduct one-on-one meetings between a staff member and a drug user to discuss the drug users' behavior and risks associated with drug injection.

At this stage, the RTF can also overcome its barrier of the lack of programming for women, which has limited its reach of the female population of PWIDs. Addressing the barrier of lack of programming for women, we suggest that the RTF has one-on-one sessions between a woman staff member and female IDU to help them talk about life and behavior in a private and safe setting. This will be the start of thinking about safer and healthier life choices. Using peer support, RTF can reach people who inject drugs in order to help PWIDs start to think about their health and motivate them to start accessing services.

Speaking with someone who has gone or is going through the process of changing their behavior towards a healthier lifestyle is an influential factor in changing behaviors.

2. *Promoting awareness of services.* We propose using peer support to encourage the PWIDs to learn about the services and understand how they can be beneficial. Peer support is designed to verify that former or current drug users have used the services and that the programs work. Through discussion of program benefits, PWIDs can have a better understanding of what programs are offered and why they should take part in them. Promoting awareness of services and their benefits can result in longer and more involved participation in programs.

To overcome the barrier of lack of awareness of RTF that was frequently mentioned by staff, we propose distributing pamphlets and advertising materials to increase awareness of RTF. At this point when the PWIDs have started to consider making a change, the RTF needs to provide the resources to support PWIDs decision. This advertising of RTF services is a step toward increasing accessibility of its services to attract PWIDs.

3. *Promoting participation in the programs.* In order to promote PWIDs participation in programs, we propose the RTF to implement recreational activities into its programs to

address PWIDs concern that the programs are uninteresting. Recreational activities can serve to promote interest and strengthen peer support to the PWIDs. We suggest the recreational activities include movie nights, sports activities, dinners, hiking trips, field trips with outdoor activities, and women's only activities like baking workshops. Movies will be both documentaries, films, and movies on topics related to drug use and health risks. Furthermore, field trips and monthly camping activities will change the environment for the PWIDs in order to make the workshops more exciting and stimulating.

In addition, workshops each week will provide PWIDs with valuable information including knowledge on money management and career skills building. These training sessions can help PWIDs to determine the goals that they would like to accomplish and motivate them to take responsibility for their lives and behavior. These types of workshops will contribute to behavior change as these PWIDs will begin to comprehend their life goals and what they genuinely need to do to achieve them. The content of these workshops can motivate PWIDs to participate in programs.

The workshop that we suggest would have the following content:

- ❖ *Occupational skills development:*
 - **Financial management:** a session about financial issues such as how to manage one's earnings to save money and not spend it on drugs and other unnecessary possessions. This can direct them to use their savings beneficially, such as investing into some bond funds or other businesses that could generate profits for them over time.
 - **Career suggestion and advice on job applications:** Career suggestion will give advice about jobs that will help the PWIDs decide which kind of work they would be suited for; therefore, the PWIDs will acknowledge the possibility of them getting a job. Furthermore, the PWIDs will receive advice from staff about what to include in a job application and how to apply for a job.
 - ❖ *Bringing a friend-to-RTF day:* This would be beneficial in order to encourage new members to access services. As peer support is the most effective approach that PWIDs and staff mentioned to influence PWIDs to change their behavior, bringing a friend to RTF can increase the participation of PWIDs in outreach programs.
4. *Promoting continued use of services and promoting positive PWIDs behaviors.* We recommend using an incentive program where PWIDs will collect points for accessing services. To encourage them to keep using services, we propose for them to be rewarded with a prize for people who attended a certain number of programs. They can also collect points through Q/A games regarding general information on HIV, diseases, and health. Through this incentive program, the RTF can overcome the barrier of disinterest in programs as well as use monetary incentives and peer support to encourage PWIDs to access services.
 5. *Maintaining the healthy behavior.* We recommend the RTF to provide PWIDs who have continued to access services, the opportunity to become a volunteer or mentor for other PWIDs. In this way, they can keep being involved in the services as well as support

others to participate in the programs. The RTF can also overcome the shortages of staff by increasing its number of volunteers.

By the implementation of this program, the RTF would increase the number of PWIDs its programs are reaching. This action plan would be accessible for all of the PWIDs, since anyone could access and start participating in it at any specific stage. This long-term program can attract new PWIDs as well as old members to continue to access the services. Because this action plan would be new, advertisement would be needed in order to increase its awareness within the PWIDs community.

6.2 Promote RTF through Posters

We found there is a lack of awareness about the RTF and a lack of insufficient advertisement to promote the RTF. Because of this, we recommend the RTF to utilize posters to improve its awareness among the PWIDs community. This would address the issue of PWIDs being unaware of the RTF and its services.

We designed three posters for the RTF to use:

1. *General information about HIV*: this includes what HIV is, the ways of transmission, as well as the differences between HIV and AIDs (Appendix K).
2. *RTF information to increase awareness*: in order to increase the awareness of the RTF and their mission, this second poster focuses on one of the behaviors the RTF is trying to discourage: the sharing of needles (Appendix L).
3. *Safe needle practices (Figure 7)*: this includes what safe needle practices are in order to prevent the contraction and transmission of diseases, the different places of injection as well as information about the methadone treatment available for injection drug users (Appendix M).

