Mobile Outreach Programme - Lisbon

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• Ares do Pinhal is a nonprofit NGO for social inclusion which has worked with severe drug users since 1986. It has started with a Therapeutic Community (TC) for residential long-term treatment (12-18 months).

• In 1998 Ares do Pinhal was invited by the municipality of Lisbon to manage an outreach harm reduction project within the urban regeneration of a shanty town in Lisbon which was at the time the biggest illicit drug market in Portugal (Casal Ventoso)
Urban Intervention Plan of Casal Ventoso

±6000 drug users moved every day to Casal Ventoso to buy all kind of illicit drugs (mostly heroin at that time)

±400 severe drug users lived in the vacant plots of the shanty town in improvised shelters

Sharing of drug consumption paraphernalia was common.
Urban Intervention Plan of Casal Ventoso

1998-2000 (N=558)

- **HIV**: 61%
- **HCV**: 79%
- **TB**: 14%
- **PWID**: 80%

**Never sought treatment before**: 90%
Address the drug users who lived in improvised shelters in the vacant plots of the neighbourhood to accommodate them in a temporary reception centre located near to the area.

Provide basic health, food, hygiene, clothing, social care and access to a Low Threshold Methadone Programme by a multidisciplinary team working in a set of containers located near to the area.

Referral to conventional outpatient (treatment centres) and inpatient clinics (Detox, CT)
Urban Intervention Plan of Casal Ventoso

• What we saw and experienced in the late nineties in Casal Ventoso showed us the need to reshape some established paradigms within the drug addiction treatment perspective and rethink the approach to severe drug users
Go out and be closer to the drug users - Facilities should be near the drug users spots and/or easy to get to.

Address all drug users - Meet them in their territories in order to give them safer drug use conditions (e.g., exchange of needles and syringes, pipes or any other consumption paraphrenalia, safer injection practices, etc.) and become someone with whom they can talk.

Main goal → safer use of drugs - To show that our aim does not concern their use of drugs but the personal health problems and social impairment they cause.
Key task

To reach opioid drug users (with polydrug use or not) who, that for whatever reason, do not access conventional drug addiction treatment centres or other health and social services.
Mobile Outreach Programme – Lisbon

MOP-L is frequented every day by approximately **1200** heroin users

many of whom are polysubstance users

(Cocaine; Alcohol; BZD)
### Main features:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of access (proximity to problematic neighbourhoods or transport interfaces)</td>
<td>Prompt response to any request for admission (if indicated)</td>
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<td>Simplified admission procedures</td>
<td>Main concern towards abstinence symptoms and craving</td>
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Mobile Outreach Programme (MOP) – Lisbon

MOP-L users are mostly engaged in:

- High-risk behaviours
- Personal disorganization,
- Physical impairment or disease,
- Psychiatric disease,
- Psychological vulnerability
- Social exclusion

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>PWID</td>
<td>±20%</td>
</tr>
<tr>
<td>Homeless</td>
<td>±10%</td>
</tr>
<tr>
<td>HIV</td>
<td>15%</td>
</tr>
<tr>
<td>HCV</td>
<td>60%</td>
</tr>
<tr>
<td>HIV+HCV</td>
<td>13.5%</td>
</tr>
<tr>
<td>TB</td>
<td>1%</td>
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</table>
Age and Gender

N = 1278
Mage = 45.31; DPage = 8.12

Midade = 43.12 anos
DPlâge = 9.04 anos

15%

85%

M  F

Nationalities

N = 1278

Portugal
n = 1211

Europe
n = 33

Asia
n = 24

África
n = 9

S. America
n = 1
Mobile Outreach Programme (MOP) – Lisbon

Administration and monitoring of medical drugs (methadone*; antiHIV; antiHCV*; anti-TB*; antibiotics; antipsychotics; antidepressives, contraceptive injection, etc.)

Blood Sampling for HIV, Hepatitis B/C and Syphilis
Sputum smear for TB
Close communication with all health care services of the community network

Check the accomplishments of all issues related to the patient health cares
Mobile Outreach Programme-Lisbon

MOP TB treatment follow-up 2001-2015
Need to take five tablets/day; 8 – 12 months under treatment

• 5633 patients screened
• 327 TB+
• 172 completed treatment while in MOP (52,6%)
• 95 transferred but remained in TB treatment (29,1%)
• 6 in treatment (2015)
• 16 drop outs (4,9%)
• Compliance when in MOP - 95,1%
• 38 deaths while or not in MOP (11,6%)
• HIV+ 236 (72,2%); HCV+ (75,5%)
Mobile Outreach Programme – Lisbon

2 “Methadone” Mobile Units (MU1;MU2) operating every day in five strategic spots in the city of Lisbon and with fixed schedules twice a day (morning and afternoon) in each spot.

1 Support car backing MOP and patients needs.

1 Mobile Office (MO) for medical support operating side by side with the MU’s four days a week and covering all spots and schedules of each spot (mornings and afternoons).

1 Backup office for clinical meetings, clinical supervision, programme procedures, communication work with the health and social public network and administrative work.
The Team:
- Psychiatrists
- Medical doctor
- Psychologists
- Social workers
- Nurses
- Peers
- Educators
- Administratives
Thank you!

MOP-L is supported by:

www.sicad.pt/

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