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Co-operation Group to Combat Drug Abuse and illicit trafficking in Drugs

Ministry of Health and Population

General Secretariat of Mental Health and Addiction Treatment

وزارة الصحة والسكان

الأمانة العامة للصحة النفسية وعلاج الإدمان

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Addiction services for HIV positive patients

General secretariat of Mental Health and Addiction Treatment (GSMHAT) Egypt

In Collaboration with

Pompidou Group

(2016-2017)

(Final Report)

Acknowledgement:

This achievement was only possible through a grant from Pompidou group to the General Secretariat of Mental Health and Addiction Treatment. We wish to express our gratitude for the continuing collaboration and support given to the Secretariat by the Pompidou Group.

We wish to acknowledge Prof. Hisham Ramy (former Secretary General) who took the lead for starting this project and Prof. Menan Abdelmaksoud (the Secretary General) for her great support in accomplishing this work.

This acknowledgement can't be completed without mentioning the effective contribution of Dr. Hanan El Marghany and Dr. Mohamed Gaber through sharing of experience at HSH and attending experts meetings, Dr. Dalia Ismail and lecturer Shaimaa Ammar for their generous contribution in developing the model of care, Dr. Mahmoud Sahloul for representing the NGOs and facilitating access to HIV +ve patients. Their contribution was of great help to the team during phases two and three.

Last but not least, we would like to thank the service providers and the clients (HIV +ve patients and substance abuse patients) who consented to answer the questionnaires and participated in the focus groups and in-depth interviews.

Introduction:

The team was chosen from the team members of GSMHAT and the team members of the hospital where the project is going to be implemented as follows:

Project Coordinator**:**	Dr. Nada Adel Aboulmagd (Director of Addiction Treatment Administration GSMHAT).
Project Technical coordinator**:**	Dr. Adel Elagwany (Director of External Affairs Department GSMHAT) Dr. Alaa Elmadani (Deputy-director of External Affairs Department GSMHAT)
Head of team:	Dr**.** Mahmoud el Habiby (Ass. Prof. AinShams University)

Team Members:

Dr. Reham el Emam.	(Specialist Psychiatrist)
Dr. Weam Wael.	(Specialist Psychiatrist)
Dr. Khaled el Siagy	
Mrs. Laila Kasem.	(Head of Nursing Department GSMHAT)

Experts:

Dr. Shaimaa Ammar	(Lecturer of psychiatry, Ain shams university).
Dr. Hanan El Marghany	(Manager of Heliopolis Psychiatric Hospital HPH)
Dr. Mohamed Gaber	(Head of Internal Medicine department in HPH)
Dr. Mahmoud Sahloul	(Specialist Psychiatrist and NGO representative)

Final Report issued by: Dr Nada Adel Aboulmagd and Dr. Mahmoud el Habiby

Model of care and service issued by: Dr. Mahmoud el Habiby

Action Plan issued by: Dr. Weam Wael. (Specialist Psychiatrist)

Background:

The General Secretariat of Mental Health & Addiction Treatment is the governmental body & the largest service provider of mental health & addiction treatment in Egypt. According to WHO global health observatory data repository, the number of HIV positive patients in Egypt in 2013 was 7400 (4800-12000). This number has been steadily rising as the same data shows that the number of HIV positive patients in Egypt in 2005 and 2009 was 3200 (2200 – 5800) and 5100 (3400 – 8500) respectively.

One of the most important risk groups for developing HIV positive patients is injection drug users. According to the National Drug Survey conducted by the GSMHAT they represent 2.1% of the total number of drug users. Sharing needles results in the spreading of blood-borne infections, including HIV. Despite the presence of HIV, national strategy in Egypt it is not yet effectively applied in addiction treatment services. Moreover, educational and preventive programs regarding HIV infection are rarely present in addiction treatment programs.

Treating injection drug users is recognized as a powerful means of both preventing HIV spread and promoting positive HIV treatment at an earlier stage, it improves treatment adherence, reduces the risk of discontinuing antiretroviral therapy prematurely, and promotes the suppression of the virus.

The GSMHAT adopted the idea of developing a model of care and service for HIV positive addicts and the project started in November 2016 as follows:

Task 1a:
A desk review was conducted to choose the country of best practice in the field of management of HIV positive patients among addicts. Spain was the country of choice for the following reasons:

1- Spain has a well-established program for addiction care for HIV positive patients as Spain had a huge number of HIV patients and injecting drug users. The numbers of individuals having HIV drug use and /or HIV declined significantly over the last years with the application of a successful model for addiction care of HIV positive patients.
2- It has a combined program for HIV and HCV management which is one of our concerns in the field of addiction service in Egypt.
3- Spain has an efficient multi sectorial governmental health system with special programs for the marginalized and the low socio economic population.

Task 1b:
A field visit for 6 days took place in Madrid where orientation about the structure of the service, clients' opinions, requirements and obstacles to the service where discussed.

Aim of visit:

1. Visiting the main governmental HIV centre:
    - Overall view of the national policy.
    - Levels of providing services to HIV-positive substance-use patients.
    - Methods of communication between different levels of service.
    - Protocol of cooperation between national HIV services and national addiction services.
    - Reporting system of new cases and treatment delivery throughout the addiction program.

2. Visiting The Government Delegation for National Plan on Drugs, for:
    - Obtaining the policy and model of care for addiction patients with HIV.
    - Levels of provided services and coordination between them.
    - Expected or suggested expansion of services.
    - Disadvantages of current models and suggested improvements.

3. Visiting at least two different types of service units, dealing directly with the patients:
    - On field training.
    - Receiving feedback from the patients about current services and suggested improvements.

Program of the visit:

- Monday, 27th February 2017: Government Delegation for the National Plan on Drugs, Ministry of Health, Social and Equality.
    - Overview of the Spanish situation on drugs policy.
    - Harm reduction activities in Spain.

- Tuesday, 28th February 2017: Secretary of the National Plan on AIDS, Ministry of Health, Social and Equality.
    - Epidemiological situation of HIV in Spain.
    - Strategic plan for the surveillance and control of HIV and other STIs.
    - The approach of HIV in PID in the community of Madrid: Harm reduction programs.

- Wednesday, 1st March 2017: visit to a Drug Addiction Treatment Centre and Municipal Homeless Centre.
  "San Isidro" and Mobile device for harm reduction "Madrono".

- Thursday, 2nd March 2017: visit to a prison Penitentiary Madrid VI, Aranjuez.
    - Visit to the prison nursing.
    - Meeting with health care responsible.
    - Visit to drug addiction treatment module.
    -

- Friday, 3rd March 2017: visit to Clinic Unit for patients with HIV and Hepatitis consultation.
    - HIV Patient care and hepatitis C associated with injection drug use: management of patients addicted to drugs “outreach” in a hospital.
    - Deviations, accompaniments and incentives as harm reduction measures. Treatment of HIV and hepatitis C in this group of population.
    - Coordination between units of care centres for drug addicts, harm reduction units and hospitals.

Feedback of the visit:

1- Before the study visit, the communication between the Egyptian and Spanish team was very effective in exchanging the points of view and setting the agenda of the visit. The logistics of the visits were very well prepared and easy to obtain**.**

2- The project objectives were conveniently accomplished by discussions with the experts in the field of addiction treatment and HIV services in Madrid.

3- Visiting services on the federal, district and local level was very comprehensive helping the Egyptian team to demonstrate multiple and inter-sectorial service delivery system.

4- The field visits to various HIV and addiction treatment services as well as the selected prison were extremely beneficial and inspiring. Demonstrating these facilities and following how they operate in a regular day activity practically clarified the various health care procedures. The benefits of the visits were magnified by the thorough discussion with the health care workers and experts in the sites of the study visit. They answered all the questions and responded to all the inquiries of the Egyptian team.

5- The organisation from the Spanish side was excellent. The Spanish team was very welcoming and helpful.

Task 2:

Step one:

The team designed 3 forms of questionnaires (Annex1) for assessment of the needs and available resources to establish the services:

1- **HIV Service Providers Questionnaire**:
-To evaluate the current provided services.
- To detect the satisfaction of service providers with currently available services.
- To know suggestions on how to improve training.
-To know suggestions on how to improve the service.

2- Addiction Recovery Service Providers Questionnaire:

-To detect general and specific knowledge about HIV as a disease.
-To assess knowledge about available HIV services.

-To detect availability of HIV services within Addiction recovery system.

-To detect availability of pre and post-test counselling within Addiction recovery system.