All of the posters can be found in our website created for this project. The link to it is:

<https://sites.google.com/site/bkk16stride/deliverables>

SAFETY PRACTICES

หลีกเลี่ยงการใช้เข็ม 'ร่วมกับผู้อื่น' เป็นวิธีการที่ดีที่สุดที่สามารถลดความเสี่ยงการติดเชื้อเอชไอวี

“สามารถไปใช้สิทธิตามประกันสังคม เพื่อขอรับการบำบัดรักษา ผู้ประกันตนที่ติดสารเสพติดเฉพาะในกลุ่มดื่มและอนุพันธ์ฝิ่น ณ สถานพยาบาล ที่ให้การบำบัดรักษาผู้ประกันตนได้”

ตำแหน่งสำหรับฉีด

- ผ่านหลอดเลือดดำ บริเวณ ข้อพับ, ข้อมือ, หลังมือ, หน้าแขน
- ผ่านเส้นเลือดฝอย บริเวณ หลังมือ

CLEAN NEEDLES ..



การใช้เข็มสะอาด และปลอดทึย..

ประเภทของเข็ม ...

1. เข็มขนาด 25 1ml.
2. เข็มขนาด 27 1ml. (ดอดหัวไม้ได้)
3. เข็มขนาด 27 1ml. (ดอดหัวได้)
4. เข็มขนาด 25 3ml

METHADONE ..?

ยาเมทาโดน (Methadone) ถูกนำมาใช้เป็นยาแก้ปวดและใช้บำบัดผู้ติดยาเสพติด

สำหรับใช้บำบัดผู้ติดยาเสพติด:

- ผู้ใหญ่: รับประทานเริ่มต้นที่ 15 - 40 มิลลิกรัมวันละครั้ง จากนั้นอีก 1 - 2 วันให้ลดขนาดรับประทานลง 20* ในแต่ละวัน

คลินิกจำหน่ายยาเมทาโดน

1. โรงพยาบาลสมุทรปราการ
2. ศูนย์บริการสาธารณสุข 41 คลองเตย
3. วัดธาตุทอง เอกมัย

ที่อยู่: 918 ซอยธีรธรรม 57 แขวงบางนาภาคใต้พระโขนง กรุงเทพฯ 10260 โทร : 02-393-5480 Email : oromraksthai@gmail.com



Figure 7 - Safe Needle Practices Poster

We recommend that these posters be distributed throughout the Samut Prakan hospital as well as hung in the drop-in center to help promote RTF and provide knowledge about safe needle practices and health risks associated with needle injection. These will be useful for developing other public media advertising, such as videos, since the information needed to be provided in them is already present in the posters.

6.3 Summary

The set of deliverables that we designed and recommend for the RTF to use, can overcome some of the barriers influencing the use of programs, such as the lack of awareness or the lack of services. These deliverable can also enhance the incentives encouraging the accessibility of, and participation in, the programs.

The goal of designing these deliverables is to increase the awareness of the RTF and its services. We also want them to motivate PWIDs to participate in new programs of the RTF, and see it as a place for them to have a family and community and to live a healthier life.

7. Conclusions

There are many factors influencing PWIDs use of services in the Samut Prakan Province. Most of these are organizational and personal factors, such as fear of police, disinterest in programming, and lack of recreational activities. Perception of the factors affecting accessibility and participation in programs were different between staff members and injection drug users. Peer support was identified as one of the most effective methods to encourage PWIDs to access services and continue using them. We have proposed a new program, which emphasizes the need to address PWIDs' lack of interest and motivation to use RTF services. We also recommend a new way of assessing effectiveness and advertising the RTF and its programs. These recommendations are designed to enhance the quality of the programs, draw in more PWIDs, and encourage continued participation.

Through these measures, we hope RTF improves accessibility and participation of its services for PWIDs. Because of that, the PWIDs community will start using safe needle practices as well as reduce other high-risk behaviors, such as having unprotected sex. These will lead to a disease reduction within the PWIDs community and within the overall population.

7.1 Personal Reflections

Coming to Thailand for IQP has been such an incredible and rewarding experience for our growth in college. Completing this IQP on a multicultural team has allowed us to create much deeper relationships with both Thai and WPI students. We have been able to really integrate ourselves into the Thai society by learning Thai from our Thai partners and using this knowledge to bargain at markets and give directions to taxi drivers. We feel very proud with how far we've come with the project and how far each of us has come to grow in our personal life as a result of our time here in Thailand. It's our first time in Thailand, but also for Daniele, her first time apart from family for such an extended amount of time. We have learned a lot of things about ourselves that we did not know before or did not recognize. Living and learning here has allowed us to become more independent. In some ways, we have been pushed to get out of our comfort zones and try new things like jumping in a river, horseback riding, or even eating new foods. Having the opportunity to speak with drug injectors has opened up our eyes to how important it is to live life fully and not take things for granted like one's health. Growing individually and also as a part of the team has been such a meaningful part of this college experience and is something we would never have experienced in the classroom.

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Section Title and Number	Primary Author	Primary Editor
1. Introduction	Bernat	Megan
2. Background		
2.1 PWIDs and blood borne diseases	Bernat, Prach	Daniele
2.2 Programs Offered for People Who Inject Drugs	Megan, Eve, Lisa	Bernat
2.3 Incentives and Barriers Related to Outreach Programs	Daniele, Prach	Megan
2.4 Summary	Daniele, Big	Daniele
3. Methodology	Megan, Eve	Daniele
4. Results and Discussion	Megan and Bernat	Daniele
5. Recommendations	Megan, Bernat, Lisa	Daniele
6. Deliverables	Daniele, Big, Lisa	Bernat
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Appendix L	Thai Team	
Appendix M	Thai Team	

Appendix A: HIV and AIDS

Since 1959, when the first case of HIV infection was detected, 78 million people have contracted the virus and nearly 39 million of them have died of AIDS related diseases (WHO, 2015). In 2014, about 37 million people globally were living with the HIV virus and 1.2 million people died from AIDS related diseases that year (WHO, 2015).

