

Dr. Peter Centre hopes to serve as model for safe-injection facilities



Maxine Davis, executive director of the Dr. Peter Centre, was overwhelmed by the community and donor support the facility received when it disclosed in 2002 that it would offer nurse-supervised injection for drug users with HIV/AIDS.

By Jackie Wong

Jun 18 2008

Controversy surrounding the future of Insite, the Downtown Eastside facility that offers supervised injection for drug users, has sparked renewed interest in the West End's Dr. Peter Centre, Canada's only HIV/AIDS health program and care residence that also includes an in-house safe-injection service. Compared to the lingering debate surrounding the Supreme Court ruling in late May granting Insite's continued operation as a dedicated safe-injection site, life at the Dr. Peter Centre has retained its relative calm. While Insite tenuously operates under an exemption of federal drug law, the Dr. Peter Centre never needed such an exemption, according to the centre's executive director, Maxine Davis.

"We decided to not pursue requesting a Section 56 exemption approach that Insite is using, because the Section 56 exemption, we felt, our nurses were not contravening," Davis says, with regard to introducing the safe-injection program at the centre six years ago, a year before Insite opened its doors in 2003. "[The nurses] were doing everything reasonably possible to not contravene that act, and, therefore, that Section 56 exemption was not required."

That's because the Dr. Peter Centre's safe-injection room (called the 'harm reduction room') is part of a larger spectrum of care under the 'comfort care' model developed by Dr. Peter Jepson-Young, a B.C. doctor famous for publicly documenting his battle with AIDS in the early 1990s. The Dr. Peter Centre was named for him. "That supervised-injection service is just a very small part of what we do in a greater health-care context," says Davis.

The centre, located in a contemporary four-storey building behind St. Paul's Hospital, at Comox and Thurlow, features a day health program and a 24-hour care residence for people with HIV/AIDS. The main and second floors service members in the day health program, which includes 300 participants who can access daily meal service, music and art therapy, computers, laundry facilities, showers, and the harm-reduction room. The third and fourth floors house those in the 24-hour resident care program, who are also able to use safe-injection services without using the harm reduction room. Services are provided using Dr. Peter's comfort care objectives, which focus on respecting individual dignities while recognizing a broad spectrum of health and quality-of-life issues — a model that aims to push out the despair, isolation and fear experienced by many HIV/AIDS sufferers.

"In our residence, the vast majority of the people who live there have an intersect of HIV, mental illness, addiction," says Davis. "In the residence, the nurses meet their obligations by providing [safe-injection] service in a person's private room. And, indeed, if you look at the [College of Registered Nurses of British Columbia] ruling, those are obligations for registered nurses throughout the province."

Registered nurses were the first to suggest the provision of safe-injection services at the Dr. Peter Centre. "The nurses came to me and said, 'Maxine, we think what we are doing is unethical. We are giving people clean needles and sending them outside to inject,'" recalls Davis. "Because of that, they risk overdosing and dying, and what we observe as nurses is preventable infections: They rush their injections outside in bushes, they don't want to be embarrassed by people seeing them, they come back into the centre with ripped veins and skin, and they end up with infections that are preventable and they end up in hospital. As nurses, we find that unacceptable when we know what we can do to prevent that."

Davis added that the single biggest contributing factor to the risk of death by overdose is injecting alone.

Davis and the nurses presented the issue to the College of Registered Nurses of British Columbia, whose practice standards are regulated by the Health Professions Act. The College ruled that it was in the scope of nursing practice to supervise injections for the purposes of preventing illness and promoting health. "From a federal/criminal law perspective — the Canadian Drug and Substances Act, the nurses were not contravening that act," says Davis. "They were never touching, injecting, or providing the drugs."

Despite the harm-reduction approach being chastised in many communities, Davis maintains that West End neighbours have welcomed the Dr. Peter Centre's programming with open arms. "When we started the [safe-injection] service in 2002, we were public about it," Davis says. "It was not our intention to hide what we were doing, and we also wanted to make sure that our clients didn't feel that they were in a situation that everyone else didn't know what they were doing. I was really impressed by both the neighbourhood and by the public response. I had people call me and convey to me how much they respected the position the organization's taken."

In an organization in which 15 per cent of funding comes from donor revenue, Davis was careful to keep all donors informed of the centre's news. She recalls worrying about potential negative reactions when the harm-reduction room was introduced, but was pleasantly surprised to discover an influx of support. "I never had one donor call me to say, 'Forget it, I'm not supporting you anymore.' Indeed, it was the opposite," says Davis. "We had people calling and saying, 'We really admire the decision you've made.'"

The recent Insite ruling gives Davis hope that the Dr. Peter model can gain momentum in other communities. "I feel that the [Insite] court decision validates the approach that the Dr. Peter Centre is taking," she says. "I feel that it opens the door for other communities to take a similar approach as the Dr. Peter Centre is taking. One of the comments Judge Pitfield made [in the Insite judgment] was that there is no question that death and disease is reduced as a result of people having supervision of qualified health-care professionals."