-To know if addiction service providers can manage HIV patients and reply to their questions and provide proper support.

3- Service Recipients Questionnaire:

-To detect the availability of HIV initial testing for SUD patients.

-To know the quality of HIV service provided within Addiction recovery systems.

-To know the quality of HIV services within its specialized centres.

-To detect the difficulties patients meat in both services.

-To know patients suggestions to improve the services and meet their needs.

Step two:
The questionnaires were applied upon 14 patients and 20 service providers.

Difficulties

-In addiction recovery system the therapeutic team consists of psychiatrists, doctors from other specialties, psychologists, social workers, nurses and recovered addicts, when applying the questionnaire we tried to cover all members of the therapeutic team.

- No available data base with patients information within the addiction services.

-No access to NIDA (the National AIDS Program) data base.

Conclusion:

- Lack of any training regarding SUD, and how to deal with the patients and their medications leading to an increase in the drop rate from the system.

- The need for better training in treating HIV positive drug addiction patients to increase their capacity and raise awareness and adherence of the patients to the system.

- The need for a well designed training system about HIV for all workers.

- The need for raising awareness about available HIV services.

- The need to establish a special team to deal with HIV patients (handling pre- and post-test counselling, directing patients to treatment and follow-up systems, providing proper psychological support and increasing adherence to therapeutic systems).

-The need to apply more adherent protocols to enhance integration between Addiction and HIV services, where the follow up in each system includes checking the adherence to the other system.

- The patients need more available information about HIV.
- More available HIV testing services are required within the addiction recovery systems.
- Shared data base will improve the overall follow up.

- New transference protocols will improve the patients' adherence to therapy.

- Special support groups to HIV patients are needed.

- National campaign to decrease the stigma of HIV as well as addiction (as these patients face two stigmatized disorders and are rejected in their society due to both illnesses.

Step three:

In-depth interviews and focus group discussion were done. This stage of the project reflected:

- Strengths and weaknesses of how service providers deal with HIV and HCV.

Conclusion:

- There must be strategies for health providers to address discriminations, these strategies can help change attitudes and promote ethical care of people with HIV.

-Educating health care workers and the general community about HIV as a disease is very important.

-Providing education about the appropriate use of standard precautions, educational interventions around HIV-related fear and myths and misunderstandings about transmission risks is mandatory.

- Leading discussions about ethical issue and providing an open forum for questions and clarification concerns

- Raising moral awareness among colleagues about the effect of stigma and discrimination is essential.

Step four:

The team formulated a model of care and service upon the results of previous questionnaires and the study visit for HIV positive patients within addiction recovery services (Annex 2).

Task 3:

January 2018.

A. The team designed a training course based on the model of care and services for the addiction recovery team.
B. The training was conducted on the addiction therapeutic team of Abbasseya Mental hospital (one of the GSMHAT hospitals).
C. Dr. Omaima Ghoneim (Specialist clinical pathologist HSH) and Mrs. Fadila Abd El shafy (high nurse HSH) shared their experience at HSH with the team and conducted the first training.
D.

Training curriculum included:

- Infection Control
- Counseling regarding HIV for patients of substance use problems.
- Detection of HIV infection among substance use patients.
- Enhancing compliance of patients who suffer from HIV for both substance use and HIV treatment.
- Promotion of available harm reduction strategies in Egypt.
- Increase the knowledge of addiction treatment professionals about HIV treatment.

February, March and April 2018:

The team conducted the same training for the remaining hospitals under the umbrella of the GSMHAT as shown in the next table:

The location	Date	Number of trainee	Doctors	Nursing staff	Laboratory technician	Social workers	psychologist	ex-addicts (co-workers)
Almamoura mental hospital and Abbas Helmy	**5/3**	**28**	**10**	**12**	**2**	**2**	**--**	**2**
ShebeenEl-kom mental hospital	**6/3**	**37**	**8**	**27**			**2**	
Al-Khanka mental hospital	**5/2**	**24**	**3**	**17**	**3**	**1**		
ShobraKas addiction centre	**20/3**	**29**	**2**	**26**		**1**		
Tanta mental hospital	**20/3**	**16**		**14**		**1**	**1**	
Port-Said mental hospital	**22/3**	**24**	**7**	**10**	**2**	**2**	**2**	**1**

The location	Date	Number of trainee	Doctors	Nursing staff	Laboratory technician	Social workers	psychologist	ex-addicts (co-workers)
Aswan mental hospital	**28/3**	**17**	**1**	**7**	**3**	**6**		
Benha mental hospital	**4/4**	**25**	**3**	**16**	**1**	**3**	**2**	
Misr Al-Gadida addiction hospital	**12/4**	**13**	**11**	**2**				
Helwan mental hospital	**12/4**	**8**	**1**	**7**				
Al-Menia and Assiut mental hospital	2/5	34	**11**	**14**	**2**	**4**	**3**	
Azzazy mental hospital	28/2	24	**5**	**15**		**1**	**1**	

Annex1:

1. **HIV Service Providers Questionnaire.**
2. **Addiction Recovery Service Providers Questionnaire.**
3. **Service Recipients Questionnaire.**

إستبيان جودة الخدمة الحالية المقدمة لمرضى الإدمان المصابين بفيروس نقص المناعة

استبيان لمرضى الإدمان المصابين بفيرس HIV

- **بيانات اساسية:**
  - كود المريض
  - السن
  - النوع
  - الوظيفة
  - مستوى التعليم
  - الحالة الاجتماعية
  - المحافظة
  - المنطقة السكنية
  - الجنسية

- **بيانات حول HIV**
  - تاريخ التشخيص
  - مكان التحليل المبدئي
  - مكان التحليل التأكيدي
  - مكان متابعة الحالة
  - مكان صرف العلاج الدوائى

- **بيانات حول الإدمان**
  - المادة الأساسية للتعاطى أ) هيروين ب) ترامادول ج) حشيش
  - تاريخ بدء التعاطي عموما ....
  - تاريخ بدء التعاطي للمادة الأساسية....
  - الوضع الحالي للتعاطى أو الإدمان أ)تعاطى نشط ب)مبطل
  - هل تعاطيت مخدرات عن طريق الحقن نعم ، لا

- **الحالة الصحية:**

هل انت مصاب بأى من الفيروسات الآتية :

- فيروس إلتهاب الكبد الوبائى (C) نعم لا

إذا كنت الإجابة نعم هل يتم علاجك؟ نعم لا

- فيروس التهاب الكبد الوبائى (B)نعم لا

إذا كانت الإجابة لا ، هل تم تطعيمك ؟نعم لا

- إرتفاع ضغط الدم نعم لا
- مرض السكر نعم لا
- أمراض مزمنه أخرى اذكرها .....
- أمراض حادة حالية اذكرها.....

- **تقييم مدى توفر الخدمة:**

أ. الإختبار الأولي فيروس نقص المناعة كان

- بناء على طلبك
- تم عرض عمل التحليل عليك كتابيا
- تم عرض عمل التحليل عليك شفهيا
- جزء من تحاليل روتينية ضمن خدمة طبية أخرى

ب. إذا كان التحليل جزء من خدمة طبية أخرى حدد نوع الخدمة

- دخول مصحة لعلاج الإدمان
- عمل عملية جراحية
- ضمن إختبارات ما قبل السفر
- أخرى

ج. تقييم جلسة المشورة:

1. هل حصلت على مشورة ما قبل التحليل نعم لا
   اذا كان نعم، حدد المكان:.....
2. تم إبلاغك بنتيجة التحليل الأولى بعد .....يوم

3. هل حصلت على مشورة ما بعد نتيجة التحليل نعم لا
4. هل استلمت منشورات تعريفية عن المرض نعم لا
5. هل قمت بطرح جميع الأسئلة التى كنت تحتاج لإجابتها نعم لا
6. هل كان وقت المشورة كافى لطرح جميع اسئلتك نعم لا

7. هل تم تعريفك على سبل حماية المحيطين بك من العدوى نعم لا
8. هل تمت المشورة بشكل يحافظ على خصوصيتك نعم لا
9. هل شعرت بإنطباع غير جيد ممن قام بتقديم المشورة نعم لا
10. هل تم الضغط عليك لذكر معلومات لاتريد ذكرها نعم لا
11. هل تغيرت فكرتك عن مرض نقص المناعة المكتسبة بعد المشورة

نعم لا

12. بعد المشورة شعرت

- بتشجيع للبدء بالعلاج
- برغبة في تأجيل العلاج
- لم تؤثر تماما على قرار البدء فى العلاج

- **تقييم خدمات العلاج والمتابعة:**

أ. هل تصرف علاج ال HIV ؟ نعم لا

إذا كانت الإجابة لا ما السبب

- لم يتم تأكيد التشخيص بعد
- لديك مخاوف من تلقى العلاج
- لديك أولويات أخرى
- لعدم التعافى من الإدمان بعد
- بعد المكان عن مكان إقامتك
- اخرى. ، حدد .....

