

Perspectives of providers and staff on harm reduction implementation in outpatient addiction clinics

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Background

- Syringe service programs (SSPs) offer evidence-based harm reduction (HR) services like overdose prevention/education and safer drug use equipment.
- Pennsylvania (PA) state regulations limit SSPs to only two cities.
- PA Centers of Excellence for Opioid Use Disorder (COEs) are addiction treatment clinics that may serve as venues for HR services without local SSPs.

Objective

Explore staff & providers perspectives on barriers/facilitators to implementing harm reduction kits at 3 COEs with heterogeneous treatment settings.

Results

Overall, COE providers & staff felt:

- ✓ Familiar with HR services but experiences limited to naloxone and drug checking test strip provision
- ✓ Onsite HR service expansion would be valuable for patients

"We, as a whole program, have, like an underlying theme of harm reduction as a part of our model of care. Outside of that, I think that there are a lot of barriers in regards to hospital leadership, from stigma and bias."

"We always want more ways for our clients and, you know, anybody in the community to be safe."

Key Barriers

Lack of site resources (e.g., funding, kit supplies)
Healthcare-related stigma
Conflicting abstinence-based priorities in community & larger health system

Key Facilitators

Integration of kit distribution within existing clinical workflow
Aligns with clinic priorities to normalize HR
Opportunity to fortify patient-provider therapeutic alliance

Methods

1 Recruitment for 2 focus groups

- » From 3 COEs:
 - 1) Dual diagnosis
 - 2) Pregnancy & women
 - 3) Primary care
- » Staff (n=6), providers (n=5)

2 Virtual Focus Groups

- Using semi-structured interview guide based on Consolidated Framework for Implementation Research domains:
- » Prior experiences with HR
 - » Anticipated barriers/facilitators for onsite HR kit provision

3 Rapid qualitative inquiry

- 1) Identify any unique COE site-level differences
- 2) Identify barriers/facilitators to inform site-specific implementation

Conclusion

Despite heterogeneous settings, all COEs identified similar pre-implementation barriers & facilitators.

To facilitate HR services into COEs, we need:

1. Sustainable funding for onsite HR supplies
2. Standardized HR education for staff and providers
3. Normalize providing the spectrum of HR services in healthcare