POLICY AND PROGRAMMING IMPLICATIONS

Service providers working with women drug users can consider the following activities to establish a case management system for clients:

Identify potential case managers from among your staff

Provide a small training lecture for potential case managers on case management. Develop a Plan of Action to set up a case management system

Identify clients who are in need of case management services, and assign case managers to individual clients

Identify key services required by your clients using a client-driven approach

Approach key service providers and work to negotiate and sign MOUs

Hold regular meetings (monthly) for your case managers to brain storm and support one another

Case management for women who use drugs

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BACKGROUND

Women who use drugs require a wide range of services beyond those required by male drug users. To meet women's needs, harm reduction service providers often refer women to services that may not be accustomed to working with drug users-such as antenatal care. For this reason, client adherence to referrals may be weak. Case management is a system that can serve to strengthen client attendance and adherence to key services and is particularly helpful to women who use drugs.

WHAT ARE THE ISSUES?

Women who use drugs need access to a range of services that are different from those of male IDU: Services for drug users tend to be male-centric: The majority of their clientele is male, and the services they provide are geared to meet the needs of men. Women who use drugs require access to a complex of gender-specific services that go beyond the standard set of harm reduction and drug treatment services. For this reason, women may not find standard harm reduction and drug treatment services attractive and may not attend, or, if women do attend, they may not access the range of services they require.

Some key gender-specific services women drug users require include:

- Gynaecology
- Pregnancy termination services
- Pregnancy care
- PMTCT
- Motherhood support
- Childcare support
- Support to access paediatric ART
- Gender-based violence support

Lack of integrated services in many settings:
An ideal system to support access to all necessary services for women IDU is an integrated system. An integrated system, also referred to as a "one-stop-shop" provides as many services as possible in one location. For example, a project called Sheway in Vancouver, Canada, provides a wide range of services all co-located in one building: needle and syringe exchange, opioid substitution therapy, childcare, HIV counselling and testing, legal support, parenting support for mothers, and some housing for women.[1] In most low-resource settings, establishing this kind of system is not realistic in the short to medium term. For this reason, other ways must be found to link women drug users to the services they require.

Referral systems for women drug users may not be effective:
In recognition of the diversity of gender-specific services women drug users require, some harm reduction and drug treatment services in low resource settings have established a referral system that directs women clients to the various services. A referral system based at a harm reduction project typically provides clients with information about where and how to access the services they need. This could mean, for example, directing a pregnant IDU to the most convenient antenatal care clinic. Referrals are an important component of any service for drug users. However, because women who use drugs require access to a greater range of services than men, and because these gender-specific may not have experience working with drug users, women tend to encounter greater challenges than men when accessing and attending the services to which they are referred. For example, a pregnant drug user who is referred to an antenatal care clinic by a harm reduction service provider may have difficulty attending the antenatal care clinic because she may not be clear on how to get there, because she is concerned that doctors at the clinic may discover her drug use and report her to law enforcement authorities, or because she may have very little experience with health care facilities in general and not feel comfortable attending. Medical staff at the antenatal clinic may not have experience working with drug-using women and may not know how to approach her effectively, what treatment to provide, or they may be uncomfortable working with a pregnant drug user and have discriminatory or stigmatising attitudes. For all these reasons, a simple referral to a gender-specific services, such as antenatal care, may not be sufficient to ensure that a pregnant women who is using drugs gets access to the antenatal care she requires.

UNODC
United Nations Office on Drugs and Crime
Country Office Pakistan

For more information on the
UNODC Country Office, Pakistan
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www.unodc.org/pakistan

[1] Meaghan Thumath, Creating "the village" for women who use drugs and their families: Lessons from Sheway, Presentation at the International Harm Reduction Association Conference, Barcelona, Spain, May 11-15, 2008

Case management for women who use drugs

EVIDENCE: WHAT IS CASE-MANAGEMENT? AND HOW TO DO IT

Case management (also referred to as Client Management) is a system designed to facilitate and support client access to a range of necessary services. It has been used with particular success when working with PLHIV, IDU and HIV-positive IDU. It is well suited to working with women who use drugs. A case management system assigns clients to a case manager who is responsible for working individually with each of his or her assigned clients.

Case management for drug users works to provide clients with a continuum of care by bringing together services that may be fragmented. For example, a drug user client may require access to drug treatment, and also trauma counselling, legal services, and childcare support. The work of the case manager is to bring these issues together, while also mediating and navigating the various systems that provide these services. The case manager helps to set up a proper, accessible and sustainable referral system and an integrated care system. The case manager also often becomes an advocate for marginalised groups by the very nature of his/her work, identifying gaps in the care system and learning about abuse or exclusion from treatment and care first hand.

A number of case management programs have been established for IDU in developing countries. Some examples are:

Case Management for IDU in Jakarta:[2]

Most case management programs for drug users develop out of a specific issue or set of issues that a project is facing. In Indonesia, KIOS Atmajaya, a comprehensive HIV intervention program managed by Atmajaya Catholic University, found they were facing a number of challenges working with IDU clients:

1. They noticed that many of their IDU clients were reluctant to see the doctor when sick, and some of their clients died during referral because they were so seriously ill.

