

## Introduction

Harm reduction/public health messaging encourages people who use drugs to not use alone to reduce risk, yet people who suffer fatal overdoses are often found alone<sup>1</sup>. Factors influencing solitary drug use include the availability of drugs, personal safety, stigma and shame, privacy concerns, and lack of engagement with harm reduction services<sup>2,3,4</sup>. Home outreach, prevention hotlines, and supervised consumption sites have been conceived as mitigating measures<sup>5</sup>. Cook County Health (CCH)'s Substance Use Disorder (SUD) program provides medications for opioid use disorder plus embedded recovery support services within the safety net healthcare system to approx. 400 patients monthly. Patients' patterns of drug use and their preferences, beliefs, and attitudes toward various SUD treatment & overdose prevention options within the CCH SUD program are not well understood.

## Key Findings

- **77% of patients usually or sometimes use drugs alone**
- **61% of patients usually had Narcan available when using drugs**
- **75% of patients who use alone would use at least one of the following overdose prevention tools:**
  - **Never use alone hotline**
  - **Test strips**
  - **Community drug checking**
- **46% of all surveyed patients would use an overdose prevention site if available locally**

## Methods

- Cross-sectional, observational study utilizing secondary analysis of patient surveys linked to corresponding EMR demographic and clinical data. IRB approved.
- Population: 77 adult patients being actively treated for SUD within CCH's outpatient or emergency department
- Administered using REDCap by recovery coaches during routine clinical care from November 2023 - January 2024
- Survey: 87 patient-reported items (solitary drug use; substance use behaviors; preferences for SUD treatment and OD prevention)
- Social measures collected using validated 4-item short form from Patient-Reported Outcomes Measurement Information System (PROMIS)

## Analyses

Fisher's exact tests of independence were used to explore associations between different demographic factors and attitudes towards different SUD treatment and overdose prevention tools.

Stepwise logistic regression modeling was employed to determine which patient factors were most able to predict solitary substance use. In the model, variables except for PROMIS scores were dichotomized and then removed for  $p > 0.2$ .

Statistical analyses were conducted in STATA. Free text answers were analyzed for thematic groupings.

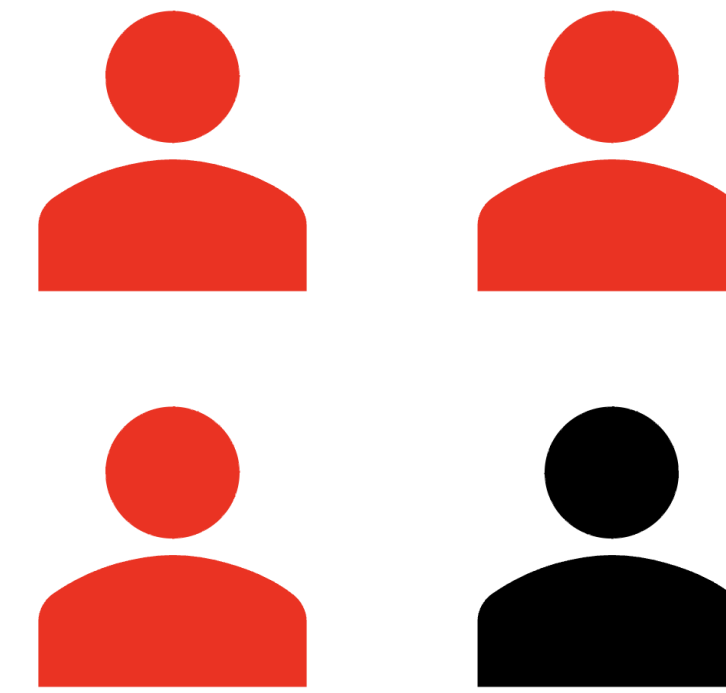
## Results

Of the 77 patients surveyed, 77.9% identified as male. Patients' mean age was 45.4 years (range 23-68 years). 41.6% identified as non-Hispanic white, 37.7% as non-Hispanic Black, and 14.3% as Hispanic/Latinx. Almost 2/3 of patients were involved in the criminal legal system, defined by any prior registration at Cook County Jail.

Sixty-one % (n=47) of patients usually kept naloxone available when using drugs. This did not differ when stratified by the presence or absence of solitary drug use.

76.6% (n=59) of patients reported usually or sometimes using drugs alone. This did not differ significantly when stratified by race, gender, relationship status, history of overdose in the past 2 years, involvement in the criminal legal system, or having a primary care provider.

Almost 3/4 of patients who use drugs alone said they would use at least one of these existing overdose prevention tools: Never Use Alone hotline, fentanyl/benzodiazepine/xylazine test strips, or a community drug testing center. Almost half (45.5%, n=35) of all patients would use an overdose prevention site if it were available locally.



3 in 4 patients reported usually or sometimes using drugs alone

Patients who reported better social functioning had lower odds of using drugs alone, with a 12% decreased odds of solitary use for every 1 point increase in PROMIS score.

The most common reasons for using drugs alone were the lack of ability or desire to share drugs (n=11), preferring to be alone while using (n=10), using alone out of habit (n=8), and shame or stigma (n=6).

## Conclusions

- Most patients in the sample used drugs alone.
- Naloxone is a key overdose prevention tool, but of limited use for individuals using alone.
- The majority of patients surveyed who use alone indicated interest in using at least one overdose prevention strategy.
- **A menu of overdose prevention tools and strategies should be made available to individuals who use drugs, especially those who use alone.**
- Overdose prevention centers are not available locally but it is an evidence-based tool of interest to the study population.
- More research is needed regarding how to best support social function and its potentially protective role in overdose prevention.
- Limitations:
  - Small sample size
  - Study setting may limit generalizability

## References

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## Disclosures

None of the authors have anything to disclose.