# METHADONE MAINTENANCE TREATMENT PROGRAM (MMTP) IN NEPAL; ROLE OF USER-LED ORGANIZATIONS IN ENGAGING AND EMPOWERING MMTP PATIENTS

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## Background:

There are 92,436 people who use drugs (PUDs) in Nepal (Central Bureau of Statistics 2018). MMTP was first started in early1990s through a private clinic to treat opioid users and prevent HIV among people who inject drugs (PWIDs), which stopped in 1999 due to administrative problems.

# **Description of model of care/intervention:**

In 2006, United Nations office on Drugs & Crime (UNODC) in cooperation with Nepal Government restarted MMTP with 3 sites in Kathmandu, Lalitpur and Pokhara. MMTP supported by UNODC phased-out in 2010, therefore since 2011 to the date Save the Children (S.C) under the Global Fund HIV & AIDS Program has been supporting MMTP in Nepal. MMTP is primarily operated through 2 units; (1) Medical Unit-(M.U.)-unit managed by doctors/nurses to dispense methadone and provide medical care (2) Social Support Unit-(SSU)-unit managed by drug users themselves to provide counseling and social supports to MMTP patients.

#### Effectiveness:

- Currently there are 14 MMTP sites in total across the country with an estimated 2500 PUDs enrolled on the program.
- All MMTP sites have SSU managed by drug users themselves.
- SSUs have a canteen within their premises which are run by MMTP patients themselves thereby supporting their livelihoods.
- SSU provides mechanical, mobile maintenance etc. trainings to patients thus many patients have started their own auto-mobile workshops.
- MMTP patients are often arrested by police because of their past drug use history, hence SSUs rescue these users and even provide methadone to patients while in custody.

## Conclusion and next steps:

SSU createsmore employment opportunities for PWIDs. These initiations from user-led organizations which are empowering & engaging PWIDs whilst supporting their livelihood should be recognized and encouraged by the Government. The Government should be accountable & responsible enough towards its PWID population by taking-over all drug programs.

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