The Team

Mobile drug treatment services

Background

The primary aim of this initiative was to provide mobile in patient detoxification services in selected districts of Rawalpindi, Gujrat, Rahim Yar Khan and Toba Tek Singh. These districts have been selected based on highest client admissions and referral from the sites in AAU and availability of District AIDS Councils (DACs) in respective districts.

DACs have been established in districts with key stakeholders that include local government, administration, health departments, law enforcement and significant others. District headquarters hospital will provide space and ensure proper handling of medical emergencies and pertinent basic healthcare services including related diagnostic services.

A mobile medical team of Nai Zindagi provided drug treatment services based on standard operating procedures and defined protocols. This original idea was that the team will move from district to district once a batch of 10 AAU clients is identified and consented for drug treatment.

This cost effective intervention ensured that investment per client during AAU is secured and adherence rates increase, as priority will be given to non-adherent AAU clients who have relapsed.

Public - Private partnership

The public-private partnership initiative was to request the District level government administration through (DAC's) for space and access to free basic health care. This process took approximately 4 months of negotiations and space and access to District Hospital health care were provided in three Districts.

A team from NZC management visited all three sites where spaces were provided and the following was decided:

1. Access to District level health care for clients under detoxification was provided.
2. The space provided in RY Khan is an abandoned Government Basic Health Unit outside city limits. The space is limited and requires intensive capital investment to refurbish the space.
3. The facilities in TT Singh and Gujrat are acceptable and can be utilised for a 10-12 bed residential detoxification.

Based on client load it was decided to first initiate in Rahim Yar Khan from a rented premises to reach a wider geographic coverage. After staff hiring and training various CoPc+ sites were informed and a client referral mechanism was established.

Admission criteria

It was decided to provide the established services to ex-AAU client who are adherent and have relapsed. The logic behind this is:

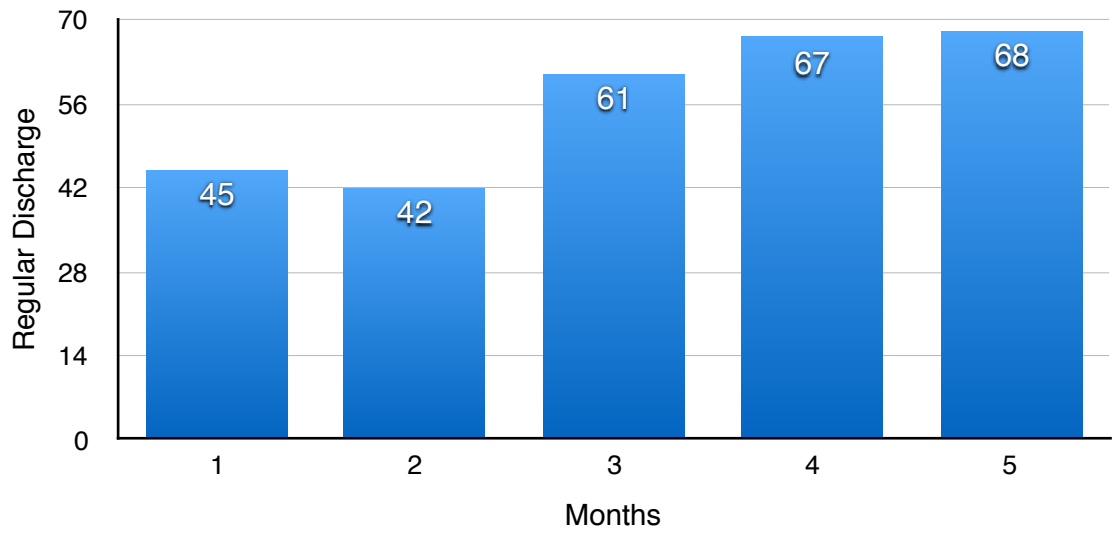
- Voluntary consent to seek admission
- The AAU evaluation by the GF emphasised the need to prevent ART adherent AAU clients who had relapsed to rerun to chaotic drug use which will eventually lead to non adherence.
- Referrals from lower Punjab and Sind provinces.

Role of AGA and AFA

AGA and AFA was only present in four districts from where clients were referred. The families (AFA) played an important role in motivating relapsed ex AAU clients to seek treatment. The AFA members are expected to play an integral role in adherence related motivation and counselling.

