

# Ares do Pinhal

## Mobile Outreach Harm Reduction Program – Lisbon



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## Mobile Outreach Harm Reduction Program Lisbon

Ease of access (proximity to problematic neighborhoods or transport interfaces)

Main goal centered in harm reduction (drug use/sexual behavior)

Prompt response to any request for admission (if indicated) and simplified admission procedures

Abstinence of drugs use is not a requirement

Main concern toward abstinence symptoms and craving

Health monitoring and basic health care

## Population

Opioid users, usually with simultaneous abuse of other licit/illicit drugs

Engaged in harmful behaviors

Homeless (10%)

Family disruption

Absence of social support

Personal disorganization

Lack of structured life project



Physically deteriorated

Chronic diseases

Infectious diseases (HIV, hepatitis, tuberculosis and syphilis)

Psychiatric diagnoses/Dual diagnoses

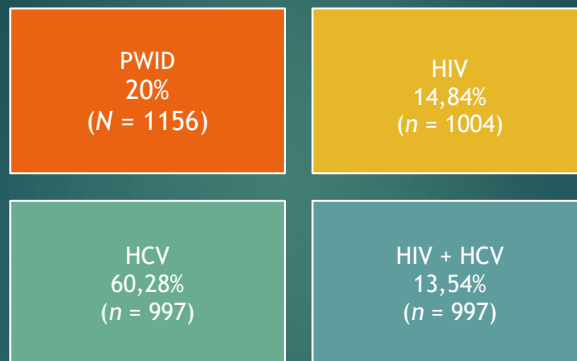
Aloof from health/social institutions

Unemployed

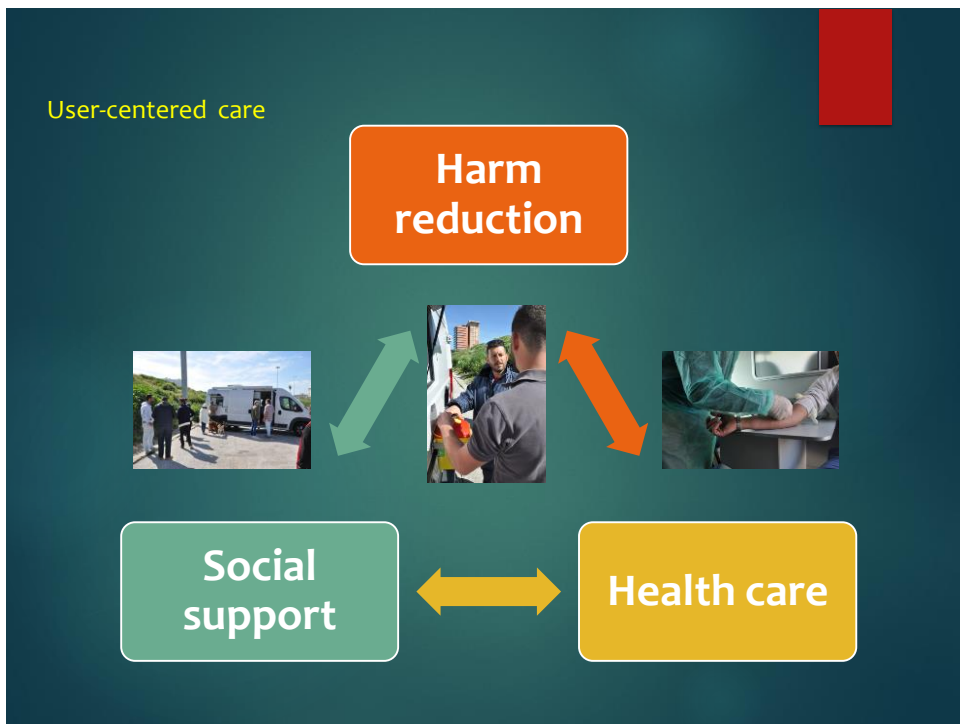
Engagement in illegal or deviant activities

Undocumented

## Infectious diseases



April, 2018



### People Who Inject Drugs (PWID) –HCV

Most of these patients never get to the health services due to the difficulty to overcome social, physical and psychological barriers.