Although the HIV virus is not stable outside the human body, it lives in some human body fluids such as blood, semen, rectal and vaginal fluids, and breast milk. An important way of transmitting HIV is through the sharing of needles with an individual that has been infected with HIV. Blood can stay in the needle and lead to a direct injection of the virus into the bloodstream of the uninfected individual. This is aggravated by the fact that people who inject drugs are less likely to be tested for HIV, increasing the chances of transmitting the virus. Unprotected sex is the major way through which people get infected with HIV, since during intercourse, absorbent mucous skin of different parts of the body gets in contact and causes the exchange of body fluids (U.S. Department of Health & Human Services, 2015). The human immunodeficiency virus attacks a specific type of white blood cells, called CD4+, by using them to replicate itself and to create large virus amounts in the individual's body (US Department of Health and Human Services, 2015). This is known as the acute infection stage, in which the individual infected is at a high risk of transmitting the virus because of the high levels of HIV in the bloodstream. After this initial stage, the disease moves into a period of clinical latency, in which the virus reproduces without producing symptoms, although it is still active and can be transmitted (US Department of Health and Human Services, 2015). If HIV is not treated, after an average of 10 years of clinical latency stage, the individual is likely to develop acquired immunodeficiency syndrome (AIDS), which is considered the last stage of the virus infection (US Department of Health and Human Services, 2015). The low levels of CD4+ cells in the bloodstream (below 200 cells per cubic millimeter of blood) is responsible for the occurrence of opportunistic infections or cancers, which can be deadly and infrequently happen in healthy individuals (CDC, 2015).

Since 1996, while the number of people who contract the HIV virus annually has decreased worldwide (Figure I), the infection rates of two regions of the world have been dramatically increasing, one of which is our primary concern here.

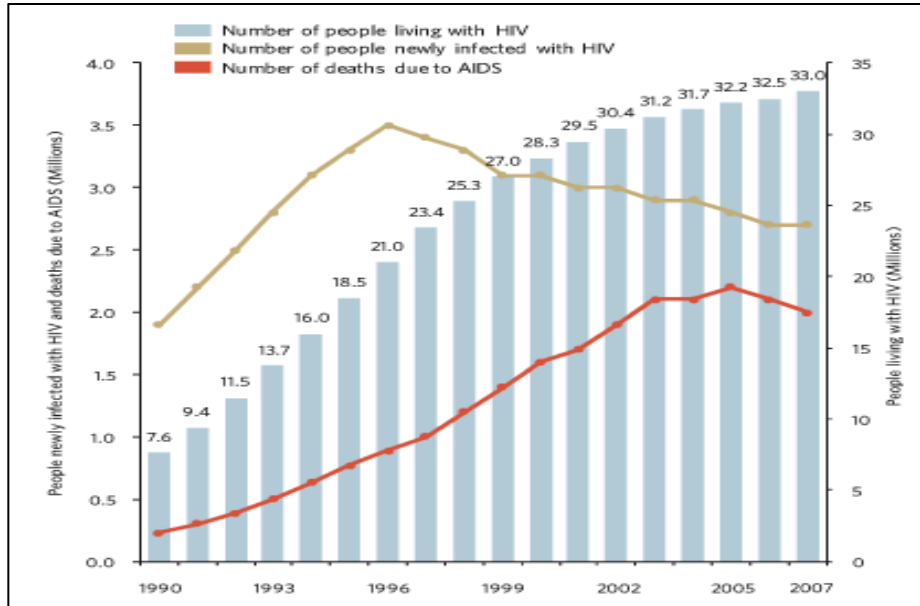


Figure 8 - People living with HIV, HIV infection rates and AIDS related deaths rate from 1990 to 2007

In South-West Asia, around 29% of the PWIDs are infected with HIV, which represents 12% of the global total of PWIDs living with HIV. The second region is Eastern Europe, where the HIV prevalence is around 23% of the PWIDs population (United Nations Office on Drugs and Crime, 2015). It was not until 2005 that the number of AIDS related deaths also appeared to decrease (Figure I). Despite the fact that there is no cure for HIV yet, the infection can be treated using a combination of medicines called antiretroviral therapy (ART). This combination of medicines can control the virus by preventing it from making copies of itself and, therefore, reducing the amount of virus in the body and improving the quality of the infected people. This treatment also reduces the risks of transmitting the virus to other individuals.

There are other practices that severely reduce the risk HIV contraction and transmission. The first step in this reduction is testing for one’s own health status, followed by reducing sexual encounters, and practicing safe sex.

Appendix B: Drug Addiction

There are many reasons that drive people to start using drugs. Some individuals want to experience an alteration of their perceptions, as well as an increase in feelings such as confidence and excitement that drugs produce (Adfam, 2015). Peer pressure is an additional factor that can influence the decision of taking drugs that usually occurs in younger adults as a consequence of the desire to fit into a group. Lastly, drugs could represent a way to escape and forget about personal problems. In many cases, however, there is a fine line between regular use, drug abuse and addiction. Very few addicts are able to realize when they have crossed the line. While frequency or the dosage of drugs do not determine whether the consumers are categorized into drug abuse category or addiction category, this kind of initiation can be indicating a drug-related problem. Although most of people who use drugs will not become addicted, about 5 to 10% will become dependent (Adfam, 2015). Some of the most addictive drugs are heroin, crack cocaine and nicotine (Drug Addiction Treatment, 2015). This is because every time they are used, the neurotransmitter dopamine is released, triggering a pleasure response in the brain (National Institute on Drug Abuse, 2012).

