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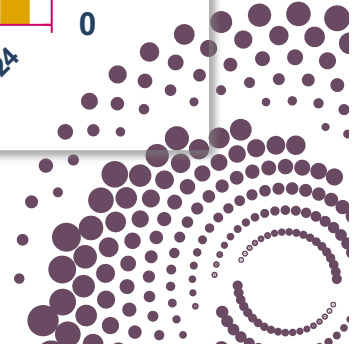
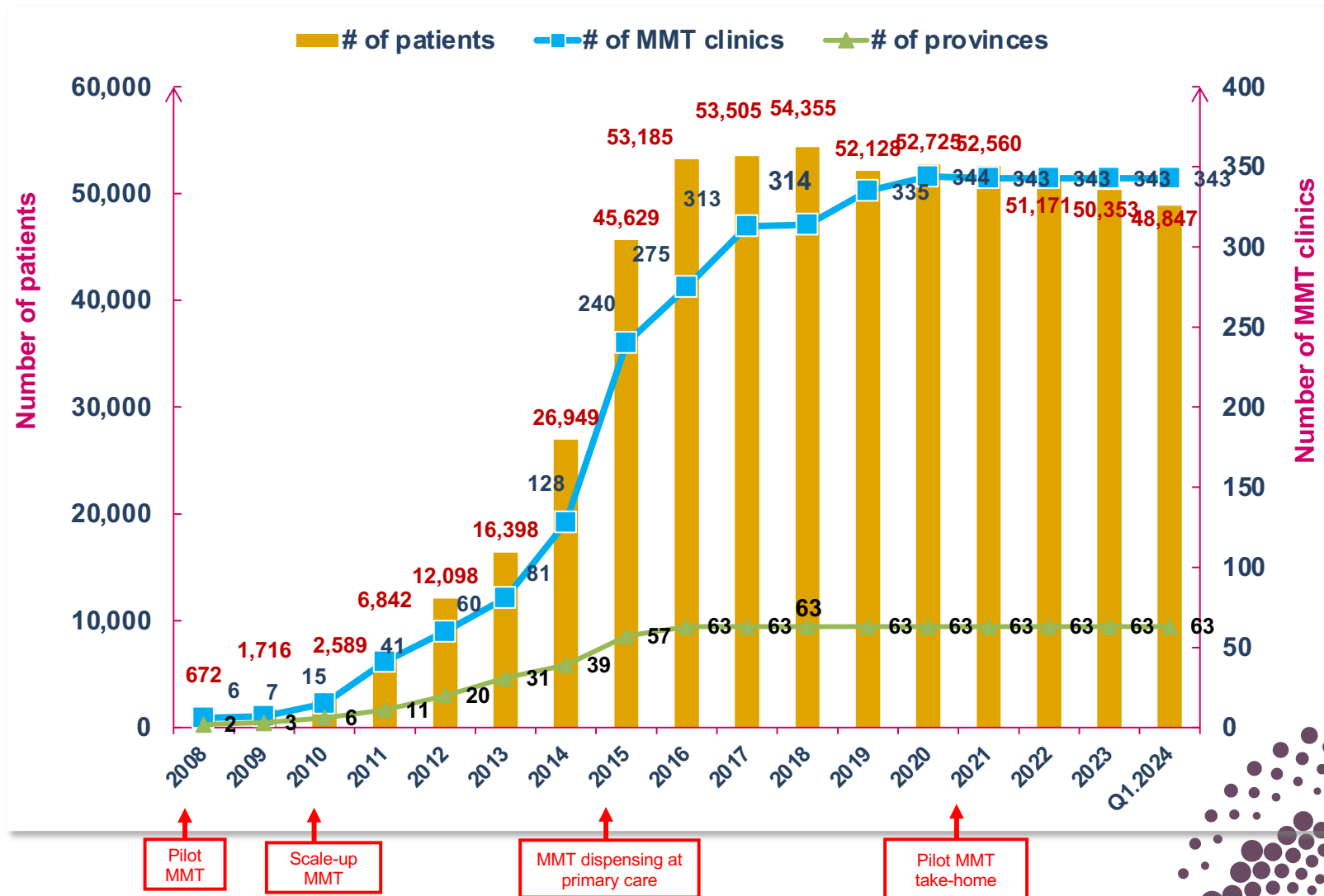
The Implementation of Methadone Maintenance Treatment In Vietnam: A Scoping Review of Achievements and Challenges

