Baystate Health | UMass Chan Medical School

Department of Healthcare Delivery & Population Sciences

Barriers and Facilitators to Harm Reduction for Opioid Use Disorder: A Qualitative Study of People With Lived Experience

We interviewed **Elizabeth Schoenfeld**, MD, Assistant Professor of Emergency Medicine and Healthcare Delivery and Population Sciences at UMass Chan-Baystate and **Lauren Westafer**, DO, Assistant Professor of Emergency Medicine and Healthcare Delivery and Population Sciences at UMass Chan-Baystate about their recent publication in Annals of Emergency Medicine entitled Barriers and Facilitators to Harm Reduction for Opioid Use Disorder: A Qualitative Study of People With Lived Experience.

Can you tell us the motivation for this study?

As the opioid epidemic continues, clinicians, advocates, community members, and people who use drugs are all looking for ways to keep people safe. We sought to increase access to harm reduction supplies and education in emergency departments. We have already been providing several aspects of harm reduction in our emergency department for a few years, but as we planned to expand the care we provided, we felt it would be beneficial to better understand our patients' perspectives.

What were the goals of this study?

We sought to understand the barriers and facilitators to harm reduction from the perspectives of people who use drugs - both the barriers and facilitators to getting harm reduction supplies and regularly using harm reduction techniques, and the barriers and facilitators to engaging in harm reduction conversations in the emergency department.

What were the main findings?

We learned so many interesting and relevant things. Participants told us how hesitant they were to admit to doctors that they were still using drugs in order to receive supplies - many reported that they felt they got better care when they told clinicians they were never going to use drugs again. Many reported previous bad experiences where they were treated poorly by doctors and nurses, causing them to avoid needed care. Regarding their own use of harm reduction techniques, they reported that sometimes withdrawal symptoms were so severe that they were unable to take the time to practice the techniques they knew would keep them safe. In this way, they noted that something like methadone (a medication that treats opioid use disorder) was also a harm reduction technique, in that it prevented their withdrawal from being quite so bad, allowing them to get into better habits with their drug use. From a clinician's point of view, the most important thing we learned was just how important it is for clinicians and hospital staff to approach people who use drugs with compassion and empathy, for us to start the conversation ourselves and really work to make people feel comfortable talking to us. Otherwise, they simply won't, based on past experiences of discrimination and stigma.

What are you doing to continue this work?

We have already expanded our harm reduction supplies and education. We received a grant from the RIZE Foundation of Massachusetts. This allows us to measure attitudes and behaviors, implement a new method of distributing supplies and education, and continuously engage our community.

What are the implications for Baystate patients?

Over the years, clinicians and community members have amassed innumerable stories of bad outcomes and substantial harm that has come to our community members because they avoided needed medical care out of fear of how they would be treated because of their drug use. It is our hope that our harm reduction supplies and education will help make our emergency departments welcoming places for everybody who needs medical care. By improving the care we provide every day to every person who uses drugs, we increase the likelihood that that person will take care of themselves as possible, get treatment for their disease, and get help for their medical needs.

What are the next steps?

We have multiple projects in various stages that have grown out of this work. We have our current harm reduction efforts, which we are expanding to the community hospitals (RIZE Foundation). We have a NIDA R34 entitled "Conversations save lives: talking about buprenorphine and methadone in the emergency department," which aims to create tools and training to help ED clinicians start patients on buprenorphine and methadone. We also recently submitted a grant to develop and test harm reduction delivered via telehealth.