Outcome

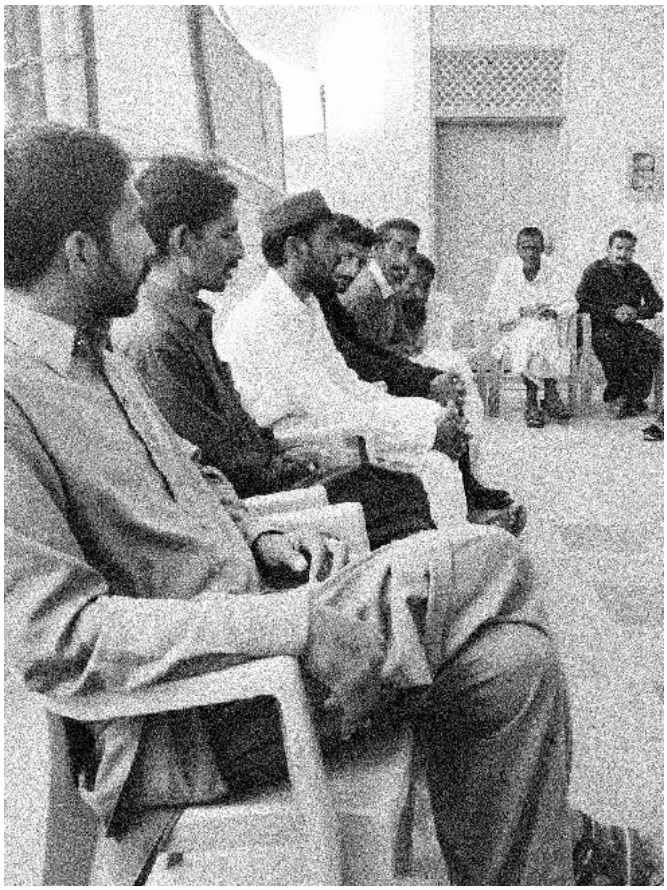
A total number of 335 clients were referred from 18 cities of which 85% (283) completed the 15 days residential program.



Observations

The following are some of the main observations:

1. High level of motivation resulting in only 6% who were asked to leave or left against medical advice. Normally this figure is 3 times higher.
2. Huge demand for the short term drug treatment services and as a result we did not have the time or space to move to the next city. The one year target was actually achieved in 5 months of services.
3. A major reason of needing this short term treatment was expressed by clients was to retain jobs/employment and maintain support from their families.



Conclusions

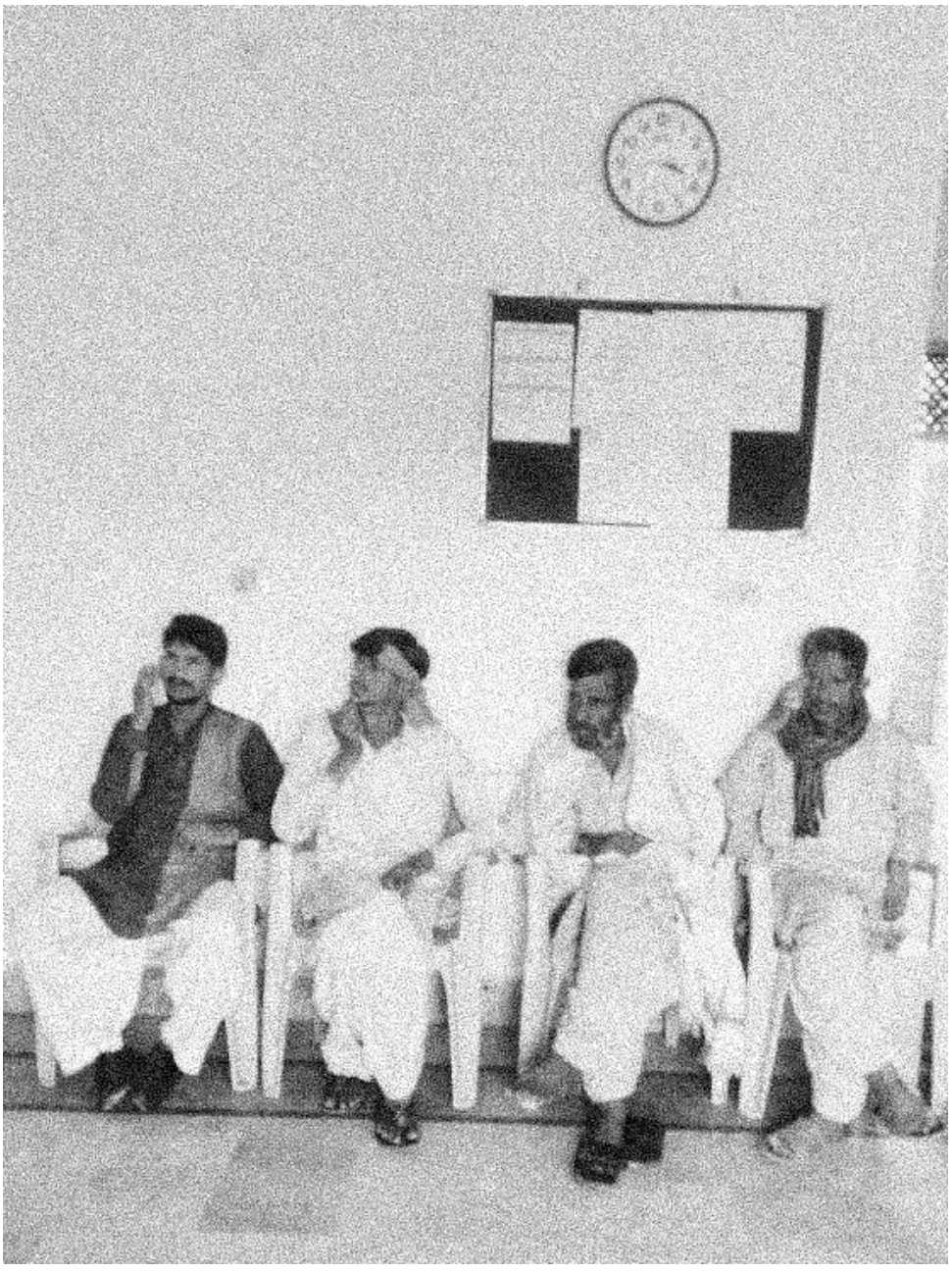
The following are some of the main conclusions:

