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ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Patient and Staff Perspectives on Hospital-Based Harm Reduction Services

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PARC Seminar 9/25/2024



Our Study Team



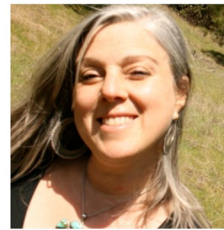
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With special thanks to:

Rachel Perera

Past and Present ACT members

UCSF Pain and Addiction Research Center

All those interviewed for sharing their perspectives and wisdom



Harm Reduction in Hospital Settings

Harm Reduction Evidence

Reduces HIV, hepatitis and skin and soft tissue infections

Saves lives by reducing overdose deaths through education and naloxone

Builds trust and reduces stigma

5x more likely to enter drug treatment and 3x more likely to stop drug use

HIV and Injection Drug Use, Vital Signs, 2016. Fernandes RM, BMC PH 2017.
Rachlis BS, HRJ 2009. Logan DE, Journal of Clin Psychology 2010. Perera R, HRJ 2022.

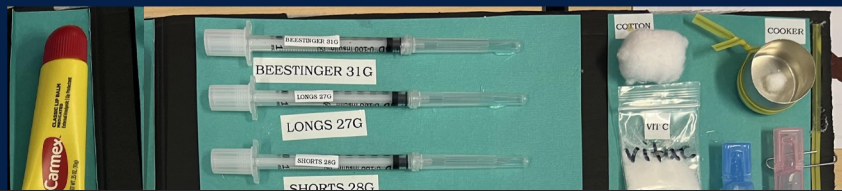
Harm Reduction

A **community led** movement for social justice and equity built on a belief in, and respect for, the rights of people who use drugs.

Practical **strategies, ideas, and policies** aimed at reducing the negative consequences with substance use and promoting health.

National Harm Reduction Coalition

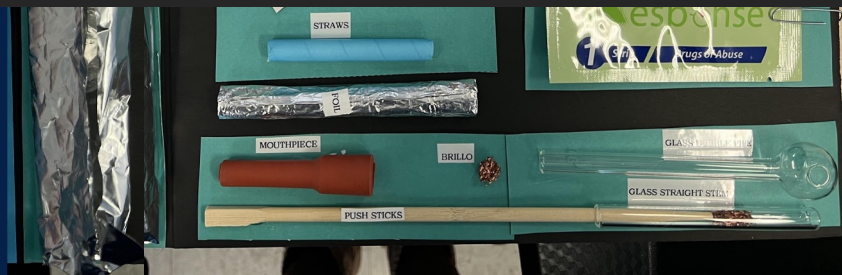
Addiction Care Team: Harm Reduction



Overdose prevention.

Safer use

“It means a person that understands me but doesn’t judge me”

