

“I want to stay here until I die”:

A qualitative study of people living with HIV who use drugs with complex comorbidities in an integrated HIV care setting in Vancouver, Canada

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BACKGROUND
People living with HIV/AIDS (PLHIV) who use drugs experience a disproportionate burden of comorbidities. Yet there are few examples of integrated service models for this population grounded in harm reduction approaches and responsive to their structural vulnerabilities. We examined how the Dr. Peter Centre, an integrated HIV care facility in Vancouver, Canada, operating under a harm reduction approach and providing comprehensive supports influenced the functionality, health, and social inclusion of PLHIV who use drugs with complex comorbidities.

METHODS
Qualitative interviews were conducted with 31 PLHIV who use drugs with complex comorbidities who are clients of the DPC. Interviews were audio-recorded, transcribed, and analyzed using inductive and deductive approaches.

RESULTS
Our analysis revealed the following three themes:

1. Care facility as stabilizer and lifeline
Participants discussed how the DPC acted as a “lifeline” that helped them through periods of extreme instability (e.g. low antiretroviral therapy adherence, bereavement) by connecting them with necessary HIV-related care and emotional supports:
[DPC staff] come and make sure I get my [HIV] meds every day. When I lived on my own, I was really bad for that. I’d forget to take my pills or I’d be going out and drinking or getting high or whatever, and I wouldn’t take them for days..... I’d get so sick. (Twyla)
It’s been a really good lifeline for me when my partner died....had it not been for this Center I don’t think I’d still be hereIt made a huge difference. (James)

2. Positive impact on management of comorbidities
Participants described the facility playing an important role in the management of their HIV and comorbidities, through helping them connect to outside medical care:
Volunteers, they have to go with me to the doctor’s appointment because I couldn’t go by myself any more. (Steve)
They also discussed how the facility’s “in-house” care helped them manage varying health conditions, and assisted with medication adherence.
[The DPC] gives me structure and it helps me to be compliant taking my medication. (Chuck)

3. Supporting mental health and wellness
Participants discussed how the caring and non-judgmental atmosphere of the DPC contributed to enhanced mental wellness through instilling a sense of safety and hope in the future:
I’m used to coming here every day. It’s, like, somewhere safe....This is my community. (Violet)
What this place has actually given me. It’s given me hope for tomorrow. It’s given me hope so that I can get through the day and I can get through tomorrow. And I can keep going. (Twyla)

4. Harm reduction and meeting self-identified goals
A few participants reported that the facility’s supervised injection services supported them in safer substance use:
We had the reduction place there and I used to use it all the time, I felt safe doing it there than doing it in my place cause you know you never know what happens. (Stephanie)
Others alluded to how the DPC’s social environment and supports offered them an alternative to extreme substance use:
When I first came here I was a full-blown drug addict and I was still street-involved, so I actually thought I was different and all that stuff. But as time has gone by I have lost the street mentality, which this place has helped shape me into a better person also. (Rupert)

DISCUSSION
Our findings highlight the importance of expanding services for PLHIV with comorbidities that include not only access to harm reduction options, but also a wide range of services that treat the “whole person”, respond to various health and social needs, and enhance quality of life.

Participant demographics (n=31)	n
Age	
50-59	21
60-69	10
Ethnicity	
Asian	1
White	21
Indigenous	8
Mixed race	1
Gender	
Woman	6
Man	24
Transgender	1
Comorbidities*	
Chronic Pain	22
COPD	11
Cardiovascular disease	7
Diabetes	1
Hepatitis C	19
Mental Illness	11
Opioid Use Disorder	9
Stimulant use disorder	10
Other	13

*Participants could report multiple categories