ب. كيف اخترت المكان العلاجى لتلقى العلاج من فيروس نفص المناعة المكتسب

- الأقرب إلى سكنك
- المكان الذى تم اكتشاف المرض فيه
- لأنه يقدم خدمة علاجية أفضل
- أخرى

أذكرها .....

ج. هل يسهل الوصول للمكان العلاجى نعم لا

د. هل يتوافر العلاج بإستمرار نعم لا

أذكر أطول فترة لم يتم توفر العلاج فيها .....

هـ. هل توقفت عن العلاج فى فترات سابقة نعم لا

إذا كانت نعم ما هى الاسباب

- أعراض جانبية من العلاج
- إنتكاسة فى حالة مرض الإدمان
- أسباب نفسية
- أخرى أذكرها .....

و. هل يتم عمل تحاليل لمتابعة وضع الفيروس والمناعة بإنتظام (كل 6 شهور)

نعم لا

اذا كانت الإجابة نعم ,حدد هذه التحاليل :

- CD4
- PCR

ز. هل تتلقى أي مشورة مستمرة أو دعم نفسي؟ نعم لا

- **تقييم مقدمى الخدمة الصحية:**

أ. هل يتعامل معك مقدمي الخدمة الصحية بطريقة جيدة؟ نعم لا

إذا كانت الإجابة لا، حدد سبب تقييمك مما يلي

- تصلني انطباعات سيئة بسبب مرضHIV
- تصلنى إنطباعات سيئة بسبب مرض الإدمان
- لا يتم إعطائى الوقت الكافى للخدمة
- لا يتم المحافظة على سرية معلوماتى
- أخرى ، أذكرها .....

ب. هل يجيب مقدمى الخدمة عن جميع الأسئلة؟ نعم لا

إذا كانت الإجابة لا أذكر السبب من وجهة نظرك

- ليس لديهم معلومات كافية
- ليس لديهم الوقت الكافى
- أخرى ، أذكرها .....

ج. خدمات علاج الإدمان:

- هل يقوم مقدمى خدمة علاج الإدمان بمتابعة إنتظامك فى خدمة علاج نقص المناعة نعم لا
- هل يقوم مقدمى خدمة علاج الإدمان بمتابعة صرفك للعلاج الدوائى نعم لا
- هل تشخيصك بمرض نقص المناعة تسبب فى حرمانك من أي خدمات علاج إدمان ؟ نعم لا

إذا كانت الإجابة نعم حدد الخدمة :

- الحجز فى مستشفى كمريض داخلى
- دخول بيت تعافى
- إستقبالك فى العيادات الخارجية
- صرف العلاج كمريض خارجى
- حضور علاج جماعى

د. تقييم كلي للخدمة الصحية:

- هل كانت التجربة في العموم مرضية؟ نعم – إلى حد ما – لا
- ماهي مقترحاتك لتحسين الخدمة؟

.....

منسق المشروع

د . ندى عادل أبو المجد

استبيان خاص بمقدمي الخدمة الصحية(الإدمان) لمرضى HIV

<u>أولا: بيانات:</u>

- الوظيفة
- المؤهل
- مكان العمل

- الجهة التابع لها
- الدور في العملية العلاجية
- عدد سنوات العمل مع مرضىالإدمان

ثانيا: التدريب:

- هل تلقيت أي تدريب بخصوص العمل مع مرضىالإدمان المصابين بفيروس نقص المناعةHIV؟ نعم لا
  إذا كان نعم، حدد مكان التدريب ..... مدة التدريب ..... موضوعات التدريب .....

- هل ترى أن التدريب الذي تلقيته كافي؟ نعم لا

إذا كان لا، حدد نوعية المشاكل التي واجهتها من وجهة نظرك

- نقص فى المعلومات عن فيروس نقص المناعة
- نقص فى المعلومات عن الخدمات المقدمة
- نقص فى المعلومات عن العلاج
- غير كافى للتدريب على مهارات اللازمة لتقديم الخدمة للمرضى

- هل تجد صعوبات في التعامل مع مرضى الإدمان المصابين بفيروس نقص المناعة
  نعم لا

إذا كانت الإجابة نعم حدد الصعوبات التى واجهتها :

- عدم إهتمام المرضى بعلاج الإدمان
- عدم إهتمام المرضى والتزامهم بعلاج HIV
- عدم ترحيب المؤسسة العلاجية التى تعمل بها لعلاج ومتابعة هؤلاء المرضى
- إحساسك بصعوبة علاج هؤلاء المرضى والقلق من التعامل معهم

ثالثا: تقييم الخدمة:

- هل يتم عمل تحاليل للكشف عن وتشخيص فيروس نقص المناعة لمرضى الإدمان فى مكان عملك
  نعم لا
- هل هذه التحاليل مجانية نعم لا

اذا كانت الاجابة لا حدد تكلفتها .....

- هل يتم أخذ موافقة المريض قبل عمل تحليل الكشف عن فيروس نقص المناعة نعم لا
  إذا كانت الإجابة نعم ، تمت الموافقة كتابيا شفهيا

- هل يتم عمل مشورة ما قبل التحليل المبدئىلمرضى الإدمان

  نعم لا

- هل تم تدريبك على عمل مشورة ما قبل التحليل المبدئى

  نعم لا

- حدد من يتم إطلاعهم على نتيجة التحليل
  - الطبيب المعالج
  - التمريض
  - الأخصائى النفسى /الإجتماعى
  - أقارب الدرجة الأولى
  - الزوج/ الزوجة
  - المرافقين
  - المرضى المحيطين بالمريض بالاقسام الداخلية

- هل يتم إعطاء مشورة للزوج /للزوجة عن كيفية الإصابة بالمرض

  نعم لا

- حدد التحاليل المتاحة بمكان عملك للكشف عن وتشخيص مرض نقص المناعة
  - تحليل مبدئى Rapid test
  - تحليل تأكيدى ELISA
  - تحليل البقعة الغربية western blot
  - تحليل PCR
  - تحليل CD4

- إذا لم تتوافر جميع التحاليل اللازمة لتاكيد التشخيص ، هل يوجد بروتوكول لإستكمال التحاليل فى أماكن أكثر تخصصا فى التعامل مع مرضى HIVنعم لا
- إذا كانت الإجابة نعم ، أذكر المكان .....

- حدد كيف يتم عمل التحاليل فى مكان عملك

- عند دخول المريض للأقسام الداخلية
- تكرر بشكل منتظم أثناء تواجده بالأقسام الداخلية
- يتم عمله قبل خروج المريض من القسم الداخلى
- مرة واحدة للمتابعين بالأقسام الخارجية
- بشكل منتظم للمتابعين بالعيادات الخارجية
- أخرى ، أذكرها.....

- إذا كان المريض تم تشخيصه مسبقا بفيروس نقص المناعة، هل يتم إستثناءه من أى من الخدمات الآتية
  - دخول الأقسام الداخلية للعلاج
  - المتابعة بالعيادات الخارجية
  - أخرى ، أذكرها .....

- عند تأكيد تشخيص المريض بفيروس نقص المناعة ، هل يتم إعطاء دعم نفسى لهؤلاء المرضى

نعم لا

- هل تم تدريبك على الدعم النفسى لهؤلاء المرضى نعم لا

- هل علاج ال HIV متوفر في مكان عملك؟ نعم لا

إذا كانت الإجابة نعم , أذكر العلاجات المتوفرة.....

إذا كان لا، حدد دور مكان عملك فى علاج مرض نقص المناعة

- تحويل المرضى لأحد الأماكن المتخصصة وفق بروتوكول مسبق
- يتم نصح المريض بالتوجه لاماكن محددة تقدم خدمة العلاج
- يتم نصح المريض بالتوجه للعلاج بلا أى معلومات إضافية
- لا يوجد أى دور

- هل لديك معلومات عن الأثار الجانبية الجسدية لعلاج الHIV؟ نعم لا

- هل لديك معلومات عن الأثار الجانبية النفسية لعلاجHIV نعم لا

- هل لديك معلومات عن التفاعلات الدوائية لعلاج الHIV خاصة مع الأدوية النفسية

نعم لا

- هل يتم متابعة إنتظام مريض الإدمان المصاب بفيروس نقص المناعة فى خدمة علاج الفيروس ؟
  نعم لا
- هل يتم متابعة إنتظام مريض الإدمان المصاب بفيروس نقص المناعة فى صرف علاج الفيروس؟

  نعم لا

- اذكر الفئات التي لا يتوافر لها العلاج .....