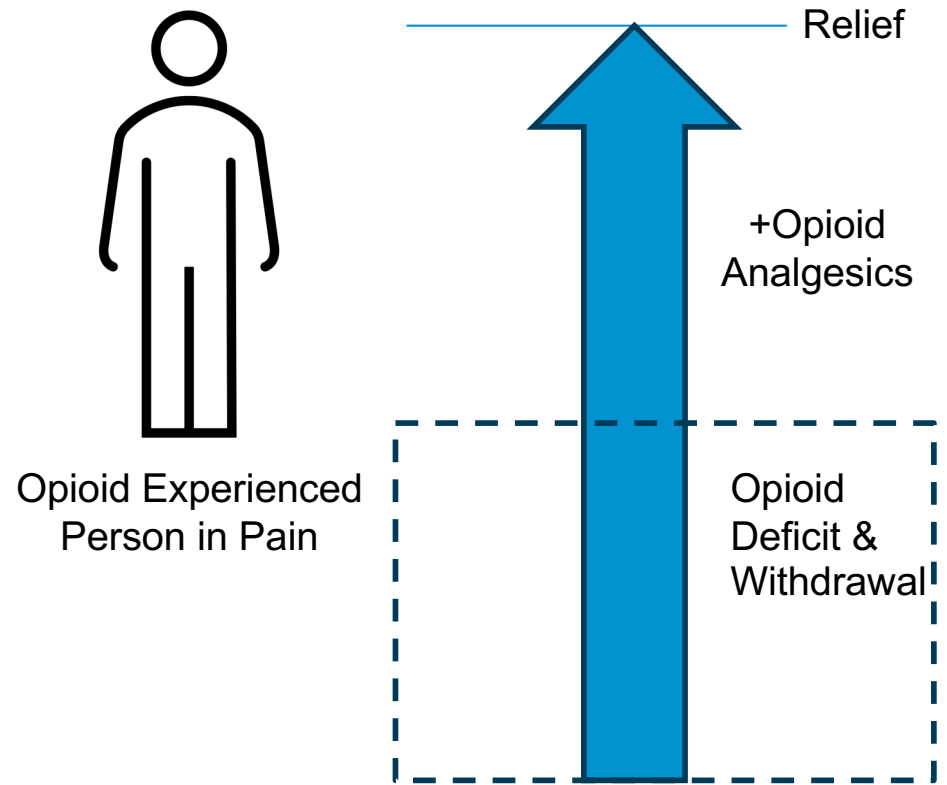
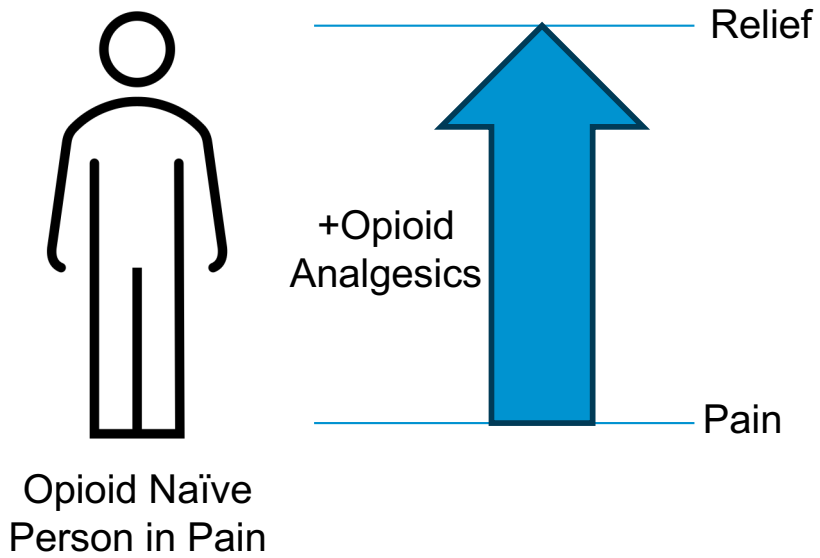


Education

centered,
non-
stigmatizing
care



Harm Reduction in Hospital Settings



Methods

In depth, semi-structured interviews with:

- Patients receiving harm reduction services
- Staff caring for patients receiving services

Patients were recruited during hospitalization

Interviews were transcribed, coded and analyzed using modified grounded theory methodologies

Objective: To understand impact of harm reduction services during hospitalization on patient and staff experiences, including impacts on pain treatment

Results: Participant Characteristics

40 in-depth, semi-structured interviews

20 patient interviews

85% in English

20 staff interviews

Staff Interviewees	N (%)
Total ACT	8 (40%)
Total Non-ACT	12 (60%)
Interviewees by role	
RNs (Med/Surg, ED, L+D)	8 (40%)
Clinicians (FM, ACT, IM, Surgery, Ortho)	9 (45%)
ACT Navigators/LVNs	3 (15%)

Patient Interviewee Characteristics	N (%)
Race/Ethnicity	
Black	6 (30%)
Latine	6 (30%)
White	6 (30%)
Asian Pacific Islander	1 (5%)
NA/AI	1 (5%)
Primary SUD	
Opioids + Stimulants	7 (35%)
Stimulants	7 (35%)
Opioids	3 (15%)
Alcohol	3 (15%)

What is the impact of offering harm reduction education and supplies at the hospital?

