PERSPECTIVES OF PATIENTS WITH OPIOID USE DISORDER ON RECEIPT OF ADDICTION CLINIC BASED HARM REDUCTION SERVICES

Authors:

<u>Studnicki O¹, McMurtrie G²</u>, Shang M², Hamm M^{2,3}, Alexander L², Merlin JS^{2,3}, Check D⁴, Liebschutz J², Jawa R²

¹ University of Pittsburgh, Pittsburgh, Pennsylvania, USA

²Center for Research on Healthcare, Division of General Internal Medicine, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA

³CHallenges in Managing and Preventing Pain (CHAMPP) clinical research program, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA

⁴ Department of Population Health Science. Duke University School of Medicine, Durham, North Carolina, USA

Background: Harm reduction services have a strong evidence base in mitigating fatal overdose and HIV and HCV transmission among people who use drugs (PWUD); however, implementation has been limited to freestanding syringe service programs. We implemented harm reduction services in an outpatient addiction clinic in Pittsburgh, Pennsylvania and sought to understand patient perspectives on these co-located services.

Methods: We conducted confidential semi-structured interviews of adult patients with opioid use disorder engaged in outpatient addiction care who were offered harm reduction kits. The interviews assessed experiences and downstream impacts of the program, including comfort to discuss interval substance use with providers. Participants received \$30 for their time. Interviews were summarized for rapid analysis, and an ongoing thematic analysis of full transcripts is ongoing. Results presented below are based on the rapid analysis.

Results: Of the 26 participants, 61.5% had previously accepted kits. Participants were surprised to see harm reduction services in a healthcare space, with three main themes arising in patient interviews, including: 1) Health care provider participation in harm reduction made patients feel that their providers cared about them more than "just" as a person in recovery, 2) Participants felt more comfortable talking about their substance use and potential for relapse, and 3) Participants took kits for the purposes of personal safety in the event of a relapse, and for redistribution within their communities, empowering them through mutual aid.

Conclusion: Participants welcomed co-located harm reduction services in addiction treatment settings as it helped strengthen the patient-provider therapeutic alliance prioritizing holistic addiction care and reduced healthcare associated stigma. More efforts are needed to make this paradigm shift of care delivery the standard practice.

Disclosure of Interest Statement:

The authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.