

A place of choice and integrated harm reduction services in the Residence at the Dr. Peter Centre (DPC) in Vancouver, Canada

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ISSUE

In partnership with our health region, Vancouver Coastal Health (VCH), the Dr. Peter Centre (DPC) initiated a project to review the need to offer medical stabilization for serious comorbidities, including substance use disorder, in recognition of systemic trauma. The continued and innovative model for residential care at the DPC incorporates a range of harm reduction strategies and services, offering customized supports to meet the needs of people living with HIV/AIDS who use illicit drugs and face co-occurring physical and mental health challenges.

SETTING

The Dr. Peter Centre (DPC), a licensed care facility in Vancouver, Canada, provides care and support services to people living with HIV and with additional health and social vulnerabilities, including substance use disorder. The Centre offers integrated supervised injection services (SIS) and supports for active substance use in a health facility. The facility accommodates a combination of stabilization and long-stay clients, and provides care to residents with histories of poor or no engagement with healthcare providers, chaotic lifestyles, substance use, poverty, food insecurity, grief and loss.



Dr. Peter Centre, Vancouver, British Columbia, Canada

PROJECT

Initiated in September 2016 as a pilot project, 6 beds were designated. The priority was for individuals with HIV and complex medical needs for stabilization. Typified by poor engagement in health care, these individuals had significant health risks.

In the context of an ongoing overdose crisis in British Columbia that is disproportionately impacting structurally vulnerable populations, the stakes are high for our residents to receive responsive care to improve quality of life.

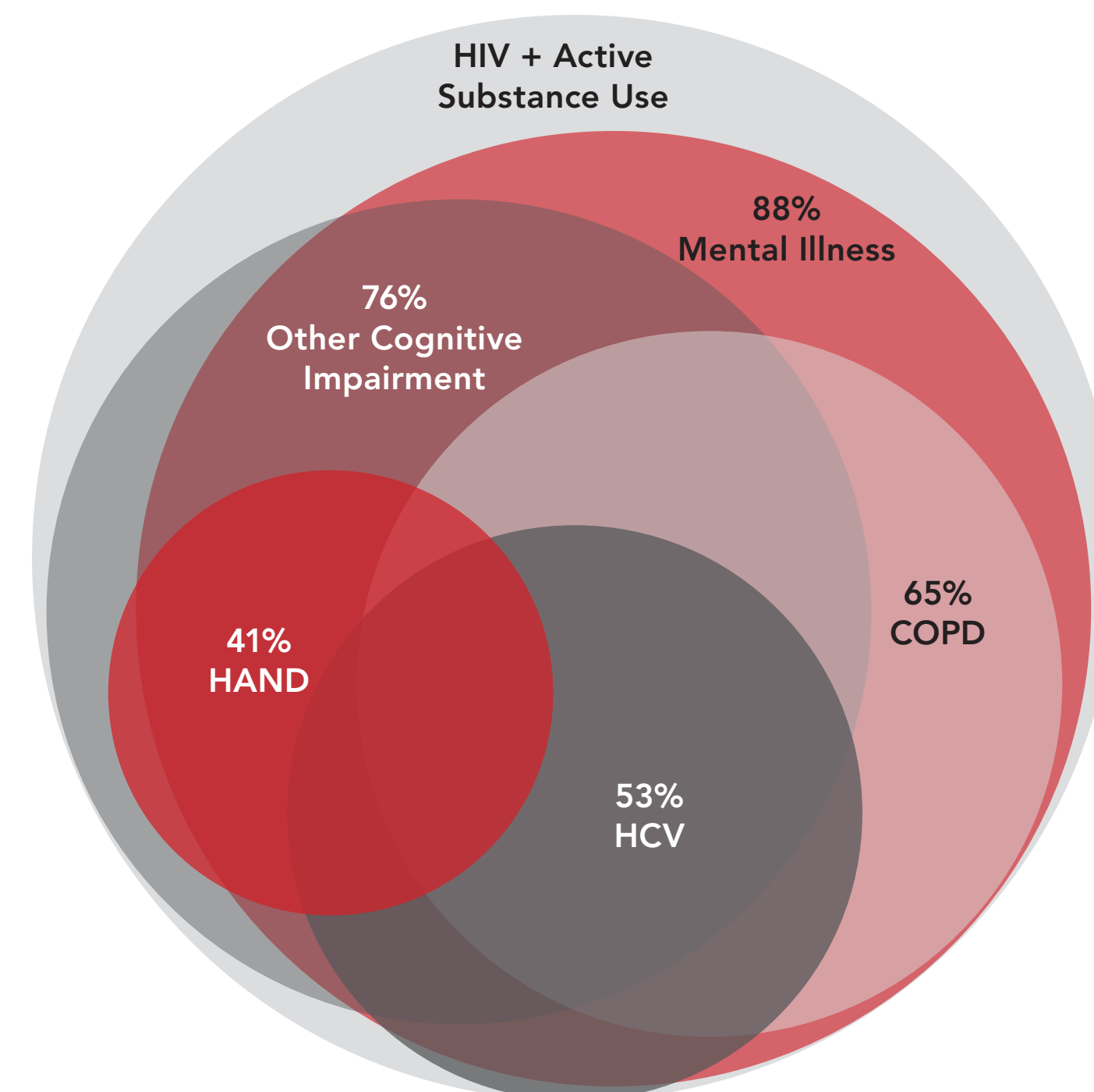
The specific design of these stabilization beds are unique to the DPC and provide services that are not offered in other Vancouver Coastal Health (VCH) residential care programs. The residence care team has created an environment that is safe and engaging, and adopts trauma-informed and person-centered approaches to address the most pressing issue for residents at any given time.

