# Integrating full harm reduction services including supervised injection services into licensed 24-hour specialized HIV/AIDS nursing care: a necessary component of the continuum of HIV/AIDS housing and health care for people living with HIV/AIDS who use illicit drugs and face other physical and mental health challenges.

Authors: **R. Baltzer Turje[1], M. Davis[1] ,** P. McDougall[1], M. Payne[1]
*[1]Dr. Peter AIDS Foundation, Vancouver, Canada.*

## ISSUE

While some Canadian jurisdictions have a broad range of supportive housing and care options for people living with HIV/AIDS, currently there is only one organization in one jurisdiction (the Dr. Peter Centre [DPC] Residence in Vancouver, BC) 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.

## DESCRIPTION

The DPC Residence is a not-for-profit licensed HIV/AIDS health care residence (funded by Vancouver Coastal Health and BC Housing) that provides 24-hour specialized nursing care through 24 suites to include a range of care including stabilization, transition care, long stay, and palliation. The residents have complex health issues in addition to HIV/AIDS including mental illness, active addiction, and cognitive impairment, as well as long standing issues due to experiences of social isolation, poverty and homelessness or substandard housing.

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 by registered nurses included registered nurses and registered psychiatric nurses in the DPC Residence.

Specialized nursing care is provided in collaboration with physician care and is supported with programs that promote integration with the community at-large. The individual suites and the amenities provided are designed to promote health and well-being and self-management.

## POPULATION PROFILE

Admission to the Residence is given to those individuals who are in hospital or community and presently requiring 24-hour nursing care that cannot be provided in their home or community setting.

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.

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. 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.

## RESULTS

The Residence provides care to up to 43 people living with HIV/AIDS annually. A snapshot of the data from April to June 2012 demonstrates that the Residence provides an environment that is conducive to adherence to HIV treatment and sustained health outcomes.

Of the residents receiving care for long stay (greater than three months [median length of stay is 3.9 years]), 100% have a suppressed viral load (defined as a pVL <200) and have achieved a sustained CD4 count. Residents receiving short stay care (up to eight weeks [median length of stay is 60 days]) have stabilization and/or transition objectives. Of residents in short stay care, 100% have been prescribed ARVs and 80% are adherent to ARVs (defined as greater than 95% adherence).

**Profile of the residents over the period April – June 2012**

| April – June 2012 | Long Stay | Short Stay |
|---|---|---|
| Unique # of residents | 22 | 4 |
| Median age | 52 | 48 |
| % persons prescribed ARVs | 100% | 100% |
| Adherence/# actively prescribed | 100% | 80% |
| % of persons with sustained CD4 | 100% | n/a |
| % of persons with pVL <200 | 100% | 50% |
| % homeless prior to admission | 45% | n/a* |

**Having housing is a requirement for admission to Short Stay. It does happen as in these cases that housing is unstable.*

## LESSON LEARNED

This 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. This demonstrates the value of this residential care model as part of the necessary continuum of housing and care for this vulnerable population.

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

Dr. PeterAIDS FOUNDATION

**We have no conflicts of interest to declare.**