



Implementation Determinants of Harm Reduction Integration in Outpatient Clinical Settings

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INTRODUCTION

- Harm reduction services (HRS) mitigate substance use-related risks.
- Increasing polysubstance use and overdose deaths highlight the importance of integrating HRS into clinical settings.
- Addiction treatment clinics such as Pennsylvania Centers of Excellences for Opioid Use Disorder (COE) are well-positioned for HRS implementation.

Evaluate pre- and post-implementation barriers and facilitators to HRS integration at 3 COEs.



METHODS

- Jul 2023: Partner with 3 COEs in Western PA
 - 1) Peripartum clinic 2) Primary care clinic 3) Dual diagnosis clinic

Sep 2023: Pre-implementation Focus Groups

Two virtual one-hour focus group using guide based on Consolidated Framework for Implementation Research 2.0 (CFIR 2.0)

- » Anticipated barriers/facilitators for onsite HRS
- » Providers (n=5), staff (n=6)



Feb 2024: COE HRS Integration

Kits distributed: safer injection, smoking, snorting, boofing (per rectum), fentanyl/xylazine test strips, wound care, naloxone

May-Jun 2024: Post-Implementation Focus Groups

Two virtual one-hour focus group using guide based on CFIR 2.0

- » Experienced barriers/facilitators for onsite HRS
- » Providers (n=7), staff (n=4)

Content analysis with inductive and deductive coding

Barriers

Facilitators

“

“I think stigma is a huge [barrier]. At the women's hospital in particular, especially when you're talking about women who are pregnant or potentially becoming pregnant, I think this idea is not well-received by the community at large. That it's still seen, very unfortunately, as sort of enabling patients to have ongoing use. We see that a lot in the work that we do, unfortunately.”

“It helps create therapeutic relationships... Patients feel less judged and more open.”

RESULTS

Pre-Implementation

Physical & work infrastructure
Provider/staff knowledge of HRS

Post-Implementation

External stigma
Abstinence-based culture
Punitive policies

Funding for HRS

Prior experience with HRS (e.g., naloxone distribution)

HRS alignment with clinic priorities
Enthusiasm for HRS
Engages patients

Patient advocacy by staff & providers
Leadership support

“Unfortunately, it just kind of goes back down to the funding of where is it going to come from... But I think we've received a lot of support. It's more just... how do we make it work?”

“For patients that are inconsistent with their bup[renorphine] use, or have returned to use, instead of discharging them from the clinic... we're able to just still see them and offer harm reduction... that's been pivotal at keeping people engaged.”

CONCLUSION

- ✓ HRS integration was well-received by staff, providers, and patients.
- ✓ Pre-implementation barriers addressed via site-specific workflows and education.
- ✓ External stigma and funding sustainability remain as primary challenges.

Outpatient clinics play a vital role in HRS integration into clinical practice to enhance patient care and safety. Future efforts should prioritize securing financial resources and promoting community education.

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