

IMPROVING ACCESS TO ADDICTION MEDICAL SERVICES FOR HOMELESS INDIGENOUS PEOPLES IN MONTREAL: AN INTEGRATED CARE MODEL ACROSS A COMMUNITY-BASED MANAGED ALCOHOL PROGRAM AND HOSPITAL-BASED ADDICTION SERVICES

Marsan S¹, Kotsoros B¹, Marini D², Ng P²

¹ Centre hospitalier de l'université de Montréal

² Projets Autochtones du Québec

Disclosure of Interest Statement:

Stéphanie Marsan: consultant for Indivior.

Barbara Kotsoros: consultant for Abbvie and Gilead.

No pharmaceutical grants were received in the development of this project.

Background:

Many people within Montreal's Indigenous community are affected by homelessness and substance use, a situation explained in part by intergenerational trauma and the loss of cultural identity as a result of being subject to abusive assimilation practices. These factors compound existing barriers to accessing care and further compromise the health of community members with complex health conditions.

Description:

Exacerbated by the decline in shelter capacity during the pandemic, Projets autochtones du Québec (PAQ) identified an urgent need within the urban Indigenous community of Montreal to develop a managed alcohol program (MAP) offering long-term housing and other complementary services grounded in Indigenous cultures and values.

In partnership with the Centre hospitalier de l'Université de Montréal (CHUM)'s addiction medicine service, which provides training and clinical services for the MAP, this integrated model of care program aims to provide a safe space for 8 Indigenous men in a homeless situation with severe alcohol use disorder. A medical evaluation is done before admission to the program and screening for hepatitis C and other STBIs is offered to each participant.

Effectiveness:

Between December 2020 and December 2021, 14 people were admitted to the MAP program and screened for hepatitis C. Among them, 4 tested positive for the Hepatitis C antibody. There were 2 people among the 4 with a positive HCV RNA. One developed spontaneous clearance over time and one had a sustained virologic response (SVR) following treatment initiation.

Conclusion and next steps:

PAQ and the CHUM collaboratively developed and implemented an integrated care model that supports the wellbeing of Indigenous people with chronic illnesses, substance use issues, including hepatitis C, and complex care plans. Through this collaboration, a better understanding of the challenges is being gained as well as potential strategies to overcome them.