The major barriers are related to:

- illiteracy,
- personal and social disorganization,
- physical impairment,
- psychological vulnerability,
- financial difficulties,
- healthcare and disease's diagnoses devaluation,
- distrust in healthcare services and intolerance towards its rigid procedures.

## People Who Inject Drugs (PWID) –HCV

### Course of treatment

Within a perspective of public health and/or virus elimination in most of the cases we are much more interested that they are screened and treated than themselves

## People Who Inject Drugs (PWID) –HCV

### Barriers

- System and Provider
- Client

## People Who Inject Drugs (PWID) –HCV

### System/Provider level:

- Bureaucracy
- Are skeptical about their compliance to treatment
- Make moral judgments about their way of life
- Have prejudice about their character
- Many think that it's a waste of public resources
- Have difficulty to understand that treatment is not a priority for them
- Intolerant to rescheduled late arrived/missed appointments

## People Who Inject Drugs (PWID) –HCV

### Client level

- Testing devaluation
- Lack of concern about their health condition
- To be HCV+  this condition is not felt as a menace
- Silent disease  no symptoms... no disease
- Risk of disease in the médium and long term  shortsightedness to any future consequences
- Requirement of many travels to healthcare services
- (testing, appointments, complementary exams, treatment, evaluations)
- Fear of disrupting their daily routine
- Fear of leaving their comfort zone

## People Who Inject Drugs (PWID) –HCV

### Client level

- Different priorities for their lives
- Physical and financial weakness
- Coping with healthcare services and providers
- Stigma – distrust and fear of rejection from the healthcare services and/or healthcare professionals
- Feelings of not belonging to the community health care services
- Difficulties towards formal procedures in the healthcare services
- Long delay in the healthcare services waiting for scheduled appointments
- Long time waiting for HCV medicines after diagnoses

## People Who Inject Drugs (PWID) –HCV

### Suggestions to increase compliance to testing and treatment

#### System Level

- To be aware of the specific characteristics of these clients
- To boost peer work (proximity and increase of confidence between the DUs)
- To provide easier access to testing in the health care services
- To provide testing in outreach harm reduction programs
- To facilitate referral procedures to specialized appointments
- To reduce as far as possible the number of stages needed to start treatment
- To have more flexible timetables in specialized appointments trying to match client's and facilities agendas

## People Who Inject Drugs (PWID) –HCV

### Suggestions to increase compliance to testing and treatment

#### System Level

- To achieve more tolerance if missing appointments
- To achieve more flexibility in rescheduling missing appointments
- To provide that anti-HCV medical drugs can be administrated by the outreach teams
- To provide close communication between all specialized health care services with case manager/peer (e.g. to arrange and to reschedule medical appointments; hospital discharge information, etc.)
- To provide timely information about client's health and/or psychosocial appointments

## People Who Inject Drugs (PWID) –HCV

### Suggestions to increase compliance to testing and treatment

#### Provider Level

- To respect for what they are
- To create close and trustworthy relationships
- To understand the needs and respect the difficulties of the client
- To establish a case manager (with access to the client health information and HCV medicine)
- To check the accomplishments of all issues related to the client health care
- To transport the most debilitated/less motivated clients to specialty appointments or hospitals and provide an interface between client and the case manager (if needed)

## People Who Inject Drugs (PWID) –HCV

### Suggestions to increase compliance to testing and treatment

#### Client level

##### Hep C awareness

- technical language doesn't work very well
- Informal gatherings with peers and technicians in outreach settings
- Innovative flyers

##### Hep C testing

- difficult to get
- Access through outreach work, peer work...
- Easier access to the health care services

## People Who Inject Drugs (PWID) –HCV


### Suggestions to increase compliance to testing and treatment

#### Client level

##### Treatment follow up

- many are debilitated/less motivated
- case manager/peer to improve compliance to medical appointments, clinical evaluations and anti HCV medication
- transportation accompanied by case manager/peer for the more debilitated/less motivated





Thank you!

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