IMPROVING ACCESS TO ADDICTION MEDICAL SERVICES FOR HOMELESS INDIGENOUS PEOPLES IN MONTREAL : AN INTEGRATED CARE MODEL ACROSS PRIMARY CARE AND HOSPITAL-BASED ADDICTION SERVICES

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INTRODUCTION

Indigenous Peoples living in situations of homelessness in urban centers face barriers to accessing treatment for substance use disorders and Hepatitis C that integrates Western and traditional knowledge.

BACKGROUND

Many individuals within Montreal's Indigenous community are affected by homelessness and substance use, due to intergenerational trauma and the loss of cultural identity stemming from abusive assimilation and colonial practices. These factors exacerbate existing barriers to accessing care and further compromise the health of community members with complex conditions.

The situation is further complicated by concerning healthcare and public health indicators:

- Hospitalization rates due to opioid intoxication are 5-6 times higher among First Nations living on reserves compared to the rest of the Canadian population (1)(2).
- Hepatitis C prevalence is twice as high among Indigenous street-involved youth compared to their peers from other ethnic backgrounds (3).
- Among First Nations and Inuit, Hepatitis C prevalence ranges from 7-10%, compared to 0.8% in Canada and 3% worldwide (4).

Despite the availability of curative treatments that are now more effective, shorter in duration, and well-tolerated, many Indigenous people experiencing homelessness do not access health services for screening and treatment of infectious diseases such as Hepatitis C, HIV, and other sexually transmitted and blood-borne infections (STBBIs).

AIM

By transferring access to services within community organizations, rather than individuals towards specialized centers, we aim to increase access to evidence-based and culturally sensitive health care services in addiction for Urban Indigenous communities of Montreal in the province of Québec, Canada.

DESCRIPTION OF MODEL OF CARE

In Montreal, homelessness is increasing, with urban Indigenous people disproportionately affected. This group faces unique challenges when transitioning from reserves to urban settings, such as cultural reintegration and accessing essential health services amid jurisdictional gaps.

The historical impacts of colonization, the legacy of residential schools, and persistent discrimination contribute significantly to the systemic marginalization of Indigenous people. Recognizing the acute needs of the urban Indigenous community in Montreal**, Doctors of the World** and **the Native Friendship Centre of Montreal**, in collaboration with **the Centre hospitalier de l'Université de Montréal (CHUM)**, have innovated new approaches to service delivery with the creation of a proximity clinic. This clinic focuses on providing easily accessible culturally sensitive primary care health services, including hepatitis C, HIV and other STBBI screenings and treatments.

At the heart of the proximity clinic's operations is the inclusion of Indigenous knowledge and practices, ensuring that health care delivery resonates with the cultural values and wellness practices of the Indigenous community.

APPROACH TO TREATMENT SIMPLIFICATION

Nurse-led treatment protocols based on pre-established care pathways, eliminating the need for specialist consultations.

- **Easily accessible healthcare professionals** to improve service delivery.
- **Increased and streamlined tele-consultations** with specialists, ensuring timely access to expert advice.
- **Reduction of unnecessary appointments**, simplifying the care process. Ideally, "*no wrong door*" approach.
- **Simplified treatment monitoring**, minimizing lab tests and administrative burdens.
- **On-site blood work and appointments,** provided directly in the client's environment for convenience.
- **Street outreach teams** with Indigenous navigators to ensure consistent follow-ups and continued care.

THE TEAM OF EXPERTS

The team is a unique blend of individuals with both Western and Indigenous perspectives, working collaboratively. The core team includes:

- Indigenous primary-care nurse practitioner
- Indigenous health navigators
- Health support workers
- Traditional healers

Additionally, through telemedicine, the team collaborates with:

- Addiction specialists and nurses
- Family physicians
- Community pharmacists

EXPECTED BENEFITS

- Improved quality of care
- Treatment in culturally safe environment
- Treatment delivery by non-specialists, and in low threshold setting
- Reduction of health disparities
- Rapid transfer of best practices
- Decentralized healthcare with increased expertise and autonomy of frontline health professionals
- Demonopolized specialty knowledge
- More efficient care organization with holistic care approach
- Cost effectiveness
- Inclusion of harm reduction and public health-related issues

CHALLENGES

Project implementation has been challenging due to:

- Non-Insured Health Benefits coverage protocols and forms
- Fear of western medicine, lack of trust in medical staff, intergenerational trauma
- The community's lack of health literacy from historical challenges in accessing education.
- Treatment adherence in context of alcohol intoxication
- Need for screening and treatment simplification
- Lack of safe housing

EFFECTIVENESS

Preliminary data from September 2023 to September 2024 indicates that over 70% of participants (n=533) reported substance use issues, with 70% of these cases (n=374) related to alcohol. Among them, 21.2% (n=114) sought help for alcohol withdrawal and received support. Interestingly, patients in pre-contemplation, maintain frequent contact with the NP in outreach clinic.

In the HIV cohort, four patients resumed their previously abandoned treatments and are now receiving outpatient care at the clinic in collaboration with the Infectious and Viral Diseases Clinic of the CHUM. STBBI screening accounted for approximately 28% of total patient visits. All received treatment when required.

Six patients tested positive for Hepatitis C, and two of the four with positive HCV RNA results were successfully treated with an eight-week regimen in collaboration with a community pharmacist. The other two patients, experiencing homelessness, are yet to be localized.

EVALUATION PLAN

As the project progresses, the evaluation plan will focus on the following:

- The number of participants accessing care who otherwise would not have sought help.
- The level of trust and confidence from the Indigenous community in culturally adapted health services.
- Rates of treatment initiation and follow-up care for substance use disorders and other chronic health conditions.
- A cost-effectiveness analysis.

Additionally, the evaluation plan is being developed to identify the key factors that either facilitate or hinder the implementation of this care model.

CONCLUSION AND NEXT STEPS

The CHUM and Doctors of the World have jointly developed and implemented an integrated care model aimed at improving the wellbeing of homeless urban Indigenous people with chronic illnesses, substance use disorders (including hepatitis C), and complex care needs.

Through this collaboration, deeper insights are being gained into the challenges faced by this population, as well as the feasibility and effectiveness of strategies to address these obstacles.

(1) Quebec First Nations Regional Health Survey, 2008-2010 and Statistics Canada
(2) Inequalities in Health between First Nations Adults Living Off-Reserve and Non-Indigenous Adults in Canada: A Decomposition Analysis. Canadian Public Policy 2024 50:1, 51-75
(3) Enhanced Street Youth Surveillance, E-SYS, 1999-2005.
(4) Public Health Agency of Canada.

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