- DACs are an efficient mechanism to access basic and advanced medical care for clients in short term drug treatment.
- Spaces are available from Government health set ups that could be converted into drug treatment facilities, however in most cases the costs are fairly high and rentals are more economical.
- Such detoxification units should be established at scale. At least 5 such initiatives with 30 beds each to serve 300 clients a month is required in the two provinces of Sindh and Punjab. The concept of mobile detox due to setting up costs is higher ad not cost effective. The demand far exceeds supply - hence for some years we suggest that static detox units be established.
- The efficacy and impact needs to be measured to advocate for similar interventions.

Outcomes

In February 2017 all clients who completed the mobile detoxification program were followed through the IT program. The results are quite encouraging:

- Ninety six percent of those who completed the mobile detoxification program were adherent. This is a 20% plus increase in adherence rates compared to clients who completed AAU and did not have a chance to enrol in this program.
- Fifty four percent were drug free when contacted through the IT program.
- Two percent approximately had expired.



The Mobile Detox Intervention

Primary objective:

To provide drug detoxification treatment to AAU graduates clients who are adherent on ART and have relapsed to drug use.

Referral Criteria:

1. Completed the 8 weeks program at the AAU.
2. Have relapsed to drug use.
3. Are adherent on ARV's.
4. Client must be regular to harm reduction services.
5. Relatives will not be admitted at the same tome.
6. Clients must have required stock of ARVs at the time of admission.
7. Admission is voluntary, but staff can refuse admission based on assessment or medical grounds.

Medical criteria:

1. Client should be in a stable health condition to go through the detoxification process.
2. Not be suffering from condition requiring immediate medical/surgical interventions.
3. Clients should not be in critical medical conditions like severe weakness and severe blood deficiency

Psychological criteria:

1. Hostile Aggression (Involuntary Physical Violence)
2. Suicidal Ideation
3. Self-Harm
4. Disturbed Orientation
5. Hallucinations
6. Delusions

GENERAL INFORMATION:

1. Pick and drop facility, from site to detox facility and from detox facility to site, shall be provided.
2. In the absence of social mobiliser, any other responsible staff member can bring the clients to detox for admissions.
3. Social mobilisers can stay at detox if necessary after admissions on the same day/ night at detox..

DOCUMENTATION:

1. Referral Form
2. Disclosure status (clients HIV status with Family) needed to be shared in referral request form.
3. Photocopy of Verified CD4 Test Report by site manager
4. Clients consent for DTC
5. Family consent for DTC (contact details of family is must & Copy/number of NIC if available).
6. Photocopy/Number of CNIC should be attached along with clients consent (if available).
7. Receiving (after client's admission at DTC).One copy to be kept by DTC and other at CoPC+ site.

Therapeutic Activities:

1. Morning meeting (Daily)
2. Lectures (Daily)
3. Group discussion (Daily)
4. Review group (Daily)
5. Tapping group (Daily)
6. Peer evaluation (Daily)
7. S.E.S writing (Daily)
8. Individual counseling (Daily/Need Based)
9. Medical lecture
10. Psychologist lecture /Group (Weekly)
11. TBT

Medical Services:

1. Medical officer availability (24/7)
2. Detox medication (3 times a day)
3. Need based medication
4. Wound care/ dressing
5. 24/7 Availability of ambulatory care

Other Services:-

1. Meal (3 Times a day)
2. Cigarettes / Tobacco Snuff
3. Milk (Need Based)
4. Porridge (Need Based)
5. Clothing
6. Shoes
7. Fresh seasonal fruit (Once a week)
8. Sweat dish (Twice a Week)
9. Hair cutting and shaving Facility (Weekly)
10. Laundry services
11. Clients pick & drop services from site of origin