

Meeting People Where They're At; Helping Them to Get Where They Want to Go:

A case study of harm reduction nursing
care and cross-agency collaboration

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The authors have no conflicts of interest
to disclose.

The subject of this case study has
provided consent for her story to be
shared - and we are grateful for her
generosity.

Moss Park Consumption and Treatment Service (MPCTS)

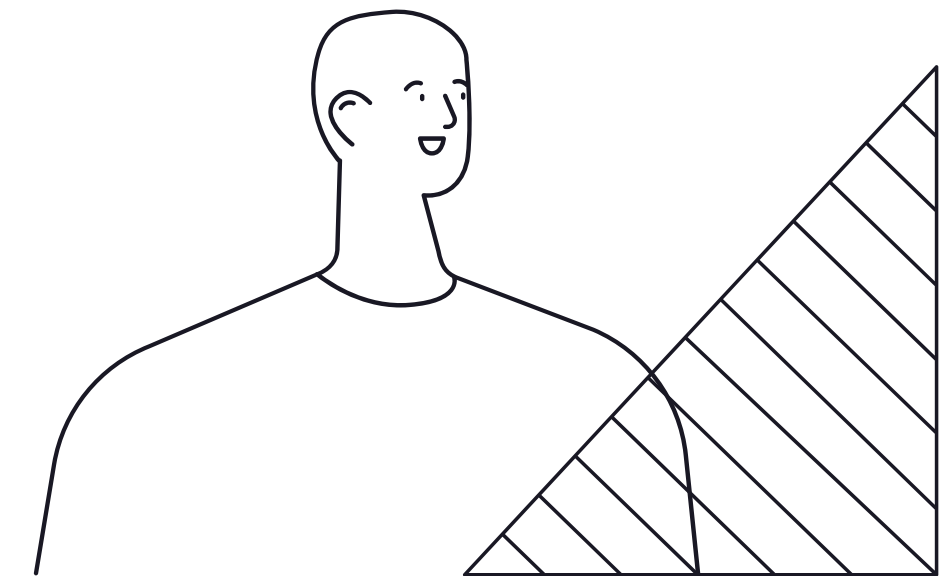
- Supervised consumption service opened in 2018 in Downtown East neighbourhood of Toronto with strong roots in community based harm reduction activism; satellite service of South Riverdale Community Health Centre
- Wrap around services include access to brief case management, social work, nursing, and consulting Nurse Practitioner
- Service users largely homeless or under-housed, app. 43% self identity as Indigenous
- Stats: average daily visits 100; average monthly unique visitors 1200; 617 ODs reversed from Jul 2018-Jul2019

Casey House (CH)

- HIV specialty hospital comprising inpatient care and Day Health Program, located in Downtown East neighbourhood of Toronto
- >80% of clients use substances
- Many clients face challenges around ARV adherence as well as challenges around access to and continuity of care

CASEY STUDY

- 34 year old Indigenous woman, her father was separated from his family during the Sixties Scoop
- Proud mother of two children, who are currently in her mother's custody outside of Toronto
- Estranged from mother and children, close relationship with father
- Lost her partner to accidental overdose x 1 year ago
- HIV diagnosis 6 years ago when in federal penitentiary, started on treatment during incarceration
- Stopped ARVs upon release from federal penitentiary
- +IVDU (fentanyl, crystal)
- Formerly engaged in sex work
- Unhoused since time of partner's death - sleeping in park or couch surfing



Engagement Timeline

A.

- Began accessing Moss Park CTS in April of 2019 for supervised consumption service
- Minimal engagement with wrap-around services
- Increasingly regular in accessing service

B.

- Over 6 month period increasingly sought out nursing and social work care from Moss Park CTS staff
- Disclosed HIV status and concerns re: health, expressed interest in restarting ARVs
- Open to being connected with Casey House for re-engaging in HIV care

C.

- 1:1 support from Moss Park RN to facilitate intake assessment and admission to Casey House inpatient unit
- ARVs reinitiated + investigation and management of other health concerns
- Significant support from SSW at Casey House to facilitate housing, community support worker, appointment accompaniments and general system navigation, referred to Family Doctor, provided with material assistance such as clothing and personal items, informal counselling around grief, connection to resources for identification documents
- Harm reduction approach at Casey House supported client to balance substance use with goals around health care and housing

Engagement Timeline

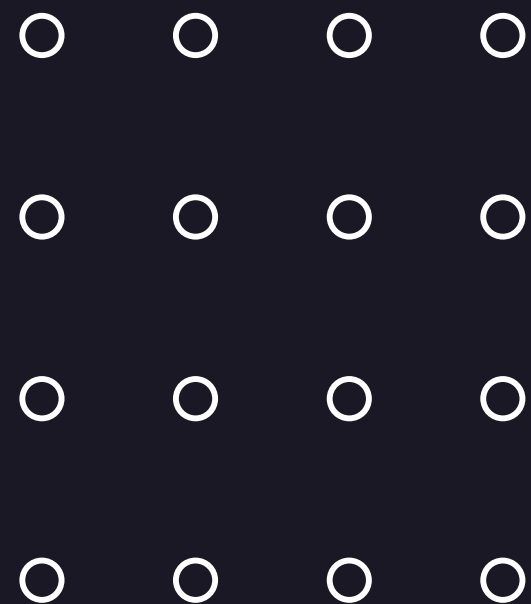
D.

- Discharge from Casey House in Dec 2019
- Encouraged connection to Day Health Program in particular for food security and socialisation
- Initially lost to follow up
- Reconnected with Moss Park RN in Jan 2020
- Connected with community pharmacy and ARVs re-initiated
- Connected with community support worker, who facilitated new supportive housing
- Continued to work on goal of finding primary care provider

E.

- Reciprocal, cyclical nature of relationships connecting MPCTS, CH & community
- Ongoing communication between client, MPCTS RN, CH SSW, and community support before, during, and after admission key to maintaining engagement in care
- Opportunities for care within CTS settings allow for solidarity with people who use drugs, and provide new pathways for connection to equitable care

LEARNING & IMPLICATIONS



- Setting of supervised consumption implies trust-building; illicit drug use and overdose in front of workers is a vulnerable position, requires trust and honoring of that trust by workers
- Building trusting relationships and letting clients set the pace is key to engagement
- Small goals take time and non-judgmental persistence
- Harm reduction is a necessary part of holistic care - in both inpatient hospital AND community settings
- There is need in inpatient hospital settings for ongoing education for staff around harm reduction and challenging stigma around substance use
- Evaluation of consumption services requires acknowledgement of bit-by-bit, and sometimes mercurial nature of referral and service connection/case management work.