The Dr. Peter Centre Residence:
Integrated harm reduction health services
(including supervised injection services) in
a licensed 24-hour specialized nursing care
facility for adults with HIV/AIDS and
complex health issues including mental
illness and active addiction

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Addressing an Issue

A residence and care model that incorporates supervised injection service into its wide range of harm reduction strategies and services to meet the complex needs of people living with HIV/AIDS who use illicit drugs and face other physical and mental health challenges.
DPC Residence

• Licensed HIV/AIDS health care residence (funded by Vancouver Coastal Health and BC Housing)

• 24-hour specialized nursing care is provided in collaboration with physician care and is supported with programs that promote integration with the community at-large

• The 24 individual suites and the amenities provided are designed to promote health and well-being and self-management

• Co-located with a 7-day-per-week day health program
DPC Residence

• The Residence provides care to up to 43 people living with HIV/AIDS annually.

• A range of care services including stabilization, transition care, long stay, and palliation:
  – 22 full suites intended for residents requiring long or continuous stay (three months and not limited to their life time)
  – 2 suites for short stay or stabilization (6 to 8 weeks with a return to their original accommodation)
Referred Individuals

Complex health issues and determinants of health in addition to HIV/AIDS:

- Mental illness
- Active addiction
- Cognitive impairment
- Long standing issues due to experiences of social isolation, poverty, and homelessness or substandard housing
Population Profile

When residents enter the program they generally have:

• A high level of acuity to their HIV symptoms and/or co-morbidities such as COPD, HCV, etc.
• Histories of poor adherence to HIV treatment (ranging from 0-75% adherence to antiretroviral therapy) and other treatments
• Active symptoms of mental illness and poor adherence to support and treatment
• A long history of active use varying in substances
• Homelessness or unable to maintain stable housing
Dr. Peter Residence – Long Stay Resident Profile

100% HIV
100% Mental Illness
Dr. Peter Residence – Long Stay Resident Profile

77% Active Addiction
Dr. Peter Residence – Long Stay Resident Profile

45% HCV
Dr. Peter Residence – Long Stay Resident Profile

- 50% COPD
- HCV
- Active Addiction
- Mental Illness
Dr. Peter Residence – Long Stay Resident Profile

- 28% HANS
- HCV
- COPD
- Active Addiction
- Mental Illness
- HIV
Dr. Peter Residence – Long Stay Resident Profile

- 100% HIV
- 100% mental illness
- 9% HIV, mental illness, active addiction, COPD, & HANS
- 5% HIV, mental illness, active addiction, & HANS
- 9% HIV, mental illness, HCV, active addiction, COPD, & HANS
- 13% HIV, mental illness, HCV, & active addiction
- 23% HIV, mental illness, HCV, active addiction, & COPD
- 9% HIV, mental illness, active addiction, & COPD
- 18% HIV and mental illness

Venn Diagram:
- HANS
- Active Addiction
- COPD
- HCV
- Mental Illness
- HIV

Dr. Peter AIDS Foundation
100% HIV
Dr. Peter Residence – Short Stay Resident Profile

92% Mental Illness
Dr. Peter Residence – Short Stay Resident Profile

92% Active Addiction
Dr. Peter Residence – Short Stay Resident Profile

75% HCV
Dr. Peter Residence – Short Stay Resident Profile

- Mental Illness
- HCV
- Active Addiction
- 58% COPD
Dr. Peter Residence – Short Stay Resident Profile

- Mental Illness
- HANS
- COPD
- HCV
- Active Addiction
Dr. Peter Residence – Short Stay Resident Profile

- 42% HIV, mental illness, HCV, active addiction, & COPD
- 17% HIV, mental illness, HCV, & active addiction
- 8% HIV, mental illness, active addiction, & COPD
- 8% HIV and mental illness
- 8% HIV and HCV

*Numbers may not total to 100% due to rounding*
Dr. Peter Residence – Short Stay Resident Profile

• Heart failure
• Osteopenia
• Acquired brain injury
• Pulmonary hypertension
• Community-acquired pneumonia
• Chronic opiate-induced constipation
• Chronic peptic ulcers
• Chronic kidney failure

• Macrocytic anemia
• Acute cachexia
• Chronic headaches
• Adrenal suppression
• Post-surgery infections
• Severe weight loss
• S.C. carcinoma
Intersection of Issues

These individuals have a complexity of care brought about by the intersection of HIV, active addiction as well as mental and other health issues which often means that there is no where else in the health care system that can accommodate their needs.
Expanding Harm Reduction Services

• In response to addressing a health issue

• In 2002, the DPC revised its harm reduction policy to incorporate supervised injection service after confirmation by the Registered Nurses Association of British Columbia (now the College of Registered Nurses of British Columbia) that the supervision of injections for the purposes of preventing illness and promoting health.
Expanding Harm Reduction Services

The inclusion of harm reduction strategies in the residence care model allows for the full engagement of individuals who may not be accepted or feel accepted in other environments.
Snapshot of Data

A snapshot of the data from April 1, 2012 to March 31, 2013 demonstrates that the Residence provides an environment that is conducive to adherence to HIV treatment and sustained health outcomes.
**Snapshot of Data**

Profile of the residents over the period April 1, 2012 to March 31, 2013

<table>
<thead>
<tr>
<th>April 1, 2012 to March 31, 2013</th>
<th>Long Stay</th>
<th>Short Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique # of residents</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Median age</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>% persons prescribed ARVs</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Adherence/# actively prescribed</td>
<td>99%</td>
<td>87%</td>
</tr>
<tr>
<td>% of persons with sustained CD4</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of persons with pVL &lt;200</td>
<td>100%</td>
<td>77%</td>
</tr>
<tr>
<td>% homeless prior to admission</td>
<td>55%</td>
<td>62%</td>
</tr>
</tbody>
</table>

*Having housing is a requirement for admission to Short Stay. It does happen as in these cases that housing is unstable.*
Findings from a Qualitative Research Study on the Residence

• “Furthermore, this approach fostered an atmosphere in which drug use could be discussed without the risk of punitive action, and thus increased openness between residents and staff.”

• “This study highlights how adopting a comprehensive harm reduction services can serve to improve access and equity in palliative and supportive care for drug-using populations.”

Lessons Learned

A residential care model that incorporates a broad range of harm reduction strategies and services is effective in retaining individuals in care, sustaining their adherence to treatment (such as antiretroviral therapies), and improving health outcomes.
Policy Recommendation

A continuum of housing and care for this vulnerable population needs to include 24-hour specialized nursing care that incorporates a broad range of harm reduction strategies and services, including supervised injection service.
Policy Recommendation

Ensuring the continuum includes this component could reduce the health and social inequities faced by this population, and improve acute health care utilization.
Special Thanks

The residents who teach us everyday.

The staff that provide the care and are a significant factor in success for this model.

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