

P02/09 - STRATEGIES TO EXPAND ACCESS TO TREATMENT FOR HEPATITIS C AND PROMOTE ADHERENCE TO HIV TREATMENT: THE ROLE OF PEER WORK IN A HARM REDUCTION CENTRE IN LISBON, PORTUGAL

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OBJECTIVES

HCV and HIV infection disproportionately affect people who inject drugs (PWID). Our experience as peer workers suggests that obstacles on access and adherence to care and treatment for PWID persist, although there is few national data on this subject. This case study describes the importance of integrating testing services and peer work to overcome barriers to access health services and increase adherence to treatment for HIV and hepatitis C among PWID.

IN-Mouraria is a harm reduction centre located in an urban quarter of Lisbon where migration, drug use, sex work and homelessness coexist. The project goals include increasing awareness, activism and participation of people who use drugs and performing harm reduction interventions and HIV/HCV rapid testing. Services are provided to clients without an appointment, free of charge, and without the need for personal identification. Trained health professionals, lay workers and peer counsellors perform the tests and provide information. Active referrals to hospitals are offered to all clients newly or previously diagnosed HIV/HCV positive, regardless of migrant's legal status. Those who request, can be escorted by peers to medical appointments. Testing and other services (condom/gel distribution, information) are also available for general population.

PEER WORK

Peer workers are people who use or have used drugs trained to work with their community. In IN-Mouraria they manage the drop-in, host the clients, perform HIV and viral hepatitis rapid testing, provide information and escort clients to services.



METHODS

Three individual cases based on the project records are presented to describe our peer work and document the strategies in place to promote access to prevention, testing and treatment for hepatitis C and HIV.

Case description	Strategies	Results	Comments
<p>Man, 43y, HIV+ (2000), HCV+ (2006), homeless, released from prison in 2014, heroin and cocaine user</p> <p>Complex health needs (including neurological problems), lack of autonomy, no social or family network</p> <p>Undocumented, not receiving social benefits, not in contact with health services, neglected by prison services upon release</p>	<p>Integrated approach (health + social + legal + basic services + harm reduction)</p> <p>Non-judgemental attitude towards drug use and delinquency</p> <p>Case management and accompaniment to health and social services Strategies to minimize losses of medication and documents</p>	<p>Access to national health service, restarted HIV treatment and OST</p> <p>Started receiving social benefits and solving legal issues</p> <p>Good adherence to ART, more autonomy related to managing health issues</p> <p>Still living in the street</p>	<p>"He has a lot of cognitive problems, difficulty in remembering things, to be on time or take decisions. I explain him things, motivate him to be able to achieve some of his goals. He only accepts this suggestions because he knows me for many years, and he respects me as a person and friend. He knows I'm a positive influence. He listens and trusts me."</p>
<p>Man, 66y, HCV+ (2013), prison history, alcohol and drug user</p> <p>Socially isolated, resistant to use health services</p> <p>Feelings of guilt and shame, difficulty in talking openly about current drug use</p>	<p>Uses the centre to socialize</p> <p>Increasing interest in activism for access to new HCV DAAs</p> <p>Peer support to attend medical appointments</p>	<p>Referred to HCV specialist in 2015, treatment not suggested (F1)</p>	<p>"He used drugs for many years and has a lot of health issues, problems with family and so on. This is similar to many of us. This place and his relationship with the team was important to gain the strength and motivation to start solving those problems."</p>
<p>Transgender woman, 32y, HCV+ (2012)</p> <p>High-risk context - sexual violence, injecting drug use, survival sex work, homelessness</p> <p>Does not use health or social services</p> <p>High level of stigma and discrimination</p>	<p>Creation of a welcoming and safe environment</p> <p>Non-judgmental approach</p> <p>Coverage of basic needs</p>	<p>Strong bond with the team</p> <p>Approach to health services- appointment booked at HCV specialist</p> <p>Several unsuccessful attempts to go to an appointment, but conditions for access are created</p>	<p>"She is not accepted by society and for that reason it's important to have someone to share her problems with. I have tried to increase her hope and convince her not to give up. She needs to feel entitled to health services, even if using drugs. As a peer I help her and other clients to overcome the barriers in services and the stigma towards homeless, sex workers and drugs users. Clients feel more protected and informed when accompanied by a peer and that is very important to gain access."</p>

CONCLUSION

Barriers to access HCV treatment and maintain adherence to HIV treatment among PWID are a reality. Therefore, strategies to complement the ones already available in the national health system should be discussed. Peer work in harm reduction settings can have a key role in all phases of the process - prevention, testing and access to care - due to our proximity and knowledge of PWID difficulties and needs. It is also very important the ability of peer workers to share information, increase awareness and promote political participation of PWID.

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