
Population Health Clerkship:

*Assessing the Unmet Medical Needs
of Persons Who Inject Drugs*

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“Tapestry runs a Syringe Access Program in all four Western Massachusetts counties. **Its main goal is to save lives**, and our approach is known as “low-threshold,” which means if people are not ready to seek treatment, we work with them to decrease the chances they and people they know will die of a fatal overdose as they begin to move forward to healing.”- *Assistant Director of Drug User Health, Tapestry*

Population of Focus: Participants of Tapestry

Demographics:

- Geographic: Springfield, MA (Hampden county)
 - 80 OD deaths in 2018 (**47% increase from 2017**)
 - Hampden county: 834 OD deaths between 2010-2018
- Age, race, class:
 - 2010 White, 256 Black, 9 Asian, 40 Multiracial (2152 data missing)
 - 67% below FPL
- Language, culture, citizenship: English, Spanish, insurance not required
- Social & structural factors:
 - 46% homeless/unstably housed (7/1/18-10/30/19, n=4494)
 - 555 OD
 - 1046 witnessed an OD
 - 822 administered Narcan



Clinically Relevant Risks and Trends

Medical

Bloodborne infections: viral hepatitis, HIV, bacterial, fungal

- 9-12% of new HIV cases and 50% of new HCV cases are associated with injection drug use (CDC)
- HCV est prevalence 11-42/100 person years, as high as 92% (AASLD)
 - Ltd access to tx!

Poor wound care: (abscesses)

- Limited wound care clinic
- Stigma

Social

Stigma, lack of social support, discrimination in health care settings

Behavioral

Sharing of needles and works, unsafe sexual behaviors while under the influence, behavioral health comorbidities

Environmental

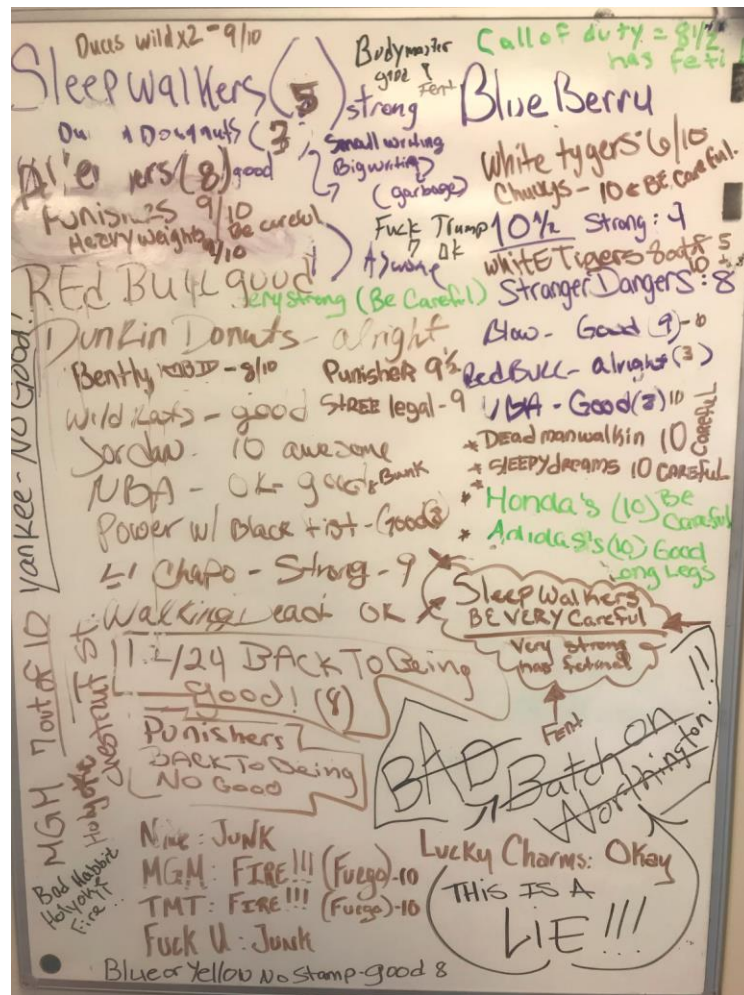
Lack of housing, access to sterile injection sites, and substance use treatment programs

Strengths

- Sense of community
- Relationship with staff
 - 92.1% would be willing to receive their health care services at Tapestry Harm Reduction

Disparities

- Limited resources
- Lack of access to medical services (HCV tx, HAV/HBV vaccination)
- **Stigma**



