Jeanine Reilly, executive director of a Newark nursing home for people living with HIV and AIDS, almost all of them with substance abuse problems, remembers the day when she faced one of the biggest problems in treating former addicts who suffer the painful effects of the disease: the assumption that they shouldn’t receive too much medication for pain relief.

“I’m a nurse but was relatively new to the AIDS world,” Reilly recalls. “People were talking about residents being drug-seeking. They weren’t getting pain meds because that would trigger drug cravings. I was told one patient had painful, painful neuropathy of the feet, bone cancer, and lung cancer. I said, ‘Geez, I’d be drug-seeking too.’”

As a result, she started looking for medical professionals to help the Broadway House for Continuing Care treat drug abusers legitimately without triggering their addictions. She found that expertise in the home’s backyard, at the University of Medicine and Dentistry of New Jersey, with a PhD nurse specializing in pain and end-of-life care.

Among the techniques she taught Broadway House staff was to focus on drug’s class and realize that a starting dose might have to be quite high to get past the body’s tolerance for pain killers. It was a difficult cultural change that took a couple of years to seep into the staff. “I had so many people come in and say this is dangerous, this is crazy,” Reilly says. “Some days I felt so worn down with complaints and fears, I had to keep bringing in appropriate people to educate the staff. Once it took off it was much easier. Nobody was dying from drugs they were getting, or abusing drugs. They were living a much better quality of life.”

The unique needs of this population made for other innovations as the staff opened their minds to creative solutions. For instance, AIDS patients can suffer “wasting,” when their bodies don’t process food. At Broadway House, the staff found that some residents had simply lost their appetites, either because of medications or the disease process. The staff nutritionist began asking residents what they were hungry for and went to find it — whether it was mint chocolate chip ice cream, ox tails or french fries. She might even contact the family for a special recipe. Complementary therapies such as hand massage or essential oils are also offered. The stigma of AIDS and addiction can complicate the dying process, so Broadway House caregivers work to remain judgment-free and patient-focused. They help residents find forgiveness for themselves and resolution of family conflict through journaling, tape recording, and work with family members. In fact, family members can receive supportive services, including counseling and links to community services.

The organization provides grief counseling for staff and residents. “When somebody died here you could feel it when you walked through the door, it was palpable,” Reilly says. “These folks are so grief-stricken when their friend dies. And the staff is impacted by it as well.”

Broadway House serves about 350 clients each year in its 74-bed subacute facility, opened in 1995. Most clients have little or no income and almost all have experienced full-blown AIDS. As sick as its residents usually are, symptoms may abate in many cases and residents will be discharged to other settings. In keeping with its philosophy that residents live a full life in the face of a life-threatening disease, Broadway House offers GED and life skills training. It also maintains linkage agreements with all area medical centers and more than 25 social service providers.

Broadway House’s approach requires individualized care management plans for each resident. A respectful, patient-centered philosophy guides every aspect of care and treatment. “We’re determined to treat everyone as an individual,” says Nancy Urff, director of quality assurance. “No one comes simply as an AIDS case.”