“Treated Me like a Junkie”: Factors Associated with Harm Reduction among PWID

Rachel Weger[1], Nathan Weinstock[2], Raagini Jawa, MD, MPH, FASAM[2], J. Deanna Wilson, MD, MPH, FASAM[3]

1. University of Pittsburgh School of Medicine, Pittsburgh, PA
2. Center for Research in Healthcare, Division of General Internal Medicine, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA
3. Department of Family Medicine and Community Health, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA

BACKGROUND

- Harm reduction focuses on improving health outcomes rather than reducing substance use.
- Expanding harm reduction resources in healthcare settings is a growing national priority to reduce morbidity and mortality among People Who Inject Drugs (PWID)
- While stigma and discrimination of all kinds (including in healthcare settings) decrease treatment seeking, few studies examine the role of stigma on access to or adoption of harm reduction strategies
- We aim to examine facilitators and barriers towards accessing harm reduction for PWID

METHODS

- Semi-structured interviews with 16 hospitalized participants with a history of injection drug use
- 79-item survey that included questions on knowledge, behaviors, discrimination, stigma, and perception of police (n = 13; 81% response rate)
- Interview questions and analysis were based on the Capacity-Opportunity-Motivation Behavioral Change model and Theoretical Domains Framework

Characteristics	Results (n = 16)
Mean age (SD)	41.3 (10.9) years
Gender	10 male, 6 female
Race/ethnicity	
White	12
Black	3
Preferred not to say	1

RESULTS: THEMES AND QUOTES

Distance and **lack of transportation** were key ***barriers*** that prevented participants from accessing resources like NSPs.

"[NSPs] are a great resource for people. As long as you can get to them. […] We had to take more than one bus somewhere, it's difficult, you know? And if it's going to take you an hour and 10 minutes […] to get there on two buses, that's ridiculous. […] So like, I really would like if it would be closer to me. But I... I appreciate that, that there is one. I just can't make it there at all.”

Stigma from healthcare, the police, and the general public towards PWID was very common. Anticipated and experienced stigma were ***barriers*** that led to pessimism about how others would view and treat them

“My whole life I've always thought, you know, the doctors are there to help us. […] And they're there to do the best they can for us. They take an oath for god sakes...To the best of their ability. But I have seen in the field, a few places now where they, yeah, they have judged me for being an addict […] And, uh, it's just, it's disheartening. And definitely have distrust.”

“We were denied, uh, Narcan by the ambulance crew. They wouldn't give us any, which is not right. It's against the law, I heard. They can't do that, but they said no, that they wouldn't give us any, because they had been to the house three times in one week.”

Knowledge could be both a ***facilitator*** and a ***barrier***. Participants were generally interested in using resources that they knew about and thought would be helpful. Participants tended to be knowledgeable about naloxone and NSPs and had more variable knowledge about fentanyl test strips.

“I mean, if they'd raise awareness of the fact […] there's things worse than death that you can be shoving into your arm, you know what I mean? 'Cause, man, (laughs) I've had MRSA. I've OD-ed. This right here with the whole going paralyzed thing, that's a direct result from shooting. Yeah, that- if I'd have known that, I would've been a hell of a lot more cleaner.”

Peer navigators with lived experience are trusted figures on the healthcare team that can provide information and comfort without stigmatization

“[The peer navigator] came after and was just talking to me about Suboxone, how it helped her […] she told me how she's been on it and stuff. […] it just kinda put me at ease […] she's obviously successful and on it. And if I didn't know her, you know, if she wouldn't have told me, I'd have never known. […] So it's like, oh, okay, this stuff ain't gonna be too bad.”

Hospitalization was a ***facilitator*** associated with greater motivation to change behavior and start treatment. However, it could also be a ***barrier*** to accessing harm reduction services because participants were less open to discussing the idea of using drugs more safely.

“I didn't think that I would actually make it this far […] without using. […] I broke the routine, because when you're getting high, especially when it comes to […] opiates, um, it becomes, uh, habit-forming. Like almost like a ritual of what you do every day, and how you get it. And how you do it. You know? So, now that I broke that chain, I'm gonna try to stay with the methadone when I get out of here.”

“I really don't want to make [my drug use] safer, because I don't plan on going back. You know what I mean? I really, truly don't want to shoot dope anymore.”

CONCLUSIONS

- Key barriers include knowledge deficits, geographic distance, lack of transportation, stigma (experienced and anticipated), and reduced interest in using drugs more safely compared to stopping use completely.
- Key facilitators include having knowledge, the motivation to change behavior brought about by hospitalization, and interactions with non-stigmatizing healthcare workers such as peer navigators
- Offering comprehensive harm reduction education to PWID during acute hospitalization may increase adoption of harm reduction tools among PWID.
- Systems-based interventions that will likely be critical to improving outcomes for PWID include reducing stigma, increasing accessibility of harm reduction resources, and increasing patients' trust in healthcare

DISCLOSURES & REFERENCES

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