

“You kind of realize, oh yeah, why weren’t we doing this the whole time?”:

Patient and staff perspectives on hospital-based harm reduction services amidst a national overdose crisis

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Background

- What is harm reduction?
 - A set of strategies that aim to reduce the negative consequences of drug use, such as syringe services and naloxone distribution, among others¹
 - Destigmatized care that promotes health anywhere on the continuum of use, a contrast to “abstinence-only” frameworks common in healthcare^{1,2}
 - A movement built on respect for the rights of people who use drugs, with recognition of the complex reasons for use¹
- The White House and CDC have named harm reduction strategies as key to addressing the opioid epidemic due to decades of evidence that they improve outcomes for overdose, infection, and the likelihood of starting treatment.³⁻⁵
- Harm reduction services remain limited at most US hospitals, representing a significant missed opportunity to improve addiction care.

The Intervention

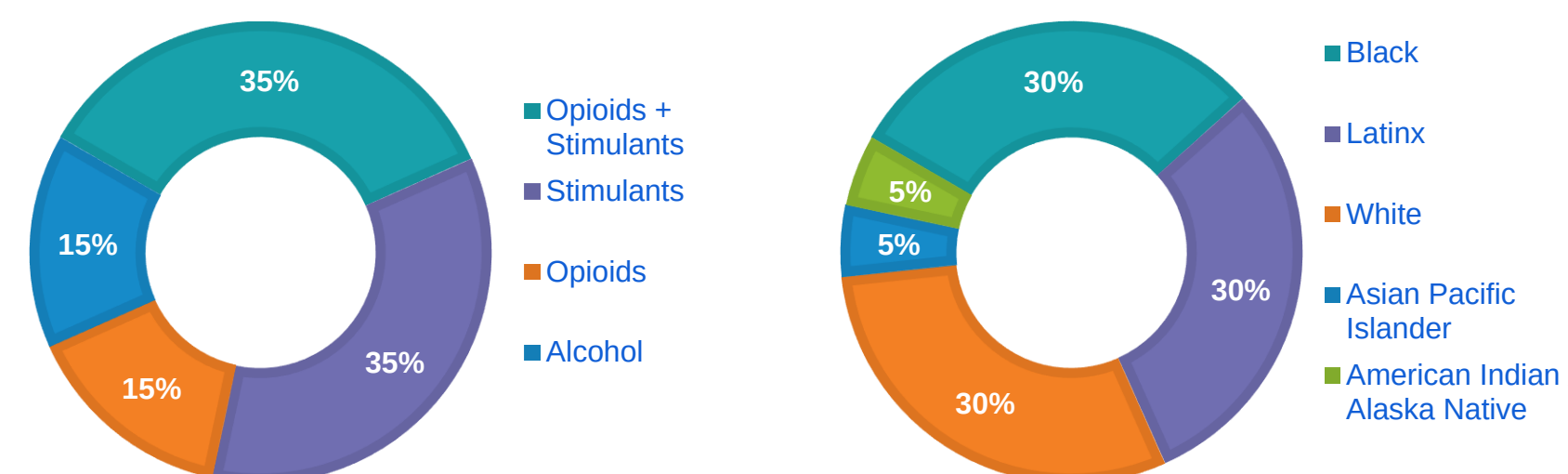
- We partnered with a syringe service program to integrate harm reduction services into an addiction care team (ACT) at Zuckerberg San Francisco General
- Safer use supplies available included syringes, pipes, naloxone, fentanyl test strips, cookers, etc., as well as education and referrals to local resources
- ACT members also proactively educated staff about harm reduction (i.e. in nursing huddles, 1-on-1 interactions, formal didactics etc.)



Methods

- We conducted semi-structured interviews with:
 - 20 patients who received harm reduction services
 - 20 staff (9 nurses, 9 clinicians, 2 patient navigators) across departments caring for patients with SUDs, including 8 ACT members.
- Interviews explored program experiences and impacts. We analyzed the interviews using modified grounded theory methodologies.