Research has demonstrated that the DPC's location is important to participants as it provides a calm, therapeutic space to avoid the negative health implications, triggers, and stresses of the street-based drug scene in the Downtown Eastside (Collins, 2016).

The projected stay of 3 months is an intensive, collaborative approach with the individual, the DPC stabilization team, and the community team, with the aim of a successful and supported transition back to community. Given the complexity of the comorbidities, the individual may and can return for another stabilization stay.



The Residence at the Dr. Peter Centre



Resident Comorbidities Profile (snapshot from December 31, 2018)

COPD: Chronic Obstructive Pulmonary Disease

HAND: HIV-associated Neurocognitive Disorders

HCV: Hepatitis C Viral Infection

Demographic Perspective of Adults Admitted for Stabilization

Experiencing homelessness at time of admission: **50%**

30% identify as Female

Average age: **50**

Up to **60%** admitted directly from community (over 40% transferred from acute care hospitalization)

OUTCOMES

A full evaluation was completed after 2 years of the project, which led to an expansion to include 12 beds. As of December 31, 2018, 78 adults have been admitted.

The review, evaluation, and implementation of stabilization care has supported the Dr. Peter Centre (DPC) service strategy to remove active substance use as a barrier to access care among our target population.

Success at the DPC has demonstrated that effective care is an integrated, person-centred approach. This approach involves framing HIV as a disease that often intersects (biologically and structurally) with other conditions such as Hepatitis C (HCV), Substance Use Disorders (SUD), and mental health disorders. It also involves acknowledging the role of trauma and structural violence in precipitating health risks.

CONCLUSION

The evaluation highlighted the need for the continued expansion of integrated stabilization care at the DPC, including the continuation of strategies for trauma-informed care, SIS, managed alcohol programs, and expanded Opioid Agonist Treatment.

"Our residents take an active interest in their health. They want to regain their former selves, and we see any progress in that direction as a success. We help them identify what they need, initiate treatment, including antiretroviral therapy, and support them towards greater health." —Dr. Peter Centre Counsellor

"It's so rewarding to see people begin to trust us. It's a relationship that builds over time, right from the day of admission. Why they came doesn't matter to us. We're simply here to help, and this judgment-free trauma-informed approach helps create true relationships." —Dr. Peter Centre Registered Nurse