2. They found that most of their clients were poor (from intake data they saw that 83 percent were unemployed) and were disengaged from their families so they could not afford expensive medical services.

3. They found that many medical service providers were reluctant to admit IDUs as clients due to fears of HIV infection. They noted that many services providers expect their clients to comply to rules and regulations, especially when under going treatment such as ARV or TB treatment, or participating in a program, such as Methadone Maintenance, and if IDU clients do not comply with the rules, this can affect the performance of their programs. Therefore, some institutions were reluctant to provide any assistance to IDUs.

KIOS Atmajaya started case management activities in August 2003. They began with outreach to identify those clients who needed additional assistance. For clients who were HIV-positive, case managers were responsible for assessing needs and developing a client-oriented action plan. Monthly case conferences with medical and other service staff were held to review client status and progress. Case managers were generally outreach workers and each case manager was assigned approximately 15 clients. The case management system linked outreach staff to in-house service providers at a number of facilities and the project staff found that this offered excellent opportunities to monitor client status and seek out those who had missed appointments. The case management project established cooperation with four major hospitals in Jakarta, 3 community health centres, and at least 4 detoxification centres. To address health service provider reluctance to work with IDU clients, the project worked to convince providers that the case management team is helping to monitor clients.

Case management for IDU in Central Asia:[3]

The AIDS Foundation East-West (AFEW) set up a comprehensive case management system for vulnerable groups, including IDU, in four countries of Central Asia between 2005 and 2008. Key elements of the project were as follows:

Identifying case managers:
AFEW developed client management services within existing project activities, through people who were already working as outreach workers, peer educators and peer counsellors. Case managers needed to think and act independently while earning the trust of both the client and the service provider.

Determining client needs:
The decision about client needs was very much a client-driven process. Case managers interviewed clients to ask about their needs. After agreement was reached about the client's needs, the case manager and the client made a plan together to address those needs and also signed an agreement. AFEW found that developing a formal individual plan together and signing a written agreement helped each client to clarify their goals and adhere to the plan. Case managers set regular meeting times with the clients for whom they were responsible. This system gives clients a sense of continuity and supports attendance and adherence to services.

Developing a network of service providers:
AFEW worked to develop a network of service providers who would address the needs of their clients. To do this, AFEW met with the various service providers and negotiated a Memorandum of Understanding (MOU). In some countries, the AFEW project signed individual "bi-lateral" MOUs with each service provider. In other countries, AFEW negotiated a "multi-lateral" MOU among a number of service providers in which each agreed to specific terms to provide services to IDU clients.

Facilitating smooth access to services for clients:
AFEW's case management system used a number of strategies to improve client access to services. Accompaniment-where the case manager physically goes to the service together with the client, is the most effective. This, however, may not be possible or sustainable in the long term, so case managers tended to attend services with their clients once or twice, and then, once a relationship had developed, clients were able to attend on their own. AFEW also adopted a system of referral slips, providing each client with a slip referring him or her to a particular service. For example, if a client required access to a gynaecologist, the case manager would provide a referral slip to the gynaecologist's office. The client presents the slip at the gynaecologist when accessing services. The slips have the additional function of allowing the project to monitor whether or not the client attends services.

Improving service provider capacity to deliver services to IDU:
The AFEW project also worked to support services providers to provide high quality services for their clients. The AFEW project identified "trusted doctors" to whom clients were regularly referred. When making referral, the case manager would provide the name of the doctor, the telephone number of the doctor, directions to the doctor's office, and help the client to make an appointment. Working with individual doctors, rather than a hospital or clinic in general, was found to be more effective in supporting client adherence. In some cases, AFEW set up specific times during which a trusted doctor would work exclusively with their clients, for example, a gynaecologist would be available at a specific location every week on Thursday afternoons.

Making the system sustainable:
AFEW's case management system was designed with a view to sustainability, by building the capacity of trusted doctors to work with IDU clients and building linkages among different service providers who might otherwise not interact. This approach met with some success, but also encountered obstacles, such as doctors requiring extra pay to work with IDU clients or doctors changing jobs or moving away.

Case management for pregnant drug users in New York City:

Project GROW-Giving Resources and Options to Women, in the South Bronx, New York City provides case management for pregnant women who are already in drug treatment (methadone maintenance) at the hospital where project GROW is located. The project assigns case managers and has developed a training program that trains peers to undertake case management-including accompanying pregnant women to antenatal care and the maternity ward, and accompanying them for HIV testing. When accompaniment is not possible, or is no longer needed, the project provides transportation support to clients in the form of bus passes (tickets). The project has also developed an innovative training seminar for young doctors in which the medical doctor who directs Project GROW works together with peer educators to build the capacity of young doctors to work with women drug users.

[2]Plamularsih Swandari, Case Management Program to Respond to IDUs Needs In Jakarta, Kios Informasi Kesehatan Atmajaya University, undated
[3]Katya Burns. 2008. "HIV/AIDS prevention in the CAR" TMF Project Number 10540 Final Evaluation of 'HIV Client Management Project in Central Asia'; and AFEW. 2007. Recommendations on setting up a client management program for vulnerable groups: practical guidelines for social workers (Russian language only).