- هل تعتقد ان المرضى تتلقى المشورة المناسبة قبل التشخيص؟ نعم – لا
  إذا كان لا، حدد السبب
  - لا يوجد وقت كافى
  - لا توجد خبرة كافية
  - أغلب العاملين لا يرون سبب وجيه للمشورة
- هل تعتقد ان المرضى تتلقى المشورة المناسبة بعد التشخيص؟ نعم – لا
  إذا كان لا، حدد السبب
  - لا يوجد وقت كافى
  - لا توجد خبرة كافية
  - أغلب العاملين لا يرون سبب وجيه للمشورة

- هل تعتقد انه يتم توفير المعلومات الكافية لمرضHIV؟ نعم – لا
  اذكر مقترحاتك للتعديلات اللازمة

.....

.....

- هل يتوافر العلاج بصورة مستمرة؟ نعم – لا
  اذا كان لا، اذكر السبب

.....

و اذكر معدلات عدم توافر العلاج:

.....

- هل انت راضي بصورة عامة عن مستوى الخدمة الحالي؟ نعم – لا – الى حد ما

- مقترحاتك لتحسين

الخدمة.....

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منسق المشروع

د . ندى عادل أبو المجد

استبيان خاص بمقدمي الخدمة الصحية لمرضى HIV

أولا: بيانات أساسية:

- الوظيفة
- المؤهل
- مكان العمل
- الجهة التابع لها
- الدور في العملية العلاجية
- عدد سنوات العمل فى مجال HIV

ثانيا: التدريب:

- هل تلقيت أي تدريب قبل العمل مع المرضى المصابين بفيروس نقص المناعة نعم – لا

إذا كان نعم، أذكر مدة التدريب..... مكان التدريب ..... الموضوعات التي تضمنها التدريب.....

- هل ترى أن التدريب الذي تلقيته كافي؟ نعم لا

إذا كان لا، حدد نوعية المشاكل التي واجهتها من وجهة نظرك

- نقص فى المعلومات عن فيروس نقص المناعة
- نقص فى المعلومات عن الخدمات المقدمة
- نقص فى المعلومات عن العلاج
- غير كافى للتدريب على مهارات اللازمة لتقديم الخدمة للمرضى

- هل تواجه مشكلة في التعامل مع مرضى الإدمان؟ نعم – لا
اذا كان نعم ،حدد الاسباب
  - عدم تقبلك لمريض الإدمان
  - كثرة كذب مرضى الإدمان
  - كثرة عدم التزامهم بالخطة العلاجية
  - إتصافهم بالعنف أو حدة المزاج

ثالثا: تقييم الخدمة:

- هل العلاج متاح للجميع؟ نعم – لا

- هل التحاليل مجانا نعم لا
اذا كانت الاجابة لا حدد تكلفتها .....

- هل يلزم طالب التحليل بإبداء أسباب لعمل التحليل مثل كونه مريض إدمان أو علاقات جنسية غير آمنة
نعم لا

- هل يتم عمل مشورة ما قبل التحليل المبدئى لمرضى الإدمان

نعم لا

- هل تم تدريبك على عمل مشورة ما قبل التحليل المبدئى

نعم لا

- حدد التحاليل المتاحة بمكان عملك للكشف عن وتشخيص مرض نقص المناعة
  - تحليل مبدئى Rapid test
  - تحليل تأكيدى ELISA
  - تحليل البقعة الغربية western blot
  - تحليل PCR
  - تحليل CD4
- حدد من يتم اطلاعهم على نتيجة التحليل
  - الزوج / الزوجة
  - أقارب الدرجة الأولى

- مرافقين إن وجد

- هل يتم إعطاء مشورة للزوج /للزوجة عن كيفية الإصابة بالمرض

نعم لا

- عند تأكيد تشخيص المريض بفيروس نقص المناعة ، هل يتم إعطاء دعم نفسى لهؤلاء المرضى

نعم لا

- هل تم تدريبك على الدعم النفسى لهؤلاء المرضى نعم لا
- هل لديك معلومات عن الأثار الجانبية الجسدية لعلاج الHIV ؟ نعم لا
- هل لديك معلومات عن الأثار الجانبية النفسية لعلاجHIV نعم لا
- هل لديك معلومات عن التفاعلات الدوائية لعلاج الHIV خاصة مع الأدوية النفسية

نعم لا

- إذا كان المريض الذى تم تشخيصه بفيروس نقص المناعة يعانى من مرض الإدمان ،حدد إذا كان يتم استثناءه من أى من الخدمات الآتية

  - العلاج بالأقسام الداخلية
  - المتابعة بالعيادات الخارجية
  - صرف العلاج الدوائى
  - لايتم استثناءه

- هل يتم متابعة إنتظام مريض الادمان المصاب بالفيروس فى متابعة مرض الادمان وتعافيه؟

نعم لا

- اذكر الفئات التي لا يتوافر لها العلاج.....

- هل تعتقد انه يتم توفير المعلومات الكافية لمرض HIV؟ نعم لا

اذكر مقترحاتك للتعديلات اللازمة

.....

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.....

- هل يتوافر العلاج بصورة مستمرة؟ نعم لا

اذا كان لا، اذكر السبب

.....

و اذكر معدلات عدم توافر العلاج:

.....

- هل انت راضي بصورة عامة عن مستوى الخدمة الحالي؟ نعم – لا – الى حد ما
- مقترحاتك لتحسين الخدمة

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منسق المشروع

د . ندى عادل أبو المجد

مقدمى الخدمة الصحية فى مجال الإدمان

1. أذكر التدريبات التى تلقيتها للعمل مع مرضى فيروس نقص المناعة؟
2. اذكر الصعوبات التى تواجهها فى التعامل مع المرضى فى هذا المجال؟
3. كيف يتم أخذ موافقة المريض على التحاليل فى حالة عدم طلبه؟
4. عندما يتقدم شخص لعمل التحليل ماهى الاسباب التى يمكن رفض عمل التحليل لوجودها؟
5. ماهى الإجراءات التى تتم مع المريض قبل وبعد التحليل المبدئى؟
6. ما تقييمك لهذه الإجراءات؟
7. من يتم إبلاغه غير المريض نفسه على نتيجة التحاليل؟
8. كيف يتم إبلاغهم بنتيجة التحاليل؟
9. اذكر التحاليل المتاحة فى مكان عملك؟

10. فى حالة عدم توافر جميع التحاليل ما الإجراء المتبع؟
11. هل تشخيص مريض الإدمان بفيروس نقص المناعة يستثنيه من أى من خدمات علاج الإدمان في المقدمة؟
12. هل مريض فيروس نقص المناعة الذى يعانى من مرض الإدمان يستثنيه من أى من خدمات علاج فيروس نقص المناعة؟
13. ماهى خدمات الدعم النفسى المقدمة للمرضى؟ وهلى يتم تدريبك عليها
14. ما العلاج المتوفر بالمنشأة لفيروس نقص المناعة؟
15. ما هى مدى معرفتك بمرض نقص المناعة و بالعلاج الدوائى للفيروس وأثاره؟
16. ما هى اقتراحاتك لتحسين هذه المعرفة؟
17. فى حالة عدم توفر العلاج بالمنشأة ماهو دورها مع المرضى المصابين بالفيروس؟
18. ماهى الفئات التى لا يتوافر لها العلاج؟
19. ما رايك فى مستوى الخدمة المقدمة واقتراحاتك لتحسينها؟

