

# Integrated HIV Care and Service Engagement among People Living with HIV who Use Drugs in a Setting with a Community-Wide Treatment as Prevention® Initiative

## Can an integrated services model influence access to and retention in HIV care?

### What is this study about?

It is well known that social and structural inequities, such as poverty and homelessness, can create barriers to routine HIV care among people living with HIV (PLHIV) who use drugs. Such barriers can contribute to poor HIV-related health outcomes among PLHIV who use drugs and undermine HIV treatment and prevention strategies. In British Columbia, treatment is offered universally upon diagnosis with HIV, as part of province-wide Treatment as Prevention® (TasP®) strategy.

### FACT BOX

- Social inequities can create barriers to HIV care and treatment for people living with HIV who use drugs.
- Stigma and discrimination around drug use within health care settings can impede routine engagement in care services.
- The Dr. Peter Centre aims to address complex barriers faced by clients by offering integrated and low-barrier services.

This study examines how PLHIV who use drugs interact with the Dr. Peter Centre (DPC)—an HIV service facility operating under an integrated services model and harm reduction approach based in Vancouver, Canada. Harm reduction refers to supports, services and programs intended to reduce the harms associated with drug use. Part of the harm reduction approach at the DPC includes a supervised injection services by registered nurses. Researchers from the BC Centre for Excellence in HIV/AIDS (BC-CfE) conducted interviews with 30 PLHIV who use drugs and are clients at the DPC to explore how an integrated HIV service environment influences their access to and retention in HIV care.

**Treatment as Prevention® (TasP®)** is a made-in-BC strategy implemented in BC, with support of the provincial government, to reduce HIV transmission through expanded access to earlier testing and universal access to antiretroviral treatment upon diagnosis. On sustained and consistent HIV treatment, an individual can achieve an undetectable viral load. This improves their health and longevity, while reducing their chances of transmitting HIV to a negligible risk.

### What are the key findings?

- Participants accessed the DPC based on their specific needs at a specific time, enabling retention in HIV care and HIV treatment adherence.
- The DPC's low-barrier service environment helped reduce burdens associated with living in extreme poverty by providing supports such as access to meals, showers, and nap rooms.



- While food services provided the first point of entry for most participants, engagement in additional services (e.g. art and music therapy, counselling, nursing) evolved over time as specific needs were addressed.
- Access to multiple services in one location allowed participants to develop routine service use and have prolonged engagement in care services.

### What do these findings mean?

- Low-barrier service models can address some of the social and structural barriers to HIV care encountered by PLHIV who use drugs. This model complements HIV treatment and prevention strategies, such as TasP<sup>®</sup>.
- The DPC's integrated service environment enabled participants to better manage their health and wellbeing by providing structure and aiding in the development of daily routines.
- Providing a continuum of care specific to the needs of PLHIV who use drugs can be particularly important for participants who have delayed engagement with care services. Delays can be due to issues such as stigma, previous negative experiences in health care settings, and a lack of harm reduction services within hospital and health care settings.

### About the Dr. Peter Centre Study

The Dr. Peter Study is a joint initiative led by the BC-CfE and the Dr. Peter AIDS Foundation, and brings together a team of academics, people living with HIV, policymakers, health care decision makers and program managers from across Canada. This is a three-year mixed-methods evaluation funded by Canadian Institutes of Health Research Partnerships in Health System Improvement program and the Michael Smith Foundation for Health Research. The study will identify which aspects of the Dr. Peter Centre model of care contribute to enhanced treatment and health outcomes among persons living with HIV/AIDS.

Full paper available online: <http://www.jiasociety.org/index.php/jias/article/view/21407>

**Citation:** Collins, A., Parashar, S., Hogg, R., Fernando, S., Worthington, C., McDougall, P., Baltzer Turje, R., & McNeil, R. (2017). Integrated HIV care and service engagement among people living with HIV who use drugs in a setting with a community-wide treatment as prevention initiative: a qualitative study in Vancouver, Canada. *Journal of the International AIDS Society*, 20(1).



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