The main root of continued drug addiction is the desire to feel the effects of the drug and the desire to avoid the adverse withdrawal effects (Addiction, 2000). The cessation of using drugs is not something that is easy for someone to do or something that drug addicts want to go through. In the case of heroin withdrawal, the early symptoms can include anxiety, agitation, insomnia, and muscle aches. Late symptoms include diarrhea, nausea, and vomiting (Medline Plus, 2013). There are many outreach programs designed for people who are addicted to using drugs. These outreach programs can be used to help the addict through the withdrawal process and encourage them to stop using drugs or they can be designed to help the user understand the risks associated with using drugs. The latter option does not have the intent of stopping the user from taking drugs, but is focused on safe drug practices and potentially with some education on risks of the drugs, the user would come to the conclusion that they want to stop using drugs. Our project is focused on these types of programs: the ones that help educate users about risks associated with injecting drugs, specifically the risk of contracting or spreading HIV/AIDS.

Appendix C: Methadone Treatment

Methadone Maintenance Treatment (MMT) is a program designed for opioid users and it blocks the effects of other opioids and makes the withdrawal process easier for addicts. It is longer acting than most opioids, acting from 24 to 36 hours, while heroin is normally 3 to 6 hours. Shorter acting drugs require multiple injections a day to continue the effects while MMT is administered once a day (camh, 2015).

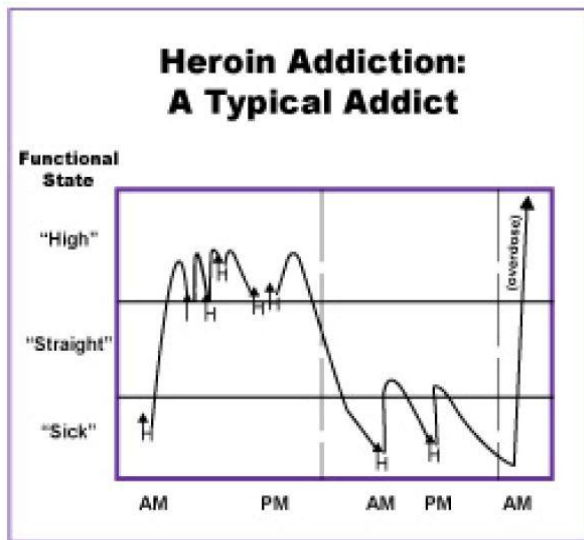


Figure 9 - Typical day for an opioid dependent person

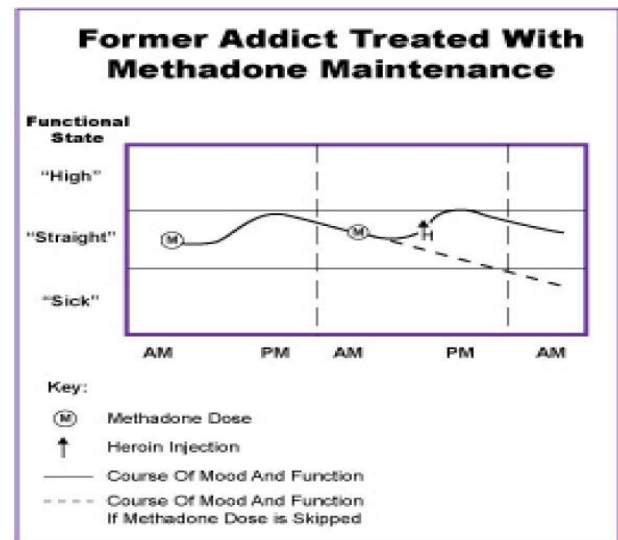


Figure 10 - Effects of using one dose of methadone during MMT

The two figures above demonstrate the effects of injecting an opioid versus taking methadone. Figure 7 depicts how a user will inject multiple times to feel the effects (elevate their mood) and avoid the withdrawal effects (lower their mood). When the user goes to sleep, the withdrawal effects take into effect because the user is not injecting themselves. When the user wakes up, they will need to inject more opioid than normal, or overdose, in order to get back to the "high" feeling. In figure 8, the user will take one methadone pill in the morning and the effects last longer, keeping the mood in the middle of the graph and not providing an withdrawal effects during the day. If the user continues to take just the methadone pill every morning, the graph will look the same from day to day, but if the user injects an opioid, the effects and withdrawal of the opioid will not be as great as it would be without the methadone. If the user decides to not use the methadone or inject any drugs, the withdrawal will be less steep than the user that doesn't use any methadone.

As you can see from the graphs above, there are many benefits from using the MMT. In regards to long-term use of methadone, there are no dangerous long-term health effects. As long as the patient continues a daily dose of 80 to 120mg of methadone and does not take more than this, there will be no danger to any organ system.

Appendix D: Informed Consent Agreement for Participation in a Research Study (Staff Members)

Investigator: _____

Contact Information: 2016iqp3@gmail.com

Title of Research Study: Protection Through Safe Injection

Sponsor: Raks Thai Foundation

Introduction

You are being asked to participate in a research study. Before you agree, however, you must be fully informed about the purpose of the study, the procedures to be followed, and any benefits, risks or discomfort that you may experience as a result of your participation. This form presents information about the study so that you may make a fully informed decision regarding your participation.