منسق المشروع

د . ندى عادل أبو المجد

<u>المرضى</u>

1- كيف اكتشفت بأنك مصاب بمرض نقص المناعة المكتسب؟
2- فى تصورك كيف تم إصابتك بالعدوى ؟
3- ماهو رأيك (إنطباعك) عن المشوره قبل وبعد إكتشاف المرض ؟
   - المعلومات عن إحتمالات التحسن, إحتمالات الشفاء ,علاقة الإدمان بالمرض
   - طرق العدوى و قاية الأخرين
   - سرية المشورة
   - تقبل المعالجين لك
   - حقوقك القانونية
4- كيف تم شرح وتقديم العلاج الدوائى لك ؟
5- كيف يتم صرف العلاج لك مع ذكر الصعوبات التى تواجهك فى عملية الصرف؟
6- أذكر خدمات المتابعة المقدمة لك من حيث التحاليل لمتابعة الفيروس والدعم النفسى والأثار الجانبية للعلاج؟
7- كيف ساعدك أطباء / معالجين الإدمان فى إكتشاف وتقبل وعلاج مرض (HIV)؟
8- ماهى الصعوبات التى واجهتك فى علاج الإدمان بعد إكتشاف أنك مريض (HIV)؟
9- ماهى الصعوبات التى واجهتك فى علاج مرض HIV كمريض الإدمان ؟

10- ماهى علامات التفرقة فى المعاملة التى واجهتك فى علاج الإدمان

11- ما رأيك فى مقدمى الخدمة العلاجية فى مكان علاجك ؟

12- ما رأيك فى مقدمى خدمة علاج الإدمان وإهتمامهم بمتابعة علاجك وصرف العلاج الدوائى

13- ماهى الخدمات المقدمة ضمن علاجك من الإدمان و تأثرت جودتها نتيجة تشخيصك بفيروس نقص المناعة؟

14- اذكر أنطباعك العام عن تجربة علاجك حتى الآن ؟

15- أذكر إقتراحاتك لتحسين الخدمة؟

Annex2: Model of care for HIV positive patients within addiction recovery services.

Model of Care Regarding patients of HIV and substance use

Objectives of the Model:

- To promote the detection of HIV infection among substance use patients
- To Perform proper counselling regarding HIV for patients of substance use problems
- To increase the compliance of substance use patients who suffer from HIV patients for both substance use and HIV treatment.
- To promote available harm reduction strategies in Egypt.
- Increase the knowledge of addiction treatment professionals about HIV treatment.

Detection of HIV infection in substance use patients:

Goals:

1-Educating the multi disciplinary team about the importance and the steps of screening for HIV in substance use patients.

Injecting drug users are a key population for HIV infection classified by WHO.

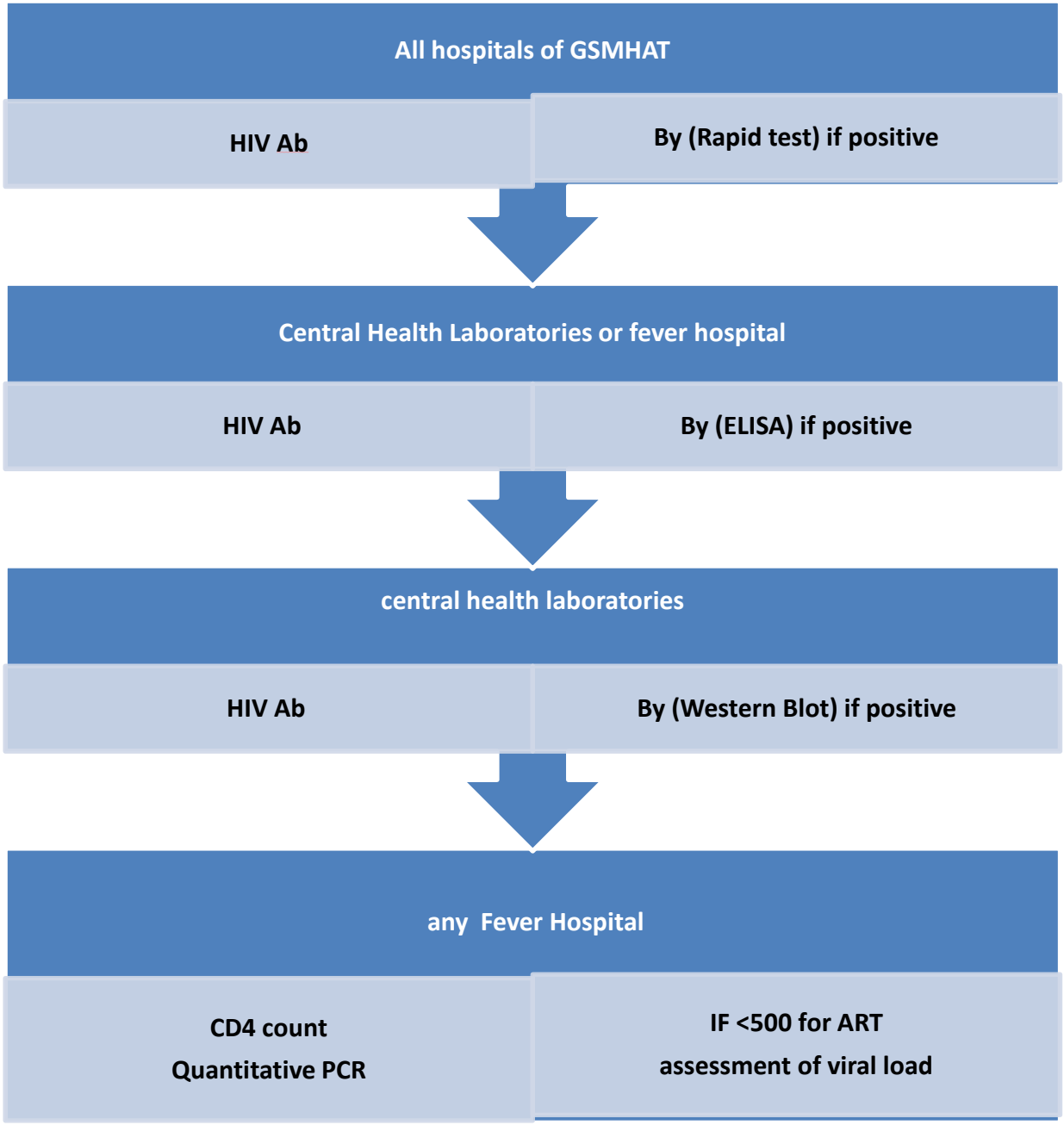
Rate of transmission of HIV infection in injecting drug users is 13% in Egypt according to National AIDS program (NAP), which is the second rank after 36% by sexual contact. They have dual risk by IV injection, sharing needles and unsafe sex. Egypt has 30% increase of HIV infection yearly. So screening of HIV in substance use disorder is mandatory.

Screening and detection of HIV in suspected population help to deliver treatment early so their prognosis improve, delay complications, decreases transmission to community as recommended by WHO and CDC.

Tests used for HIV screening:

- Rapid kits which take few minutes and easy to be done.
- ELISA takes few hours and need lab.
  N.B: If ELISA 1 test is positive so ELISA 2 should be done if positive so the patient is positive.
- Western blot test appear after 10 days.

❖ So any patient with substance use disorder will undergo:



- Patient can take medications from any fever hospital in Egypt which is for free.
- Follow up every month to exclude mainly medical complications.
- Every 3 months patient undergo CD4 count testing and quantitative PCR to follow up effectiveness of treatment (dose modification or shifting).

2-Training the team about how to motivate substance use patients to test for HIV

Patients with substance use disorder who are not motivated tend to neglect their health. Also they may panic if they heard about AIDS,

So start with :

1- Defining the risky behaviours that the patient did (IV injection, sharing needles, unsafe sex).
2- Then to tell him that these behaviours expose him to direct infection to his blood and we need to check this as it is a apart of routine tests for every patient with substance use disorder.
3- After that to tell him the most common blood borne infections in substance use disorder patients are Hepatitis C 30%, hepatitis B 3% and HIV 0.3 %.
4- Each one of them had treatment which is effective, easily accessible and for free if all negative this is fine you will take Hepatitis B vaccine and we will repeat it every 6 months.

Later you will counsel the patient about harm reduction approaches to decrease these risky behaviours that will be mentioned later.

3- Setting program for post screening counselling and training the medical team to apply it for fulfilling these points:

a) How to tell the patient he is HIV positive through skills how to deliver bad news
b) Education of the patient about HIV diagnosis, treatment and prognosis
c) Motivate patient to start treatment
d) Prevention of transmission of infection
e) Motivate the patient to tell his partner

a) How to tell the patient he/she is HIV positive through skills how to deliver bad news

After screening done by ELISA there will be two situation

1- ***Patient HIV negative:*** here there are two options :
   - ❖ The patient is negative: so to talk about harm reductions approaches to avoid getting infected.
   - ❖ **The patient is in window period** when the first detection of antibodies from (18-34) days with average 22 days. **So repeat the test after one month.**

<u>Window period:</u> during which the patient has HIV infection but the antibodies yet did not appear.

