



European
AIDS Treatment
Group



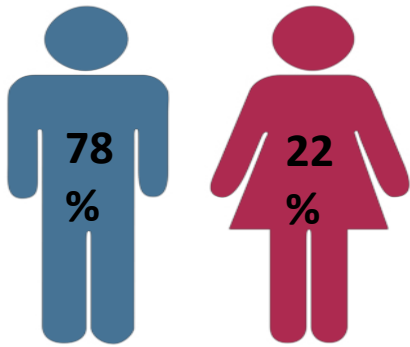
ART Adherence and drug use, Carousel experience.

Ioan PETRE
EATG/Carousel Romania

Carousel NGO - short description



PWID general info Romania



9019 PWID living in Bucharest.

Prevalence:

- HIV - 28,9%
- HCV - 75,7%
- HBV - 10,5%
- TB/MDR TB - ???

• 654 new HIV cases diagnosed in 2016
• 100 PWID (15%)

In terms of belonging to a vulnerable social group:

- 22% - Sex Workers
- 20% - Homeless
- 64% - Roma
- ??? - MSM

Harm reduction

- In Bucharest are only 2 NGO (ARAS & Carusel) who provide harm reduction services for PWID (syringe distribution, testing, condoms, counseling, referrals & accompaniment)
- Right now is a critical situation, limited number of syringes on the market.
- MoH and City Hall are aware but there are law barriers procurements ...

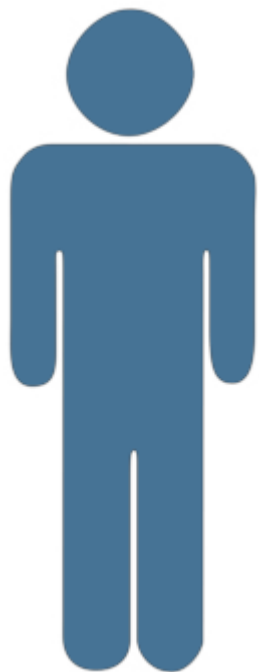
PWID trends in RO

- Heroine;
- Methadone;
- NSP (legal highs, salt bath, research chemicals)
- **synthetic cannabinoid** of herbs sprayed with drugs that mimic the effects of cannabis.
- **synthetic cathinones**, more commonly known as "bath salts," stimulants chemically related to cathinone, a substance found in the khat plant.
- **cheap and addictive**, required an large amount of syringe distribution.
- **unknown combination** (ex: neon lights dust) seriously affected PWID, hands and legs hematoma and serious infections.

Opioid substitution therapy (OST)

- Just aprox. 1200 methadone spots (NAA + ARAS (free & paid))
- Long, long waiting list...

Case Study Drug use and ARV adherence



Nicolas 36 (PWID, Roma)

- Late presenter hospital– SEPT 2017
- No ARV before/CD4-8, Co-infected HIV/HCV/TB;
- Lack of ID, no health insurance, no GP, no health card;
- OCT 2017 - transferred to sanatorium (60 km far from Bucharest);
- NOV 2017 start ARV;
- Counseling TARV;
- Linkage to his family ;
- DEC 2017 leaves on his signature 2 times from sanatorium (relapse);
- Lack of TARV adherence;
- IAN 2018 back on street , lost his pills;
- IAN-MAR 2018 HR -monitoring Carusel;
- APR 2018 pass away in hospitals;
- Carusel support funeral services.



Violeta 32 (PWID, SW, Roma)

- Access to hospital IAN 2017, victim of extreme violence; ex orphanage until 13;
- Diagnosed HIV/HCV/TB/Cryptococcal meningitis;
- Lack of ID, health insurance, no GP;
- support to obtain benefits and rights under applicable law;
- FEB 2017 start treatment TB and meningitis (amphotericin buy from Bulgaria);
- AUG 2017 start ARV, continue treatment for meningitis;
- Spend 8 months in hospital! (Group support);
- So far, work as a street SW and is adherence to TARV(monthly monitoring) despite unsuccessful attempts to find a institutional place to stay...

Carousel Social Services Center based in Infectious Hospital Disease “Dr. Victor Babes, Bucharest.



Challenges ART Adherence and drug use based on social determinants of health

Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy.

Example:

- Physical environment - 10% (quality of environments, quality of buildings, parks, pollution, water quality...).
- Health care - 20% (access to care, quality to care, health literacy/patient engagement)
- Socio economic factors - 40% (gender, education, employment, citizen status, family support, communities safety, culture and tradition)
- Health behaviors - 20% (tobacco use, drugs habits, alcohol use, unsafe sex, diet patterns, sleep patterns)

Challenges ART Adherence and drug use for health care system

- Changing the wrong narratives in the health care settings towards PWID, SW, homeless through explain how social determinants influence our life (decline in health/limited access) and also talking about addiction as a health chronic condition and dynamic of drug use. STIGMA the most frequently mentioned barrier and problem;
- Theoretical model: Beliefs/Attitudes → Behavioral Intention → Behavior
- Lack of time spent by doctors for listening, educating and solving patients' problems - leads to discouragement in accessing services;
- Physicians interrupt 69% of patient interviews within **18 seconds** of patient beginning to speak. *(Source: Lee, 2000)*
- Doctors fear of low adherence and re-infection;
- Health care system very difficult to go and oriented/navigate (lack of cooperation between different service providers).

Lessons learned so far...

- Human factor is important. If specialists understand the problem and needs of the patients/clients, it is easier to start integrating the services.
- Offering collaborative, multidisciplinary and integrated social-medical services (ex: co-infections HIV-HCV-TB, who treats? where? when? Otherwise, losing contact with people on the way...
- Improve the capacity of medical professionals for work with vulnerable groups through trainings and other forms of continuous education.
- Need of documentation:
 - epidemics among drug users;
 - Lack of access to socio-medical services;
 - response of the authorities.
- Sharing experience: interventions that are customary or self-evident at home, may be valuable news for others.



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Thank you for listening!



ioan.petre@carusel.org

www.carusel.org

www.eatg.org

Tel: +40 744 337 038