Primary SUDs and Race/Ethnicity of Patient Interviewees



Results

Expands Access

- Increases physical access** to supplies post-discharge
- Reaches patients with limited exposure** to harm reduction and high-risk use
- Promotes education** to reduce risk of overdose and infection
- Enables shared decision-making** through counseling that recognizes continued use

Latinx patient on learning how to use naloxone + fentanyl test strips:
"No sabía y pues me sirve, porque tantos amigos que tengo que puedo ayudar también."
[*"I didn't know, and it's useful because I can help so many of my friends, too."*]

Black patient on learning how to use naloxone + safer use supplies:
"I feel a big relief... You should be a little bit more blatant to tell people, because people need their stuff, people really do need, and people are really bad on their sharing needles... It's too much risk, it's too much risk."

Older patient on harm reduction counseling + fentanyl test strips:
"Maybe this is God's way to put this in my path to get me to slow down... it's like more power to defend myself... I have the knowledge now of what I can do."

Builds Trust

- Creates a positive care experience** often in contrast to prior stigmatized encounters
- Deepens patient-provider relationships** and improves patient engagement
- Reduces likelihood of delaying future care** and exacerbation of medical conditions

Patient with cellulitis who uses fentanyl and methamphetamine:
"When I was offered harm reduction supplies, I didn't feel like I was being judged harshly but more understood. That my issues were being seen... I wasn't seen as a perpetrator."

Patient with a GI bleed who uses methamphetamine and alcohol:
"They were not judgmental, they were not expecting me to say things that would lead me to failure... which has been my experience in the past... Can you imagine how many lives we could save if there was not this kind of barrier?"

ACT substance use navigator:
I think the biggest difference [from offering supplies] is how people interact with our team and how they feel during their admission, people all the time say... 'I've never been treated with as much empathy when it comes to my substance use.'"

Catalyzes Culture Change

- 'It just makes sense'** staff desire better strategies to prevent overdose and infection
- Destigmatizes care** for patients who plan to continue use
- Recognizes patient autonomy** and offers an alternative to abstinence-only engagement
- Increases staff fulfillment** and empowerment, fighting burnout

Internal medicine resident:
"In med school, it was kind of a black white situation where either you had a pretty frank conversation with a patient of, 'either you're gonna stop using and we're gonna give you all these medications to help you do that' or 'bye' essentially... there is no in between... With the ACT team, you get the sense that we're trying to meet patients where they're at."

Trauma surgery clinician:
"The more you see [the approach], the easier it gets to have these conversations, the easier it gets to see what the positive responses are from the patients, and the staff."

Med/Surg RN:
"I wish that nurses can have more access to those types of supplies, just across the state of California, like not just San Francisco... it needs to be in Oakland and Richmond and all these places."

Results (Cont.)

- 1 in 3 patient participants reported learning new safer use strategies, including many who learned how to use naloxone for the first time
- Black and Latinx patients, stimulant users, and those with Limited English Proficiency were more likely to report learning new safer use strategies
- Of 7 patients who primarily used stimulants, all Black or Latinx, 4 had experienced a prior fentanyl-related overdose

Program Implementation Challenges

- While all staff interviewed supported providing harm reduction supplies, a few reported ongoing stigma, and hesitancy about harm reduction principles.
- Several patients expressed concern about non-ACT staff knowing that they asked for supplies, fearing discrimination and stigma.
- One patient had a negative experience due to a miscommunication about her plans for use. She felt strongly that supplies should be available to others, but emphasized the need for careful assessment of each patient's personal goals.

Conclusion

Our study found that in-hospital harm reduction services can:

- Increase access to education and supplies, especially for structurally marginalized populations
- Rebuild trust between patients and providers
- Catalyze culture change and promote destigmatization in healthcare settings
- Efforts are needed to ensure harm reduction reaches people who use stimulants, Black and Latinx patients, and people with limited English proficiency.
- Policymakers should consider removing regulatory barriers to the distribution of harm reduction equipment in healthcare settings.



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Harm Reduction as Standard of Care