We interviewed 20 patients and 20 staff at a safety-net hospital that provided harm reduction education and supplies (e.g. syringes, pipes, fentanyl test strips, and naloxone)



Increased access to harm reduction education and supplies

Particularly for Black, Latine, and Spanish-speaking patients, as well as those that primarily used stimulants



Improved trust between patients and staff

Patients reported feeling cared for, respected, and less likely to delay future medical care.



Catalyzed culture change

Despite initial hesitancy, the services became normalized, and for some staff they helped decrease stigma around substance use

Source: Fraimow-Wong L, Martín M, Thomas L, Giuliano R, Nguyen O, Knight K, Suen L. Patient and Staff Perspectives on the Impacts and Challenges of Hospital-Based Harm Reduction. *JAMA Network Open*, 2024.

What about impacts on patients with pain?



Fear of undertreated withdrawal and pain during hospitalization is a common cause for patients delaying hospital care

It makes it easier for me to come in, because I know I'm not going to have to go through it.[...]

Coming in, I was worried about the pain management and everything, because any time I come in that's one of my biggest, my biggest worries. I know people that are putting off coming in here because they're worried about the same thing.”



Clinicians in the hospital have become more comfortable using higher doses of opioids to treat withdrawal and pain

*From a surgical perspective, it's been challenging to sometimes feel comfortable with the amount of opioids that patients sometimes need, and I think for me it's been trying to understand that **I'm not only treating someone's acute pain after surgery but it's also the other aspect of like withdrawals that I also need to address.** And so that part has definitely been something that I've had to learn and had to be more comfortable with, and I think definitely having the support of the Addiction Care Team, again, in sort of like helping me like navigate and just make sure that what I am prescribing is safe for the patient, is very helpful.*

Surgical clinician working on the trauma team



More honest conversations about drug use, harm reduction led to improved pain experiences in the hospital

*I have such a high tolerance of drugs, drugs and substances, that it takes so much more to get me out of pain. The doctors in the hospital used to feel that I just wanted drugs, that's all it was, is I just wanted drugs, and that wasn't the case. I wanted out of pain. They literally have helped me here. They didn't help me out as much as I wanted but, [laughter] but they did help me enough to where it was sustainable [...] **It was related to the harm reduction, that and people are taking a look at the pain level from an addict's needs.***

*They were looking literally and seeing that it wasn't just an addict saying, "I want drugs." It wasn't that. I just wanted to not be in pain [...] If I have any other future episodes I know exactly where to come. **I feel a lot differently because they really, literally listened to me. And I haven't had that for the longest, for years and years and years and years and years and years.**"*

Patient with chronic pain and substance use disorder who previously self-directed their discharges from the hospital



Staff desired additional training on managing withdrawal and pain, particularly among nursing staff

“As a nurse, the things that I most want to know is like how can I support my patients. Especially, the hardest for me is to watch my patients go through withdrawal. Like it's horrible to watch them go through withdrawal, and then pain management. I've had multiple patients in similar situations but just like their pain was not being managed well.” – Med Surg RN

“I'm gonna be honest with you, it's very minimal to like no training for substance [use].” – Med Surg RN

What's happened since then?



SFPDH
@SFDPH

We're excited to kick off our 1st ever Nursing Addictions Conference with @UCSFMedicine & community partners today led by @ZSFGCare's Addiction Care Team. Led by nurses across our community, the conference covers best-practice nursing addictions care.



Next Study:

Investigating in-hospital Substance use policy from healthcare staff and patient perspectives for Greater Health Transformation (INSIGHT)

Qualitative study evaluating institutional policies on in-hospital substance use and impact on patients and staff

Thank you!

Questions and Discussion

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