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The Significance of Mobile Out Reach In Management of Health Needs in Patients with Substance Use Disorder Experiencing Social Barriers

Abstract:

Individuals with substance use disorders make up a vulnerable part of the population who often remains disconnected from the healthcare system due to limited access to consistent care, and social and financial barriers that affect ongoing care. This leads to undiagnosed conditions, gaps in preventative care, and increased risk of infections and chronic diseases. This is seen in the case of a 30-year-old homeless man with no known medical or immunization history who presented to the mobile clinic with a history of IV heroin use, chronic cough, and weight loss. The patient required multiple screenings, vaccinations, preventative services, and patient education after being lost to follow up for 10 years, with uncertainty as to whether he will follow up with a provider for ongoing medical care in the future. This case highlights the importance of understanding the complexity of providing medical care for individuals with substance use disorders coupled with social instability, and the importance of medical outreach in initiating care and improving accessibility to support continuity of care and engagement in healthier, safer behaviors.

Introduction:

Substance use disorders affect many Americans due to its cognitive, behavioural, and psychological effects, causing multiple medical conditions and social issues. This case illustrates a patient lost to the healthcare system while dealing with substance abuse, homelessness, and stressors associated with limited resources, highlighting the importance of medical outreach and sustained support.

Case Presentation:

A 30-year-old male presents to the mobile clinic with ongoing heroin use for 10 years, chronic cough with occasional green phlegm, daily cigarette use (4-5 per day), and ~1 year of unintentional weight loss. He denied any medical history and has been lost to healthcare follow up for 10 years. The patient is currently homeless with unstable housing and unemployed. He reported occasionally reusing his own needles when exchange programs were unavailable, but denies sharing with others. He engages in high risk sexual behaviours with inconsistent condom use due to limited access.

On physical examination, the patient was well groomed and maintaining good hygiene, but appeared underweight with oversized clothing. Excoriations were noted over the lower extremities with crusted blood, but no signs of infection, pus, or erythema. The lung exam showed bilateral scattered rales that improved with coughing, but no signs of consolidation.

Patients vaccination history is unclear as he reports previously receiving injections at a free clinic 1-2 years ago, but cannot identify the type of injection. Given the unknown history, vaccinations were

given based on CDC guidelines which included influenza, Tdap, MMR, Varicella, Pneumococcal, and Hepatitis B and A (CDC, 2025). The HPV catch up vaccination was discussed as a recommendation due to risky sexual practices, however, it was not administered because completing the series required multiple follow up doses.

Screening tests were directed towards patients' history of injection drug use, high risk sexual history, and chronic cough. He was screened for HIV, hepatitis B and C, gonorrhea, chlamydia, syphilis, and tuberculosis given unstable housing and respiratory symptoms. Strongly recommended immediate chest X-Ray for further evaluation, referrals to nearby imaging centers were provided. Discussed the importance of follow up with a primary care provider for a low-dose CT screening for lung cancer.

Harm reduction interventions included providing sterile needles, alcohol pads, and condoms. Provided education on avoiding needle reuse, needle sharing, and safer injection practices. Referrals to local methadone clinics and needle exchange programs were given; discussed smoking cessation including nicotine alternatives. The patient consulted with social work who provided resources for housing/shelters, applying for food benefits, and addresses of local food pantries for nutritious meals. The importance of continued care with a local primary care provider was strongly recommended.

Discussion:

This patient's case demonstrates the complexity of caring for patients with substance use disorders due to their long periods of not having medical evaluations or follow ups. This results in poor management of chronic conditions and increased vulnerability to other illnesses exacerbated by homelessness, food insecurities, and financial instability, leading to significant gaps in overall care. Research shows that individuals with chronic substance use disorder, especially IV drugs, are at high risk for severe medical complications and infectious diseases due to drug toxicity, route of administration, and high risk behaviors; and they frequently have disrupted familial and social relationships, along with multiple external stressors (Dugosh & Cacciola, 2024). This shows how vulnerable this population is and emphasizes the importance of medical outreach as a tool for initiating care for these patients who already have limited support in order to reduce the risk of preventable diseases. Therefore, providers should learn the unique challenges involved in their care, and not only support and advocate for more medical outreach, but also be a part of the team of professionals delivering this care.

Conclusion:

Patients with substance use disorder should remain a priority for medical outreach in order to initiate essential preventive care, screening, treatment, and reconnecting these patients back into the healthcare system to promote continuity of care. This supports early diagnosis, effective disease management, reduced transmission of diseases and infections, increased access to health care, and overall improved health outcomes in these high risk populations.

References

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