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Methadone Maintenance Treatment in Vietnam



Objectives

A scoping review of studies on methadone maintenance treatment (MMT) in Vietnam with two objectives:

1. To describe the outcomes and challenges of the MMT program in Vietnam
2. To determine directions of research that need to be generated in order to improve the program



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Scoping Review Methodology

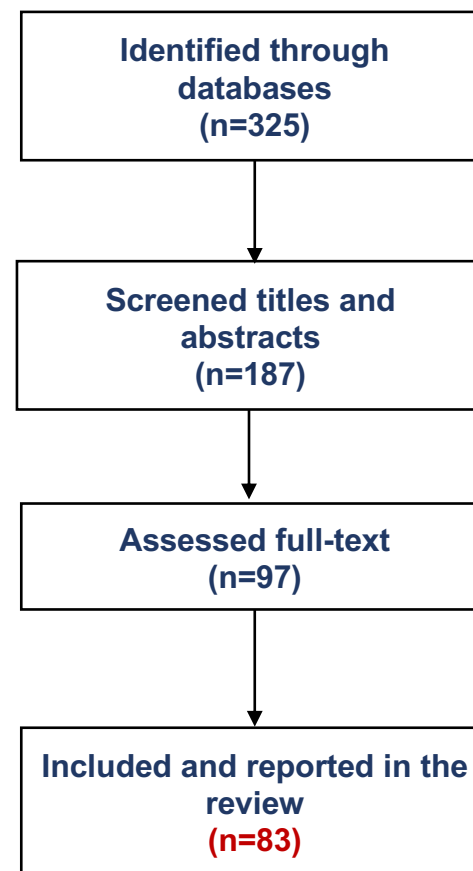


Scopus

PCC element	Keywords
Participant	NA*
Concept	"Methadone"
Context	"Vietnam" OR "Viet Nam"

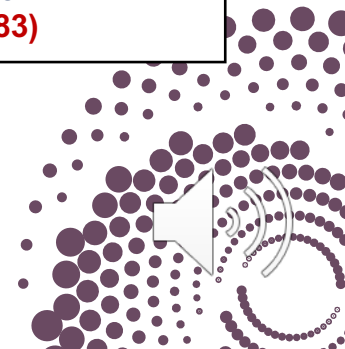
*NA here as our study's focus does not have a specific condition/population

- Any records published up to March 8, 2024
 - Original studies
 - Published in English
- 83 articles included in the review

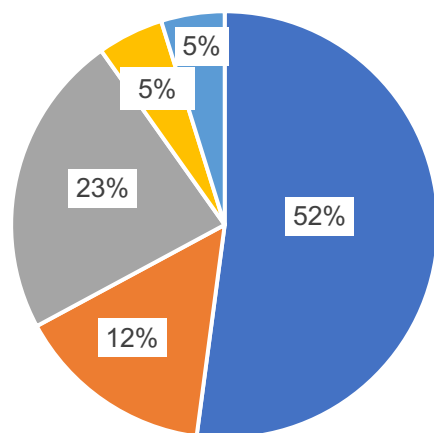


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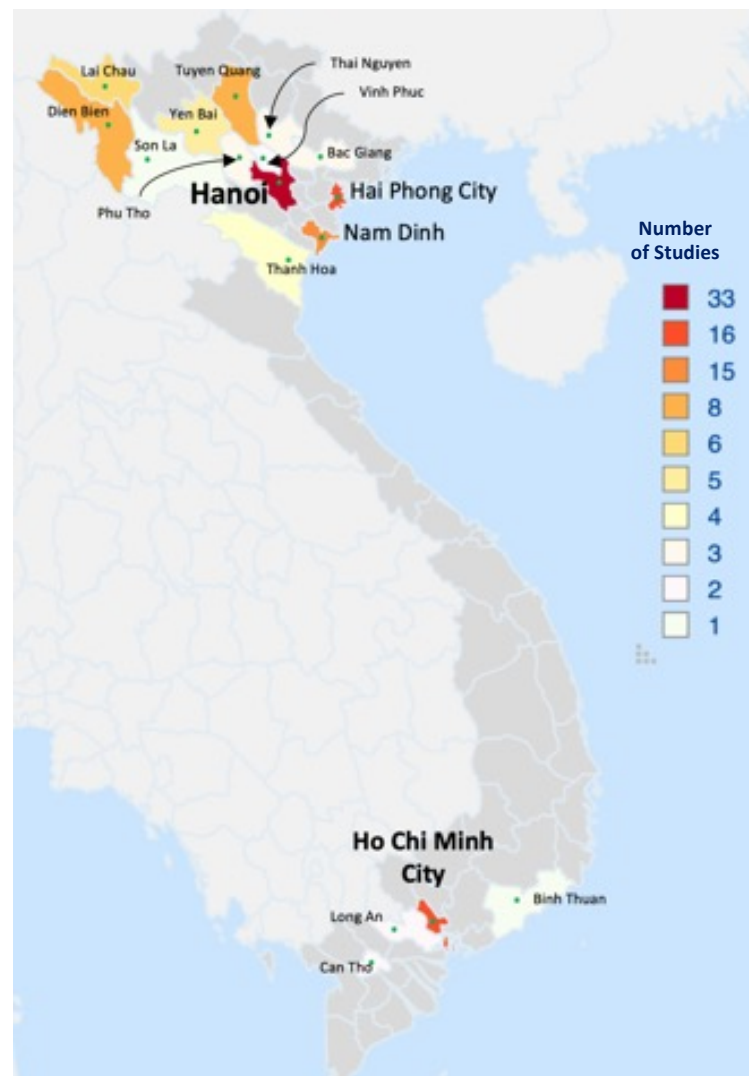
Study Characteristics



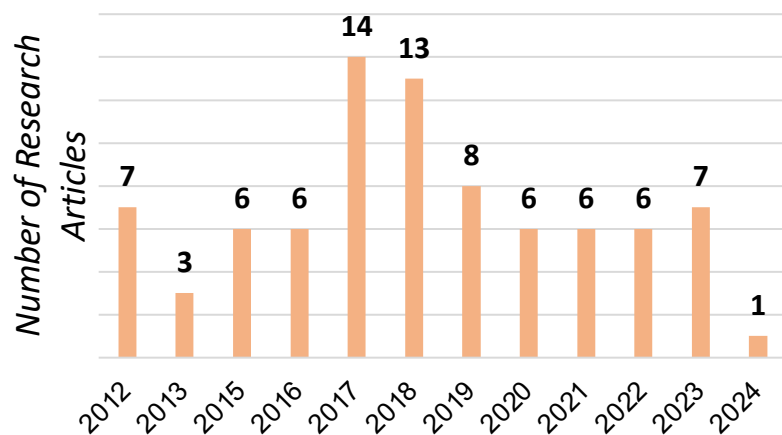
Study design

- Cross-sectional
- Cohort
- Qualitative/Mixed method
- Intervention
- Other

Number of Published Articles by Location



Number of Published Articles by Year



Note: Some studies were conducted at multiple locations



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RESULTS

1. Patient Outcomes (n = 42)
2. Program Implementation (n = 29)
3. Social Aspect and Policies (n = 32)
4. Cost-effectiveness (n = 8)



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1. Patient Outcomes(n=42)

- **Drug use**
 - Significant decrease in heroin use in general and heroin injection
 - Associated factors: mental disorders, peer pressure
 - Popular concurrent drug use: methamphetamine, tobacco, alcohol
- **HIV incidence & treatment outcomes**
 - Significant decrease in HIV incidence and increase ART uptake and adherence
 - Associated factors: integrated services, methamphetamine use
 - Refusal ART initiation and ongoing transmission among sex workers
- **Quality of life**
 - Significant improvement in QoL, including employment, psychological health, reduced conflicts among families and communities.
 - Associated factors: resident areas, age, physical and mental health issues
 - Lack of mental health support, stigma



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2. Program Implementation (n = 29)

1. Decentralization to primary care

- Improve access to and retain in care
- Inadequate human resources and technical support
- Concern about safety & confidentiality

2. MMT-ART Integration

- Improve quality of care and treatment outcomes
- Lack of national mandate & guidance
- Concern about confidentiality

3. Co-pay model

- User fee not significantly impact the drop out rates
- Financial barriers for patients with lower socioeconomic status

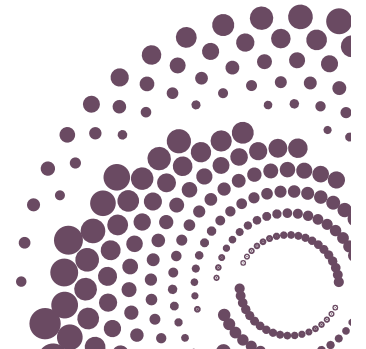
4. Take-home

- Not yet have published articles



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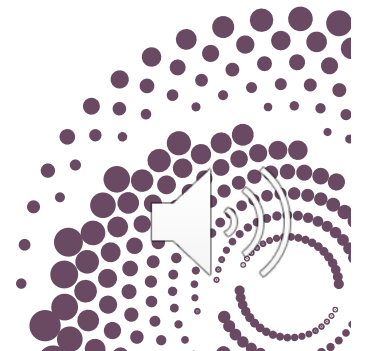
2. Program Implementation (cont)

- Several pilot implementation of technology application:
 - Social media platforms to facilitate communication, referrals, and integration of services
 - Web-based platforms to streamline patient monitoring and referrals for community health workers
 - SMS messaging reminder to support treatment adherence.
- Paper-based record and monitoring system were prone to errors, limiting data analysis and program evaluation
- Online platform: limited resources and technical expertise



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3. Social Aspects & Policies (n=32)

Early Implementation & Evaluation

Program implementation and evaluation, emphasizing the importance of training commune police and engaging law enforcement
Evaluating the cost-effectiveness of MMT programs.

2012 – 2015

Stigma Reduction & Integration

Stigma reduction policies for substance use disorders and HIV
Collaboration between healthcare providers and policymakers

2018 – 2022

2015 – 2018

Scaling-Up Efforts

Effective resource allocation
Integration with existing health services

2022 – 2023

Scaling-Up Efforts

Flexible MMT delivery models
Adapting evidence-based interventions
Piloting decentralized harm reduction services

- Improved social security, social support from families, peer support through CBO
- Persistent stigma toward PWUD and people on methadone treatment



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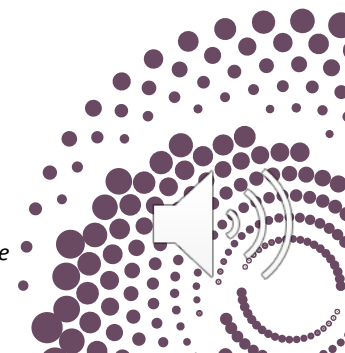
4. Cost-effectiveness (n = 8)

- **MMT vs. non-MMT**
 - Decreased out-of-pocket health expenditure
 - Cost-effective in quality-adjusted life year (QALY)
- **MMT vs. Center-based Compulsory Treatment (CCT)**
 - Costing less
 - More drug-free days
- **MMT-ART integrated vs. Stand-alone**
 - More cost-effective in improving QALY



Vietnam 1. Vuong et al., 2018, *JSAT*; 2. Tran et al., 2013, *International Journal of Drug Policy*; 3. Tran et al., 2012, *Drug and Alcohol Dependence*

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Conclusion

1. Outcomes of the MMT program

- Significant success in reducing illegal opioids use, stabilizing psychological well-being, and facilitating community reintegration
- Diverse implementation models enhance treatment outcomes and ensure the sustainability of the program

2. Challenges

- Concurrent meth use among MMT patients without effective interventions
- Stigma toward PWUD and people on MMT remains significant and devastating to treatment outcomes
- Limited scales of implementation models and technology application

3. Directions for future research

- Longitudinal studies to rigorously evaluate treatment outcomes
- Intervention and implementation studies to address co-occurring/concurrent issues facing people on MMT



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