- ✓ **First detection of HIV RNA (7-21)**
- ✓ **First detection p24 (13-28)**
- ✓ **First detection of antibodies (18-34) from exposure.**

2- <u>Patient HIV positive by ELISA :</u>

- If the patient is admitted to health care facility so automatically a confirmatory test (western blot) will be done if the result is positive so you tell the patient the result.
- If he is an outpatient you will tell him that by ELISA test could not confirm that you have HIV infection but we still need to do the confirmatory test. As in this situation you have to motivate the patient to do the confirmatory test.
- After the western blot is positive here you need to deliver this news to the patient, to help him to overcome the negative feelings and to motivate him to start treatment.

Here the SPIKES approach to deliver bad news is useful.

<u>The six steps of SPIKES (Baile,2000.CEFLT, 2010)</u>

<u>Step 1:</u> <u>Setting up the interview:</u>

- Ensure privacy, avoid interruptions and provide support.
- Check all information the test results, the right patient before the interview.
- You can tell the patient that as we said before his substance use disorder the IV route he used and unsafe sex can lead to infections like hepatitis C, hepatitis B and HIV so we did the virology test which reveal he is HIV positive.

<u>Step 2:</u> <u>Assessing the patient perception:</u>

- You want to know the information the patient known about HIV (AIDS).
- Observe the statements the patient said and his body language this will give you some input about the patient emotional state. This will help you to go through the next steps.

<u>Step 3:</u> <u>Obtaining the patient Invitation:</u>

- Listen to the patient and what he wants to know right now.
- To which level of information he wants to reach.
- Do not use any leading questions.

Step 4: Giving knowledge and information to the patient:

- Your objectives to be done are diagnosis, treatment plan, prognosis and support.
- The information you give dynamically changes according to the patient as it is difficult to predict how the patient will respond to this bad news.
- Try to give the important data for making the appropriate medical decisions.
- Respect the patient autonomy to accept or to reject treatment.
- Change patient understanding by small pieces of information, through use of simple language, check reception and explain, reinforce information, repeat important information, can use diagrams and observing the patient response.
- Listen to the patient plan.

Step 5: Addressing the patient emotions with empathic responses:

- Listen and respond to the patient feeling with empathy
- Observe the patient give him time to express his emotions. Avoid criticism to his expression of emotions.
- Ask him what he thinking about? How does he feel?
- Allow silence.

Step 6: Strategy and Summary:

- Make a plan.
- Identify coping strategies of the patient and the reinforce them.
- Identify other supporting system.
- After the patient leaving check your own feeling.

b) Education of the patient about HIV diagnosis ,treatment and prognosis (*National guidelines for HIV counseling,2004*):

- First reveal the difference between HIV and AIDS as it is different.
- HIV is the virus causing this infection.
- It is has to cause AIDS as AIDS is the late complicated stage caused if the patient dose not receive the recommended. So simply **not** every patient with HIV will have AIDS.
- It is transmitted through

- It is secreted in all body fluids.
- Blood so it is transmitted through IV injections, shared syringes.
- Seminal fluid and vaginal secretions (unsafe sex).
- There are the percentage of HIV infection through different sexual practices :

1- Receptive anal intercourse (138/10,000)

2-Insertive anal intercourse (11/10,000)

3-Receptive penile-vaginal intercourse (8/10,000)

4-Insertive penile-vaginal intercourse (4/10,000)

5-Receptive oral intercourse (low)

6-Insertive oral intercourse.(low)

- Breast milk in case of lactating women.
- HIV tests present in all hospitals of ministry of health and tell him the previous chart about pathways of tests.

c) Motivate patient to start treatment :

- Tell the patient that HIV medications present in all fever hospitals also treatment for free.
- After CD4 Count done if it is below 500 the patient will receive treatment and will follow up every month for taking medications and to follow up if there is any complications .He will also do CD4 count and PCR for assessing viral loads this every 3 months.

❖ Antiretroviral therapy (ART) is effective for HIV infection treatment. ART offers effective viral load suppression, recovery of the immune system decrease complications and increase life expectancy almost near to normal population but still less than it ***(Margret T, et al.2014) (Ingrid T.k,2017).***

❖ To motivate the patient to start treatment as early as possible to avoid any complications at the future and to decrease transmission of infection. WHO recommend starting ART as early as possible regardless CD4 count as the studies shows that early initiation of ART even CD4 more than 500 leads to decrease complications and death by 52% ***(WHO guidelines for using ART, 2016).***

Also you have to clarify that this happen when the patient is adherent to treatment taking the appropriate dosage as prescribed, to be taken at the same time every night to avoid resistance. To do his follow ups at regular times. To tell him also those side effects are temporary it appears at the first month of treatment then it improves.

d) Prevention of transmission of infection

❖ Education about general precautions for personal hygiene :

- To use his own toothbrush, scissors for rimming his fingernails ,razor for shaving his beard only and no one to use these personal things and he should not use others things too.
- To cover any oozing wound or ulcer to avoid dissemination of infection through body fluids.
- To avoid blood transfusion.

- If he went to any doctor for any invasive procedures to tell the medical staff to take their precautions.

❖ Education about his substance use disorder to be motivated to receive management for substance use disorder with specialized psychiatric institute. to be abstinent is the most safe way to decrease infection but we could not ensure that as the disorder is a chronic relapsing disorder so relapse is a part of the disorder so we need to decrease the harm by harm reduction approaches.

❖ Education about harm reduction approaches as follows:

1. Education about safe injection (Lynda H, 2007) (Preston A, 2000):

- Use a sterile syringe for each turn of injection.
- Do not share needles with anyone.
- Use sterile water you can buy it from pharmacy.
- Use little amount of citric acid to dissolve heroin.
- Start with disinfection of the site of injection by alcohol swab.
- Inject by yourself.
- Start with peripheral veins (veins of the hand, arm are safer than lower limb veins and neck veins are extremely dangerous).
- Feel the vein before injection to avoid wrong injection of an artery.

2. Education about overdose(Lynda H, 2007) (Preston A, 2000) :

- Do not use substance alone
- Avoid more than one substance
- Do not increase the dose
- Education of his family about recovery position to avoid aspiration
- Get naloxone injection at your home. As Naloxone injection better be given as soon as possible in cases of overdose it is effective when given intravenous (IV), intramuscular (IM) , intranasal or subcutaneous (SC) this is according to the available formula , setting of the event and skills of administration till going to the toxicological centre ***(WHO guidelines for HIV in Key population,2016).***

3. **Education about safe sex practice (D,J. clutterbuck, et al,2012)**:
   The safest way to do safe sex is to be abstinent. But we educate patient about safe sex practices to decrease harm.
   The most important issue is to prevent sharing fluids between partners as HIV secreted in all body secretions but more concentrated at genital tract secretions and blood.
   - One faithful partner

- Use of condoms ***(condom programming for HIV prevention manual) :***
  - ✓ Negotiate with the partner condom use
  - ✓ Make it available with you most of the time
  - ✓ Check expiry date of the condom
  - ✓ Avoid opening condom with sharp object to avoid tears
  - ✓ Use proper size not small nor large
  - ✓ Use it correctly
  - ✓ Use water based lubricant to avoid tears and slippage as with oil based lubricants
  - ✓ Use only a male condom or female condom only
  - ✓ Do not put on two condoms as it will tear.
  - ✓ Check your status and your partner presence of any sores , ulcers in genital area or mouth
  - ✓ In anal sex use a thicker condom
- Check for presence of other sexually transmitted diseases and treat them
- Avoid alcohol use and other substance use to decrease risk of having unsafe sex.
- Avoid teeth brushing, flossing before and after sex to avoid making row surface area for infection.
- Pre-exposure and post exposure prophylaxis for HIV.

e) Motivate the patient to tell his/her partner: to avoid transmission of infection and to receive also the appropriate counselling and education.

N.B: The physician can help by doing the previous education as mentioned before. Then we need to do counselling for the partner.

❖ **Counselling of the partner:**

- After the patient told his partner about HIV infection.
- First motivate the partner to do HIV testing by telling her information about HIV virus and the difference between it and AIDS.
- Education about screening tests, As Who recommend that voluntary HIV testing should be offered for couples and partners with support of mutual disclosure also this applied to couples and partners of key population which is patients with substance use disorder are one of them***(WHO guidelines on use of ART for treatment and prevention,2016)***

❖ The partner will do HIV Ab by ELISA IF negative then HIV 2 Ab should be done if negative this means either the partner is negative or at the window period so to repeat the test after one month.

