

Word of Mouth: The Key to Community Connections and Harm Reduction Among People Who Use Drugs



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INTRODUCTION

- Rates of opioid-related deaths remain high with over 100,000 people dying in 2023.¹
- Growing morbidity among people who use drugs (PWUD) contributes to rising healthcare costs.²
- Health systems struggle with how best to respond to the needs of PWUD.
- Harm reduction (HR) is a set of practical, evidence-based strategies focused on reducing the risk of complications associated with substance use.
- Acute hospitalization is a key window of opportunity to offer comprehensive SUD services to people who use drugs (PWUD).
- There is limited data on *how* best to offer harm reduction services to hospitalized PWUD.

AIM

- To understand how best to make health systems more responsive to the needs of PWUD, we interviewed hospitalized PWUD to understand their experience with HR in both traditional and non-traditional clinical settings.

METHODS

- Participants were recruited from an academic medical center in Pittsburgh, PA with a large rural, suburban, and urban catchment area
- Participant interviews occurred between February and March 2023
- We conducted semi-structured with 20 hospitalized PWUD (mean age 46; age range 30-77 years old)
- Interviews were audio-recorded and transcribed verbatim.
- Key themes were identified through thematic analysis with all discrepancies reconciled by consensus.

RESULTS

PWUD SHARE KNOWLEDGE AND SAFETY PRACTICES

PWUD demonstrated expertise and knowledge of safety practices, as well as motivation to learn more. Community care played a central role in how knowledge was acquired and shared.

"I had [my friends] go and get those needles for me. So, you know, and that, that was nice, but I can always have clean needles."

"I would go to prevention parties and needle exchange...I had Narcan. I can't use it on myself but for other people."

STRUCTURAL BARRIERS TO EFFECTIVE CARE

Structural barriers, including health systems failing to address social determinants of health, programmatic policies requiring abstinence to access treatment resources, hospital policies working in tandem with the carceral system and disorganization along the care continuum deterred participants from seeking medical care and HR services.

"There's more than two people that I'm fully aware of that had endocarditis and died within days of going into the hospital because they put it off for so long, because they were aware of the fact that they had a bench warrant, and that they would go to jail [if they sought medical care]."

WORD OF MOUTH IS KEY TO KNOWLEDGE SHARING

PWUD acquired and shared knowledge through informal community relations. Word of mouth was described as a trusted and effective form of knowledge sharing.

One participant found out about harm reduction services "through friends, through people on the street."

"The word of mouth is, is the greatest thing, I think, you know...they go home and they start thinking...in different ways...and that's how you're gonna make a difference."

PWUD FELT HR SERVICES WERE SUPPORTIVE AND ACCESSIBLE

Participants felt their needs were better met by the flexible and nonjudgmental approach of HR services and providers.

"I've always loved those [needle exchange] programs...I've always felt they were helpful...they'll pick you up from wherever and help you"

"For one, you can even go whenever you're going out for your suboxone, just ask the ladies down there [at the harm reduction service] and they'll hook you up with different programs that are available around the area."

"You could just go there and get clean needles, no like having to go through a bunch of stuff, you know, things to get them myself."

CONCLUSIONS

- Participants have practical HR knowledge they harness for individual and/or community well-being.
- Participants described community-based HR as trusted, accessible, and approachable places that overcome many of the structural barriers in more traditional clinical sites.
- To successfully integrate HR services into health systems, organizations must address structural barriers in multiple domains:
 - Policies and procedures that avoid explicitly and implicitly alienating PWUD.
 - Programs that address social determinants of health to enable low-resource participants to access and remain in care.
 - Enabling warm handoffs and linkages to community-based HR organizations
- Study generalizability may be limited by few participants of color and non-English speakers

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