Purpose of the study:

The goal of our project is to determine the factors that influence accessibility and participation in outreach programs offered for people who inject drugs and provide recommendation to the Raks Thai Foundation to enhance their programs. This project will focus on the programs and communities located in the Samut Prakan province, which includes the Raks Thai Foundation.

Procedures to be followed:

Interviews will consist of questions about the specific programs offered by the foundation, the demographic of participants each program reaches, and why those programs were chosen to be provided. We will be asking about factors that might influence the participation of the users, both incentives and barriers (which could be improved).

Risks to study participants:

There are no harm risks related with the participation in this research study. The topics, however, could be sensitive to some individuals and, therefore we will understand if you don't want to answer some questions.

Benefits to research participants and others:

At the end of our project, our findings will be collected in a pamphlet that would be distributed and in which it will be explained how helpful your participation in this study was.

Record keeping and confidentiality:

Records of participation will be kept in a private folder to which only the investigators will have access. No personal information besides your name will be collected. Records of your participation in this study will be held confidential so far as permitted by law. However, the study investigators, the sponsor or its designee and, under certain circumstances, the Worcester Polytechnic Institute Institutional Review Board (WPI IRB) will be able to inspect and have access to confidential data that identify you by name. Any publication or presentation of the data will not identify you.

Compensation or treatment in the event of injury:

- The research does not involve more than minimal risk of injury or harm.
- You do not give up any of your legal rights by signing this statement.

For more information about this research or about the rights of research participants, or in case of research-related injury, contact:

Investigator Name: Daniele Anina	Email: danina@wpi.edu
Investigator Name: Megan Mueller	Email: mlmueller@wpi.edu
Investigator Name: Bernat Navarro Serer	Email: bnavarroserer@wpi.edu
Investigator Name: Nutthinun Yuvasakoonkrai	Email: nutthinuny@gmail.com
Investigator Name: Punika Seedapongsapunta	Email: js.lisaa-u@windowslive.com
Investigator Name: Chaiyose Srisongkram	Email: pengprach@gmail.com
Investigator Name: Nattapong Tummachudpong	Email: big_cooldude@hotmail.com

IRB Chair (Professor Kent Rissmiller, Tel. 508-831-5019, Email: kjr@wpi.edu)
University Compliance Officer (Jon Bartelson, Tel. 508-831-5725, Email: jonb@wpi.edu).

Your participation in this research is voluntary. Your refusal to participate will not result in any penalty to you or any loss of benefits to which you may otherwise be entitled. You may decide to stop participating in the research at any time without penalty or loss of other benefits. The project investigators retain the right to cancel or postpone the experimental procedures at any time they see fit.

By signing below, you acknowledge that you have been informed about and consent to be a participant in the study described above. Make sure that your questions are answered to your satisfaction before signing. You are entitled to retain a copy of this consent agreement.

Study Participant Signature

Date: _____

Study Participant Name (Please print)

Signature of Person who explained this study

Date: _____

Appendix E: Informed Consent Agreement for Participation in a Research Study (Injecting Drug Users)

This appendix refers to the informed consent agreements for people who inject drugs interviews. The agreement was obtained by talking with the users and consisted of the following:

“We are a group of students from Chulalongkorn University and WPI (an American University) who are conducting a series of interviews for a project research. The purpose of the research, which will be published, is to identify factors that are influencing people who inject drugs to access and participate in the services provided by the Raks Thai Foundation. Participation in this interview is voluntary and, if you choose to participate, your feedback would help us further our research. If you agree to participate, we will ask you to determine the causes that prevent you from using the services offered by the Raks Thai Foundation, as well as the causes that motivated you to come. Since some topics could be a sensitive topic for you, we will understand if you do not want to answer some questions and prefer to skip them. This interview will not take more than 30 minutes and no identifying personal information will be asked. Therefore, your responses will be anonymous and will be analyzed with our other responses.

If you have any questions before starting the interview process, please do not hesitate to letting us know.”

Appendix F: Informed Consent Agreement for Participation in a Research Study (Focus Group)

This appendix refers to the informed consent agreements for people who inject drugs focus groups. The agreement was obtained by talking with the users and consisted of the following:

“We are a group of students from Chulalongkorn University and WPI (an American University) who are conducting a series of interviews for a project research. The purpose of the research, which will be published, is to identify factors that are influencing people who inject drugs to access and participate in the services provided by the Raks Thai Foundation. We would like to be part of this focus group and listen in and ask questions because your feedback would help us further our research. If you agree on our presence in this focus group, we will listen your opinions about the causes that prevented you from using the services offered by the Raks Thai Foundation, as well as the causes that motivated you to come. We would also like to ask you some questions related to the same topic. Participation in this interview is voluntary. If you agree, you also agree that the information shared by other people in the group will not be shared and stays anonymous, as well as that you are comfortable answering some questions in front of other people. Since some topics could be a sensitive topic for you, we will understand if you do not want to answer some questions and prefer to skip them. This focus group process will not take more than 90 minutes and no identifying personal information will be asked. Therefore, your responses will be anonymous and will be analyzed with our other responses.

If you have any questions before starting the focus group, please do not hesitate to letting us know.”

Appendix G: Interview Checklist Outline for the Directors/Coordinators of the Raks Thai Foundation

Services provided by the foundation

- 1) What his/her position in RTF is, what they are in charge of/What their responsibilities are.
- 2) What are the services that the organization/foundation offers
- 3) Why or why don't they have certain programs
 - a) Are certain programs targeted towards a specific type of patient? Why?
- 4) How successful the programs are from their point of view
 - a) How do they assess success or effectiveness of the program service and which criteria do they use
 - i) How many people come to use the services
 - ii) Which services are being used the most
 - iii) What do they consider to be the most important HIV prevention strategy and why
 - iv) How often do people who inject drugs come to use services and why?
- 5) What the average age of people using the services is
 - a) If known, what the average gender ratio, sexual orientation and social status of the users is
 - b) Do they target certain audiences more so than others? Why?