❖ Seronegative partner needs education about safer sex practices as previously mentioned

- ❖ General precautions to avoid any blood borne transmission of infection as mentioned before too.
- ❖ Dealing with spilled blood or other body fluid from infected partner:
  Use disposable gloves, disinfect using hypochlorite (chloride) by sprinkling it liberally then let it to contact with it for 2 minutes .then wipe up carefully by disposable tissue. Finally wash the area with detergent (soap) and let it to dry.
- ❖ Education about pre-exposure and post-exposure prophylaxis:

- **Pre-exposure prophylaxis (CDC, PrEP, 2014):**

- It is used to prevent HIV infection in people who do not have HIV but can be highly exposed to HIV infection as seronegative partner.
- Pre-exposure prophylaxis is effective in preventing HIV infection by 92%. For more effectively to be combined with safer sex practices and other precautions
- Medications prescribed 2 medication combinations Tenofovir + Emtricitabine (Truvada).
- Before stating the partner must do HIV test should be negative, normal kidney functions.
- Follow up every 3 months doing HIV test and kidney function every 6 months. For females pregnancy test every 3 months.

- **Post-exposure prophylaxis (*WHO guidelines on use of ART for treatment and prevention, 2016)***:

- Should be offered for any exposure with infected body fluids (blood, genital secretions, breast milk, cerebrospinal fluid, blood tinged saliva, peritoneal, synovial, amniotic, pleural and pericardial fluids) that has potential for HIV transmission.
- It should be administered in less than 72 hours.
- The effective regimen used 2 ART medications but 3 art medications is preferred this regimen for adults and adolescent:

- **First:** Tenofovir +Lamivudine / Emtricitabine are recommended as main regimen for HIV prophylaxis for adult and adolescent.

- Lopinovir is a preferred third medication but Efavirenz if present can be used as an alternative.
- **Tenofovir + Emtricitabine combination is available in Egypt known as Truvada . Also Efavirenz is available also in Egypt.**
- Post exposure prophylaxis is prescribed for 28 days.

<u>Counselling for families of HIV infected patients:</u>

- Education about general precautions to prevent transmission of blood borne infections as mentioned before.
- If the patient told his family so tell them the difference between HIV and AIDS.
- The prognosis of the disease if he is compliant on treatment in comparison for non-compliance.

Enhancing compliance on ART:

- First establish rapport, trust and bidirectional communication.
- Provide simple education about medications:
    - ✓ Medication dosage and schedule commonly taken at night after food by 2 hours and should be taken at the same time every day.
    - ✓ Tailor the dosage time according to patient daily routine.
- Identify reminders and supportive persons to ensure adherence.
- Identify the other barriers that block adherence and try to find with the patient to find solutions.
- Try to be non-judgmental and try to normalize missed doses with ensuring the importance to be compliant.
- Reinforce success of the patient.
- Education about common side effect also clarify that it is temporary.
- Non adherence leads to drug resistance.
- Having a contact person in the HIV treatment centres to reassure substance use patients infected with HIV
- Educating the health workers in HIV treatment centres about substance use disorder as a disease and how to deal with substance use patients
- Encouraging the multi-disciplinary team of substance use treatment to follow up the patients compliance for HIV treatment
- Applying reach out services for HIV patients who drop out from the services of treatment of substance use disorders.
- Increasing the accessibility for HIV treatment in substance use treatment centres either by providing HIV medications in substance use treatment centres or guiding the patients for the nearest HIV treatment centre to them
- Ensuring the availability of HIV treatment for free
- Empowering the patients to stay compliant on treatment and help them to overcome difficulties in obtaining the treatment.
- Peer counsellors
- Mobile phone text messages

Promotion of available harm reduction strategies in Egypt

- Education of HIV infected IDU about safe injection as mentioned before.
- Education about safer sex practices as mentioned before.
- To take the substance history and sexual history to identify risky behaviours and to find with the patient solution to be safer.
- Try to keep HIV infected substance use patients compliant on HIV medication even if they are abusing substance
- Vaccinate HIV infected substance use patients with Hepatitis B vaccination which is available at centre of vaccination at Egypt and at infection control units of hospitals and can be taken with low price.
- The physician has to motivate the patient to take Hepatitis B vaccine even in active substance use.
- Also motivate the patient to start treatment of other co morbidities like Hepatitis C , Hepatitis B infections as it is commonly to see patients with HIV and HCV infection he have to start treatment of HCV infection even during active drug use .

Increase the knowledge of addiction treatment professionals about HIV treatment

Goals:

- **Increasing the knowledge about anti retro viral treatment of HIV and their side effects:**
- **<u>The guidelines of ART:</u>**

<u>First line</u>:

- tonofovir Disproxile Fumarate+lamivudine/emicitrabine.
- zidovudine/stadovudine +lamivudine**.**

<u>Second line</u>: it must be consisted of two nucleoside reverse-transcriptase inhibitors (NRTI):

- After failure on a tonofovir Disproxile Fumarate+lamivudine/emicitrabine as first line regimen ,use zidovudine+lamivudine
- After failure of zidovudine/stadovudine +lamivudine as first line ,use tonofovir Disproxile Fumarate+lamivudine/emicitrabine

<u>Third line</u>: it should include new drugs with least side effects such as protease inhibitors, second generations Non nucleoside reverse- transcriptase inhibitors and integrase inhibitors.

- **<u>The ART present in Egypt are Truvada</u>:**

- (Tenofovir Disproxile Fumarate+ Emicitrabine)
- Nucleotide reverse transcriptase inhibitors (NRTIS)
- Renally eliminated
- Plasma half life (17h): once daily .
- Side effects: nausea , nephrotoxicity and osteoprosis
- **Efavirenz** : Non-Nucleoside Reverse
- Transcriptase Inhibitor (NNRIT).
- Metabolized by Liver.
- May cause false positive results for cannabis and benzodiazepines
- **Side effects**: rash, dyslipidemia, hepatotoxicity, fatigue.
- **Neuro-psychiatric side effects :**
- **Common**
- Abnormal dreams
- Dizziness
- Drowsiness
- Insomnia
- Headache
- Impaired concentration
- **Less common**
- Depression
- Mania
- Hallucinations
- Suicide ideation
- Depersonalization
- These side effects are worse during the beginning of treatment.
- To minimize side effects ,Efavirenz should be .taken at bedtime ,at least 2 hrs after food
- **Drug interactions:**
- **Tenofovir :** may increase level of fluvoxamine ,duloxetine and antipsychotics but it is clinically irrelevant.
- **Emtricitabine:** no drug interactions.
- **Efavirenz :**
- it reduces level carbamazepine,bupropion,methadone,sertraline.
- It increases levels of: lorazepam, midazolam,diazepam.
- Carbamazepine decreases level of efavirenz
- Efavirenz also may increase seizure risk associated with certain psychotropics

Adding information about drug interactions between HIV medications and substance use disorder medications

Truvada and efavirenz has no interactions with naltrexone and lofexidine.

Assessment of other psychiatric co-morbidity (Depression, anxiety and psychosis)

One of the most common co-morbidity with HIV is depression and it is possibility increases in presence of substance use disorder for assessment of depression and anxiety we can use Hospital Anxiety depression scale which is **Hospital Anxiety and Depression Scale (HADS) (Zigmond , 1983) :**

- Self-report questionnaire which measure depression and generalized anxiety.
- It consists of 14 items (7 each for anxiety and depression). Each item is rated on 4 point ranging from 0 (not at all) to 3 (very often). Responses are based on the relative frequency of symptoms over preceding week.
- Scores for each subscale (anxiety and depression) range from 0 to 21 with scores categorized as follows: normal 0-7, mild 8-10, moderate 11-14 , and severe 15-21.scores for the entire scale 9emotional distress) range from 0 to 42, with higher scores indicting more distress. Arabic version **(El-Rufaie et al., 1955).**

Assessment of psychosis using Brief Psychiatric Rating Scale (BPRS) (Overal, E, 1988):

- It is an interviewer administered scale for assessment of positive, negative and affective symptoms. Also considered the patients behavior in last 2-3 days.
- It consists of 18 symptoms constructed to take 20-30 minutes. Each question ranked from 1 not present to 7 extremely severe.
- Also used for follow up of improvement of severity of symptoms in response to pharmacological treatment.