Interprofessional Teams of Care



Doctors

- **Scope of Practice**: Able to provide medical care
- **Relationship to Team**: Receives referrals, communicates about follow-up
- **Location**: Clinics
- **Strengths**: Able to provide much needed care
- **Limitations**: Often lack of knowledge/biases prevent adequate care



Harm Reduction Counselors

- **Qualifications:** knowledge of HIV and harm reduction principles, experience with SUD, ability to work with diverse communities
- **Scope of Practice:**
 - conduct needle exchanges
 - identify/access PWID
 - assess education and prevention needs of PWID
 - build relationships with PWID and community
 - make referrals
 - conduct health screenings
 - participate in outreach efforts
- **Relationship to Team:** Build relationships/ connect PWID with other members,
- **Location:** Syringe access program, outreach van
- **Strengths:**
 - Building relationships with PWID
 - ability to connect to other resources
 - knowledge of barriers and needs
- **Limitations:** Limited in scope of practice

Community Partners

- **Scope of Practice:** Able to provide basic needs and recovery services
- **Relationship to Team:** Works with harm reduction counselors to address needs of PWID
- **Location:** offices/community centers
- **Strengths:** Able to provide basic needs
- **Limitations:** gaining trust of Tapestry clients, funding



Engaging with PWID

In the Office:

- Client interviews
- Pilot survey of clients' unmet health needs
- Development of focused needs assessment tool

Mobile Outreach:

- Providing services at Friends of the Homeless
- Visiting injection sites and a homeless encampment
- Needle cleanup



Addressing the Need



**Baystate
Medical Center**

Building on our findings:

- Themes of needs assessment
 - Wound care, hepatitis C education, vaccination, lifestyle needs
- Keep up the mobile outreach
 - Bringing services to those who may not visit the office
 - Understanding a client's environment

Healthcare in Springfield:

- Baystate Medical Center, Mercy Medical Center, community health clinics
- Need to remove barriers to access and make healthcare a positive experience



Lessons & Future Practice

Compassion & Understanding

- Speaking candidly with PWID helps us understand why they use drugs
- Harm reduction should be taught more widely among medical students and professionals
- Compassionate and de-stigmatized care will encourage PWID to seek medical services
- We can incorporate these principles into our own clinical practice
- More than just medical care - education, fundamental needs



Health Advocacy





A national organization that **advocates for harm reduction policies** and provides support for programs that address the adverse effects of drug use

Syringe access: prevents transmission of HIV and HCV

Overdose prevention: naloxone counteracts opioid overdose and has no potential for abuse

Hepatitis C: through initiatives such as HepConnect, Harm Reduction coalition works to increase access to HCV treatment, especially in rural areas

Stigma: stigma negatively impacts access to healthcare for PWID, and is combated by Harm Reduction Coalition trainings for healthcare providers and for drug users

Safe Consumption Sites: reduce needle sharing, prevent overdose, and reduce drug use

Fentanyl testing trips: off-label harm reduction approach that gives PWID agency



We are the Drug Policy Alliance.

A New York based non-profit that works to decriminalize drug use and promote harm reduction policies, with an emphasis on marginalized populations including LGBTQIA+ people, women, and people of color

MOVEMENTS FOR JUSTICE:

Queer positive treatment options that do not force people into the gender binary

Ensuring that when drug-involved **transgender people** are sent to prison, they are placed in the gender population that **most accurately reflects their identity**

Improving access to MAT for **incarcerated women**, including during pregnancy

Protection of youth through the nation's first **harm reduction drug education** curriculum, Safety First

Preventing deportation for **immigrants who use drugs** by adopting pre-plea diversion programs that prevent guilty pleas

Eliminating mandatory minimum sentences which disproportionately affect **people of color**



Advocacy Pitch

We spent two weeks learning about the unmet health care and social needs of persons who inject drugs and access Tapestry's harm reduction services. We learned that many PWID will not go to medical centers and that many of their health needs are caused by unsafe injection drug use practices. We can combat the high rates of overdose deaths and infectious disease through the use of proven effective safe consumption facilities.

We also learned that most people who die of a heroin overdose do so alone. Studies have shown that people who lack housing are at a higher risk for using alone. The impact of this became apparent after talking to a highly active member of the community, who shared how community members rely on each other for medical care, including administration of Narcan, because they have no one else to go to.

We are advocating for Safe Injection Sites in the Springfield area to reduce the number of opioid related overdoses. Supervised injection sites have been shown to reduce/eliminate needle sharing, increase access to other medical services, and decrease crime in areas around the site. Most importantly, **there has not been a single overdose death in any of these programs.**

Legislation has been introduced that will implement Safe Injection Sites in Massachusetts. Contact your local legislature TODAY and urge them to support "An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment" H.1712

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