Factors influencing participation and accessibility to the services:

- 6) What the most successful programs are and why
- 7) Have they noticed any services that are not being used as expected and what do they think could be improved?
 - a) How do they know this?
 - b) Why do they think this is happening?
 - c) Are they doing anything to try to increase participation of this program?
 - d) How do they keep track of the people that use the services?
- 8) What are some of the ethical concerns that the users of the services have
 - a) Do they keep confidentiality with the patients? How?
- 9) Have the policies and laws regarding drug usage and possession influenced the program's usage?
- 10) What other factors have prevented the access of service use? Which services?

Appendix H: Thai Version คำถามสัมภาษณ์อย่างคร่าว

ต่อผู้อำนวยการมูลนิธิรักษ์ไทย

คุณกำลังจะถูกสัมภาษณ์เพื่อใช้เป็นข้อมูลศึกษาในรายงาน

ก่อนอื่นคุณต้องกรอกข้อมูลยินยอมในการให้สัมภาษณ์โดยข้อมูลจะสามารถนำมาใช้ในรายงาน และเปิดเผยสู่สาธารณะได้

เป้าหมายของโครงการนี้ใช้เพื่อระบุปัจจัยที่ส่งผลต่อการเข้าถึงของผู้ป่วย HIV ที่ติดโดยการให้เข็มต่อ มูลนิธิรักษ์ไทยเพื่อส่งเสริมให้โครงการมีประสิทธิภาพมากขึ้น

โครงการนี้จะเน้นไปที่โครงการในสมุทรปราการเป็นหลัก ซึ่งจะรวมถึงมูลนิธิรักษ์ไทยด้วย

คุณกำลังจะถูกสัมภาษณ์เพื่อใช้เป็นข้อมูลศึกษาในรายงาน

ก่อนอื่นคุณต้องกรอกข้อมูลยินยอมในการให้สัมภาษณ์โดยข้อมูลจะสามารถนำมาใช้ในรายงานและเปิดเผยสู่สาธารณะได้

เป้าหมายของโครงการนี้ใช้เพื่อระบุปัจจัยที่ส่งผลต่อการเข้าถึงของผู้ป่วย HIV ที่ติดโดยการให้เข็มต่อ มูลนิธิรักษ์ไทยเพื่อส่งเสริมให้โครงการมีประสิทธิภาพมากขึ้น

โครงการนี้จะเน้นไปที่โครงการในสมุทรปราการเป็นหลัก ซึ่งจะรวมถึงมูลนิธิรักษ์ไทยด้วย

ตำแหน่งและหน้าที่ในการทำงานของคุณคืออะไร ? และคุณมีหน้าที่รับผิดชอบในส่วนใด ?

3. ทางมูลนิธิมีโครงการที่จัดไว้เจาะจงหรือไม่ ? อย่างไร ?

a. ทางมูลนิธิมีบริการที่เฉพาะเจาะจงถึงกลุ่มผู้ใช้ยาเสพติดชนิดฉีดหรือไม่ กลุ่มใดหรือไม่ ? อย่างไร ?

4. ทางมูลนิธิคิดว่าโครงการที่ได้จัดตั้งขึ้นมีความประสบความสำเร็จมากน้อยแค่ไหน ?

a. คุณใช้มาตรการใดในการวัดความสำเร็จในโครงการที่จัดตั้งขึ้น

i. มีผู้เข้ารับบริการจำนวนกี่คน ? ต่อวัน ?

ii. งานบริการภายใต้โครงการของรักษ์ไทยอันไหนที่ได้รับความนิยมจากผู้เข้ารับบริการมากที่สุด ?

iii. คุณคิดว่าวิธีการใดที่จะเป็นการป้องกันการติดเชื้อ HIV ที่มีประสิทธิภาพมากที่สุด ? และทำไม ?

iv. จำนวนความถี่การเข้ารับบริการของผู้ใช้ยาเสพติดชนิดฉีดเป็นเท่าไร ?

ส่วนใหญ่เข้ามาเพื่อเข้าร่วมกิจกรรมกับทางโครงการหรือไม่ ?

5. โดยเฉลี่ยแล้ว อายุของผู้เข้ารับบริการเป็นเท่าไร ?

a. สัดส่วนโดยเฉลี่ยของเพศ (ชาย,หญิง) , เพศทางเลือก , และสถานทางภาพสังคมของผู้ที่เข้ารับบริการ เป็นเท่าไร

b. มีกลุ่มผู้เข้ารับบริการเฉพาะเจาะจง มากกว่าบุคคลกลุ่มอื่นหรือไม่ ? อย่างไร ?

6. งานบริการไหนของมูลนิธิที่ประสบความสำเร็จมากที่สุด ? อย่างไร ?

7. มีงานบริการใดที่ทางมูลนิธิคิดว่ายังไม่ประสบความสำเร็จตามที่คาดหวังไว้ ?

และมีอะไรที่ควรปรับปรุง ?

a. คุณรับรู้ถึงปัญหานี้ได้อย่างไร ?

b. แล้วปัญหานี้เกิดขึ้นได้อย่างไร ?