Information about medications used in treatment of other psychiatric co morbidties (*Marry .A.c, 2016)*

- **In cases of depression the antidepressants recommended to be used are :**

✓ Escitalopram (10-20)
✓ Citalopram (10-40)
✓ Venlafaxine (150)
✓ Bupropion (150-300)

- **Antipsychotics recommended to be used are :**

✓ Aripiprazole (5-10)
✓ Quetiapine (25-100)

- ✓ Olanzapine (2.5-10)

- **<u>Treatment considerations in HIV patients with other psychaitric comorbidty:</u>**
  - ❖ start very low and go very slow
  - ❖ patients with AIDS more vulnerable to extrapyramidal and anticholinergic adverse effects of psychotropics
  - ❖ avoid medications with highly anticholinergic activity
  - ❖ Avoid psychotropics which cause extrapyramidal adverse effects.

One of the psychiatric co morbidity is HIV – associated neurocognitive disorders (HAND):

It is prevalence with HIV infection is 40%

- Every patient with HIV infection should be evaluated for HAND at least once a year regardless CD4 count, viral suppression or stage of the disease.
- It could progress to HIV dementia
- HIV associated dementia is a preventable and reversible disease in person below 50 years of age.
- Delirium is also common in patients with HIV it could be due to HAND or HIV associated dementia, can occur at any age and also it can mask depression or mania .

<u>HIV had also medical complications that commonly occur especially with substance use patients:</u>

- It also recommended for adults with HIV including pregnant women to receive Co-trimoxazole prophylaxis in advanced HIV disease or CD4 count less than 350***(WHO guidelines on use of ART for treatment and prevention,2016***) .
- It also given routinely to patient with HIV and TB regardless CD4 count. ***(WHO guidelines on use of ART for treatment and prevention,2016***)

<u>Hepatitis C</u>: The preferred treatment her is (sofosbuvir+daclatavir+/ribavirin) it is the combination with no drug interactions.

<u>Tuberculosis (TB)</u>**:** (Integrating collaborative TB and HIV ,2016):

- TB commonly occurs as a complication in HIV patients and it is more common to occur to substance abuse patients. It is recommended that every patient living with HIV should be screened for TB specifically Injecting drug users so if no TB symptoms treat for latent TB (It is common in Injecting drug users)
- If there are TB symptoms (cough, fever, weight loss, and night sweat): do more investigation if confirmed treat TB before Hepatitis C.

- TB treatment here is Rifampicin the best option here is here is Rifabutin as it is least drug inducing effect, as rifampicin is a strong enzyme inducer.
- Patients with TB should start ART as soon as possible.
- Patients living with HIV who are unknown status of tuberculin test or positive tuberculin test, and unlikely to have active TB should receive 6 months of Isoniazid preventive therapy as a part of HIV care .this is regardless the CD4 count , patient on ART ,who previously treated from TB and also pregnant women.

Ensuring knowledge about the ethical and legal aspects of HIV screening and treatment in substance use patients

- HIV test could only be done voluntarily the patient should give consent to do it.
- The patient has the right to accept to start treatment or to refuse it no law give the physician the legal right to treat patient against his
- Confidentiality is an important issue every physician has to do it if he breaches confidentiality of the patient against his will so he will be responsible legally.
- **But there are 3 conditions that the physician can breach the patient confidentiality (*HIV voluntary counselling and testing, 2011):***

1- The patient at risk of harming himself.
2- The patient at risk of harming others.
3- Patient in shock stage and could not take competent decisions.

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Annex3: Future Action Plan regarding the proper application of services.

Procedures

A. Creating specific teams in each hospital consisting of:

- **Outpatient clinic team: a psychiatrist and two nurses, responsible on the following:**
  - ❖ Conducting educational group about HIV.
  - ❖ Taking patient written consent on performing initial test.
  - ❖ Promoting HIV initial (rapid) test and performing pre-test counselling.
  - ❖ Keeping data base on a secure computerized program.
  - ❖ Contacting patients with initial positive test to perform confirmatory test.
  - ❖ Performing post-test counselling and directing patients towards HIV treatment centres with a reference form.
  - ❖ Registering regularity of patient's visits (both SUD services and HIV services)
  - ❖ Contacting patients who drop out of either SUD or HIV management services.
  - ❖ Conducting support group and individual sessions to increase patient's adherence to treatment and raise awareness.
  - ❖ Educational groups about harm reduction techniques.
  - ❖ Offering patients family and marriage counselling based on a written request.
- **Inpatient team: a psychiatrist and one nurse of each ward, responsible for:**
  - ❖ Conducting educational group about HIV.
  - ❖ Taking patient written consent on performing initial test.
  - ❖ Promoting HIV initial (rapid) test and performing pre-test counselling.
  - ❖ Keeping data base on a secure computerized program.
  - ❖ Contacting patients with initial positive test to perform confirmatory test.
  - ❖ Performing post-test counselling and directing patients towards HIV treatment centres with a reference form.
  - ❖ Registering regularity of patient's visits (both SUD services and HIV services)
  - ❖ Contacting patients who drop out of either SUD or HIV management services.
  - ❖ Conducting support group and individual sessions to increase patient's adherence to treatment and raise awareness.
  - ❖ Educational groups about harm reduction techniques.
  - ❖ Offering patients family and marriage counselling based on a written request.

B. Preparing cooperation protocols with:

- **NIDA (National AIDS Program)**

As it's responsible for HIV management (follow up and treatment), all its services are free of charge.

Required to fulfill:

1. Having standard referral system.
2. Regular reports of patient condition and medications.
3. Notification system about drop out from treatment.
4. Mutual training program (where HIV service providers are trained about dealing with SUD patients and SUD recovery team are trained about HIV medications and their interaction with psychotropic medications…….)
5. Shared data base.
6. Combined effort to develop national campaign to decrease stigma.
7. Using SUD services to promote HIV services and vice versa.

- **Non-governmental organizations: (working either with SUD or HIV patients)**
  Required to:
  1. Raise awareness
  2. Promotion of available services.
  3. Decreasing stigma.
  4. Encouraging patients to approach services.
  5. Increase patient's adherence to treatment systems.

C. TOT and Continuous training program

- **Specialized Training Of Trainers (who will create the HIV team in each hospital and train the rest of the staff)**
  - ❖ HIV. (will designed training to meat as much of possible patient questions as possible)
  - ❖ Pre and post-test counselling.
  - ❖ Referral system.
  - ❖ NIDA provided services.
  - ❖ Psychological support.
  - ❖ Follow up.
  - ❖ Reach out.
  - ❖ Means of communication with other services providers.
  - ❖ Raising awareness and fighting stigma of HIV.
  - ❖ Monthly reports and follow up charts.
  - ❖ Reassessment every 4 months (applying the same questionnaires used in initial assessment for comparison)
- **Specialized Training Of Trainers (HIV services providers)**
  - ❖ SUD.
  - ❖ Dealing with SUD patients.
  - ❖ Raising awareness and fighting stigma of SUD.
  - ❖ Report system about patient condition and medications to SUD service providers.

- ❖ Reassessment every 4 months (applying the same questionnaires used in initial assessment for comparison)
- ❖ Means of communication with SUD service providers.

- **Basic training (all Addiction recovery team members)**
  - ❖ Basic information about HIV.
  - ❖ Basic information about available services.
  - ❖ Basic information about SUD and injection hazards.
  - ❖ Basic training about harm reduction techniques.
  - ❖ Acknowledgment of HIV team in each hospital and referring patients to the team to avoid misleading information.

Monthly Report

(Reporting monthly performance of HIV in each hospital)

Number of OPC patients:

Number of OPC new cases:

Number of cases taking Initial HIV test in OPC:

Number of positive initial tests in OPC:

Number of confirmatory tests (ELISA, samples sent to central laboratory) in OPC:

Number of positive ELISA tests in OPC:

Number of referrals to specialized care in OPC:

Number of educational groups conducted in OPC:

Number of family and marriage counselling conducted in OPC:

Number of admitted patients:

Number of cases taking Initial HIV test in inpatients:

Number of positive initial tests in inpatients:

Number of confirmatory tests (ELISA, samples sent to central laboratory) in inpatients:

Number of positive ELISA tests in inpatients:

Number of referrals to specialized care in inpatients:

Number of educational groups conducted in inpatients:

Number of family and marriage counselling conducted in inpatients:

Problems met:

Follow up chart

(Conducted by the follow up team in Addiction Administration IN GSMHAT)

- Original team:
- Available team member:
- New team members:
- Training record of new members:
- Computerized patients data:
- Comparing available data to send reports:
- On-going sessions:
- Patients complains:
- Team complains: