INTEGRATED COMMUNITY-BASED CARE FOR PEOPLE WHO USE DRUGS IN BAMAKO, MALI: A MODEL COMBINING HARM REDUCTION, INFECTIOUS DISEASE SERVICES AND MENTAL HEALTH

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Background
People who use drugs in low-resource settings face high burdens of infectious diseases and psychiatric comorbidities, compounded by limited access to integrated care. A community-based addiction center in Bamako implemented a comprehensive model combining harm reduction, infectious disease testing and mental health services. This study describes the model and its outcomes to inform replication in similar contexts.

Description of model of care/intervention/program
The program provides integrated outpatient services including screening for human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), psychiatric assessment, motivational interviewing, psychoeducation and treatment of comorbidities. Harm reduction services include needle and syringe exchange and risk-reduction counseling. Psychosocial engagement is strengthened through peer co-facilitated support groups led by former drug users and psychosocial staff, as well as structured recreational and social rehabilitation activities conducted in a safe therapeutic environment to promote retention and behavior change.

Effectiveness
Between April 2024 and March 2025, 175 patients were enrolled (mean age 29.2±10.2 years; 86.3% male). Severe substance use disorder was identified in 73.1%, and recent injection in 20.0%. Risk behaviors were common, including syringe sharing (21.1% of injectors) and inconsistent condom use among individuals with multiple partners (51.5%). All patients received HIV/HBV/HCV testing; prevalence was 14.9%, 1.1% and 2.3%, respectively. Psychiatric comorbidity was identified in 24.6%. Among people who inject drugs, 68.6% were enrolled in needle and syringe programs. The model enabled universal infectious disease screening and substantial enrolment of people who inject drugs into needle and syringe programs, supporting linkage to integrated care.

Conclusion and next steps
This integrated community-based model is feasible in a low-resource setting and addresses intersecting infectious, psychiatric and social vulnerabilities. Its structured peer involvement and psychosocial components offer a replicable framework to enhance engagement and continuity of care for people who use drugs.

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