- c. คุณได้มีการแก้ปัญหาเหล่านี้เพื่อที่จะเพิ่มจำนวนผู้เข้ารับบริการ หรือไม่ ?
 - d. คุณมีการเก็บบันทึกจำนวนผู้ที่เข้ารับบริการอย่างไร ?
8. มีความกังวลเรื่องจริยธรรมอะไรบ้างเกี่ยวข้องกับผู้รับบริการ
(การเก็บข้อมูลของผู้เข้ารับบริการเป็นความลับ /กฎหมาย)
9. กฎหมายได้มีบทบาทเกี่ยวข้องกับของการเสพยา และ
ครอบครองยาของผู้ใช้ยาที่เข้ารับบริการ หรือไม่ ?
10. ทางมูลนิธิคิดว่าอะไรคือปัจจัยหลักที่ส่งผล ให้ใช้ยาเสพติดชนิดฉีดบางกลุ่ม
ไม่เข้ารับการรักษาในโครงการของมูลนิธิหรือไม่ ?

Appendix I: Interview Outline for Injecting Drug Users

General information

1. Age, Travel time and method of transport

Service use

2. What their experience with the RTF is.
 - a. Have they used the services?
 - i. When did they start using them?
 - b. What encouraged them to come
 - i. Reasons? Influences?
 - c. What made they not to come earlier and why
 - d. How did they hear about the Foundation's programs
 - e. How often do you go?
 - f. What were some of your fears into coming to the Foundation?
 - i. What do you think the community thinks about people who inject drugs?
 - g. Have you used services at any other foundation?
 - i. What did you like/dislike about them?
 - ii. What was the difference between RTF and that foundation?
3. Why do they think some people don't come to the programs or use the services

Improvements/recommendations

4. If you were the director of the RTF, what would you change about the programs?
 - a. Supplies?
 - b. Workshops?
 - c. Time?
 - d. Location?
 - e. Staff involvement
5. Is there anyone you can think of that would have recommendations or feedback on the services provided by the RTF?
 - a. If yes, what's the best way to reach those people because they would be very helpful for our research to help improve service accessibility

Appendix J: Thai Version บทสัมภาษณ์อย่างคร่าวต่อผู้ติดเชื้อ HIV ผ่านเข็มฉีดยา

คุณกำลังจะถูกสัมภาษณ์เพื่อใช้เป็นข้อมูลศึกษาในรายงาน
ก่อนอื่นคุณต้องกรอกข้อมูลยินยอมในการให้สัมภาษณ์โดยข้อมูลจะสามารถนำมาใช้ในรายงานและ
เปิดเผยสู่สาธารณะได้
เป้าหมายของโครงการนี้ใช้เพื่อระบุปัจจัยที่ส่งผลต่อการเข้าถึงของผู้ป่วย HIV ที่ติดโดยการฉีดยาเข็มต
อมูลนิธิรณรงค์เพื่อส่งเสริมให้โครงการมีประสิทธิภาพมากขึ้น
โครงการนี้จะเน้นไปที่โครงการในสมุทรปราการเป็นหลัก ซึ่งจะรวมถึงมูลนิธิรณรงค์ด้วย

ข้อมูลทั่วไป

-อายุ, ระยะเวลาในการเดินทาง, วิธีการในการเดินทาง
งานบริการ

-ประสบการณ์ที่เกี่ยวข้องกับรักษาไทย

- อะไรที่ส่งผลให้สมาชิกเข้าใช้บริการ ?

-ประสบการณ์ที่เกี่ยวข้องกับรักษาไทย

- เคยใช้บริการกับทางรักษาไทยหรือไม่ ?

-เริ่มเข้าร่วมโครงการเมื่อไหร่?

- อะไรที่ส่งผลให้สมาชิกเข้าใช้บริการ ?

-เหตุผล ? อิทธิพลมาจากสิ่งใด ?

-อะไรคืออิทธิพลที่ทำให้ PWIDs ไม่เข้ารับบริการกับรักษาไทยโดยเร็ว ?

และทำไม ?

-ผู้ใช้ยาเสพติดชนิดฉีด ได้รับข่าวสารเกี่ยวกับกิจกรรมของทางโครงการอย่างไร ?

- ความถี่ในการเข้ารับบริการในกิจกรรมของสมาชิก ?

-ความกังวลและสิ่งกีดขวางใดๆที่ทำให้สมาชิกไม่ยอมเข้าร่วมกิจกรรมของมูลนิธิ ?

-ทำไมสมาชิกถึงคิดว่าผู้เสพยาเสพติดชนิดฉีดคนอื่นๆถึงไม่ยอมเข้ารับบริการกับทางรักษาไทย ?
(ข้อควรปรับปรุง / ข้อแนะนำ)

ถ้าคุณสามารถเป็นผู้อำนวยความสะดวกของรักษาไทย สิ่งใดที่คุณอยากเปลี่ยนหรือพัฒนาให้ดียิ่งขึ้น ?

-อุปกรณ์

-กิจกรรม

-เวลา

-สถานที่

-เจ้าหน้าที่พนักงาน

ข้อแนะนำหรือข้อควรปรับปรุงเกี่ยวกับงานบริการที่รักษาไทยจัดขึ้น ?

- วิธีการใดคือวิธีการที่ดีที่สุดที่สามารถชักจูงผู้ใช้ยาเสพติดชนิดฉีดมาเข้ารับบริการกับมูลนิธิ
รักษาไทยมากขึ้น ข้อมูลดังกล่าวจะเป็นประโยชน์อย่างมากต่อการวิจัย และ
ช่วยปรับปรุงบริการให้ดียิ่งขึ้น

Appendix K: HIV Awareness Poster

KNOW THE FACTS THE HIV/AIDS



HIV = Human Immunodeficiency Virus

- เชื้อไวรัสจะจู่โจมเซลล์ที่เรียกว่า CD4 (เซลล์เม็ดเลือดขาว)
- เอชไอวียังไม่ทางรักษาได้ แต่มีการควบคุมเชื้อได้ โดย Antiretroviral therapy หรือ ART

AIDS = Acquired immunodeficiency Syndrome

- เอดส์คือ เชื้อเอชไอวีขั้นสุดท้าย
- ทำให้ผู้ป่วยมีโอกาสสูงที่จะติดพวกโรคฉวยโอกาส

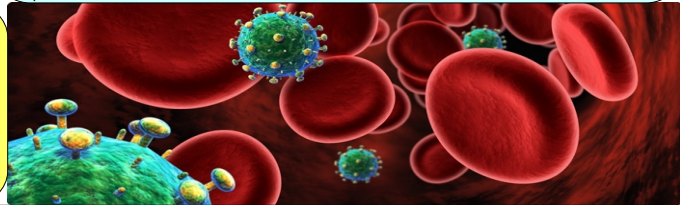


เอชไอวี/เอดส์ มาจากไหน?

- นักวิทยาศาสตร์ได้ทำการค้นเจอแหล่งของเชื้อไวรัสซึ่งมาจากลิงชิมแปนซีที่อยู่แอฟริกาส่วนกลาง
- ลิงดังกล่าวมีเชื้อไวรัสที่เรียกว่า "เอสไอวี"
- เชื้อได้กลายเป็นพันธุ์มาเป็น "เอชไอวี" เมื่อเชื้อได้ถูกถ่ายทอดมาสู่มนุษย์

ติดเชื้อได้จากแหล่งไหนบ้าง?

- เลือด
- นานมาจากแม่สู่ลูก
- ของเหลวจากอวัยวะเพศ



การดูแลสุขภาพ

- ป้องกันการติดเชื้อ - การรักษาความสะอาด
- การออกกำลังกาย - โดยการขยับแขนขา แม้ผู้ป่วยที่นอนอยู่กับที่ก็สามารถทำได้
- การหายใจ - ให้นำหมอนมาให้ผู้ป่วยพียง และทำการเคาะปอดและ ตูดเสมหะ

918 ซอยวชิรธรรม 57 แขวงบางจาก เขตพระโขนง กรุงเทพฯ 10260

โทรศัพท์ 02-393-5480

เว็บไซต์ www.raksthai.org

facebook

มูลนิธิรักษไทย | Raks Thai Foundation

Appendix L: RTF Awareness Poster



“ประชาคมเข้มแข็ง มีคุณภาพชีวิตที่ดี ได้สิทธิความเสมอภาค
สามารถกำหนดอนาคตของตนเอง และเกิดการพัฒนาย่างยั่งยืน”


ก้าวผ่านอดีตอันเลวร้าย
สู่วันใหม่ที่ดีขึ้น

เราพร้อมเดินเคียงข้างคุณ เพราะคุณคือ “ครอบครัว” ของเรา

มูลนิธิรักไทย

918 ซอยวชิรธรรม 57 แขวงบางจาก เขตพระโขนง กรุงเทพฯ 10260

โทรศัพท์ 02-393-5480 Website www.raksthai.org

 Raksthaifoundation



SAFETY PRACTICES

หลีกเลี่ยงการใช้เข็ม
'ร่วมกับผู้อื่น'
เป็นวิธีการที่ดีที่สุด
ที่สามารถ
ลดความเสี่ยง
การติดเชื้อเอชไอวี

“สามารถไปใช้สิทธิตามประกัน
สังคม เพื่อขอรับการบำบัดรักษา
ผู้ประกันตนที่ติดสารเสพติด
เฉพาะในกลุ่มฟื้นฟูและอนุพันธ์ฟื้นฟู
สถานพยาบาล
ก็ให้การบำบัดรักษาผู้ประกันตน
ได้”

CLEAN NEEDLES ..



การใช้เข็มสะอาด
และปลอดภัย..

ประเภทของเข็ม ...

1. เข็มขนาด 25 1ml.
2. เข็มขนาด 27 1ml.
(ถอดหัวไม่ได้)
3. เข็มขนาด 27 1ml.
(ถอดหัวได้)
4. เข็มขนาด 25 3ml



ตำแหน่งสำหรับฉีด

- ผ่านหลอดเลือดดำ บริเวณ ข้อมือ, ข้อมือ ,หลังมือ,หน้าแขน
- ผ่านเส้นเลือดฝอย บริเวณ หลังมือ

METHADONE ..?

ยาเมทาโดน (Methadone)
ถูกนำมาใช้เป็นยาแก้ปวดและใช้
บำบัดผู้ติดยาเสพติด
สำหรับใช้บำบัดผู้ติดยาเสพติด:
- ผู้ใหญ่: รับประทานเริ่มต้นที่
15 - 40 มิลลิกรัมวันละครั้ง
จากนั้นอีก 1 - 2 วันให้ลด
ขนาดรับประทานลง 20%
ในแต่ละวัน

คลินิกจำหน่ายยาเมทาโดน

- 1.โรงพยาบาลสมุทรปราการ
- 2.ศูนย์บริการสาธารณสุข 41 คลองเตย
- 3.วัดธาตุทอง เอกมัย

ที่อยู่: 918 ซอยวิจิตรธรรม 57 แขวงบางจาก เขตพระโขนง กรุงเทพฯ 10260
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