

Exploration of the Unmet Health Care Needs of Persons Who Inject Drugs



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Conflict of Interest

- We have no conflicts of interest to report

Objectives

- Learner will be able to identify five harm reduction education topics to be discussed with persons who inject drugs (PWID).
- Learner will be able to state three preventative vaccines to be offered to the PWID.
- Learner will be able to describe the various settings where harm reduction education can occur with PWID.

Background

- In 2015, an estimated 27.1 million persons (10.1% of the population) in the United States used illicit drugs within the last 30 days.
- The injecting population has higher rates of preventable conditions including HIV, Hepatitis B virus, Hepatitis C virus, endocarditis, sexually transmitted diseases, abscesses, and overdose.
- Due to stigma, accessing health care services can be challenging for the PWID.

Research Question & Aims

What health care services are PWIDs accessing, what type of setting are these services being accessed, and is their drug use discussed by their health care provider?

- Aim 1-** Describe the PWID utilization of preventative health care services.
- Aim 2-** Describe the PWID openness regarding their drug use with providers.
- Aim 3-** Describe preventative health services that should be integrated into the scope of syringe access programs.

Data Collection

- 141 persons recruited from two syringe access programs (SAPs) in the northeast over 7 weeks.
- An investigator developed survey was created to obtain information around the following variables: primary care provider past year access, barriers to primary care provider access, harm reduction topics discussed, injection related infection/abscess/treatment, preventative care and vaccinations, and sites where care was received in last year.

Sample Characteristics

- 109 (77.3%) recruited from City A SAP and 32 (22.7%) were recruited from City B SAP.
- Mean participant age was 37 (SD = 9.8, range 18-64)
- The majority (75.0%) were single, white (69.8%), and most had health insurance (92.9%).
- The primary living situation was in an apartment (40.4%) and homeless was the next most frequent response (36.9%).
- The mean number of injections per day was 5.3 (SD = 3.6, minimum = 1, maximum = 20), most frequently injected substance was heroin (70.9%), followed by cocaine (28.4%), and 40% did both.
- Mean years of injection drug use was 10.4 (SD = 8.9, minimum = 0.1, maximum = 45).

Aim 1

Describe the PWIDs' utilization of preventative health care services.

Health support network

	% Yes
Partner	45.4
Friend	53.6
Family	46.4
PCP	25.7
SAP	57.9
Other	7.9

Barriers to seeing primary care provider

No insurance coverage	1.4%
Unable to afford co-pay	1.4%
No time	7.9%
Don't have a provider	17.1%
Can't get to provider's office	5.7%
Not needed, I'm healthy	4.3%
Don't feel comfortable with provider	2.9%
Scared to see provider	1.4%
Other	10.7%

Barriers to seeing primary care provider

Reasons described under "other included:

- not caring about going or feeling it is a waste of time
- being incarcerated during this time
- backlog for an appointment
- owing a copayment
- kicked out of practice
- PCP unaware of participant's drug use

Access sites for health care needs

	Mean	SD	Minimum	Maximum
ED visit	1.4	2.3	0.0	16.0
Urgent care visits	0.6	1.5	0.0	11.0
Inpatient frequency	0.9	2.2	0.0	11.0
Outpatient frequency	10.5	26.3	0.0	241.0

Site and reason for seeking care

	ED	Urgent Care
	%	%
Infection	21.6	7.8
Mental health	27.0	9.9
Accident	9.9	5.7
Illness	14.2	14.2
Disease/illness worsened	7.1	0.7
Overdose	9.2	NA
Other	10.6	4.3

Preventative health frequency

	% Yes
Women only (N=51)	
Pap	88.2
Mammogram	31.4
All subjects (N=141)	
Anal pap	2.9
Colonoscopy	11.5
Cholesterol	34.5
HPV testing	25.2
TB testing	76.3

Preventative health frequency cont'd

Vaccinations (N=141)	
Flu	41.0
Pneumonia	19.4
HPV	19.4
Hep A	46.0
Hep B	48.2
Tetanus	68.3

Aim 2

Describe the PWIDs' openness regarding their drug use with providers.

Provider aware of drug use

	Saw provider in past year	
	No	Yes
Provider aware of drug use		
No	30	15
Yes	11	65

Harm reduction discussion topics

	% discussed
Testing for Hepatitis C	44.3
Drug counseling	37.9
Testing for hepatitis B	35.7
Safer sex education	33.6
Overdose prevention	32.1
Intranasal naloxone	30.0
Needle exchanges	27.1
Safer injection technique	24.3
PrEP (pre-exposure prophylaxis)	12.2

A3- Health care services at SAP if available

- 92.1% reported yes, and among these 97.8% reported they would feel comfortable receiving care at the SAP
- 78.9% reported that it would be convenient
- Only one participant reported they would not be comfortable
- Thirty-eight subjects wrote comments reporting feelings of trust, not feeling judged, feeling respected and understood by staff, and receiving excellent information and resources.

Aim 3

Describe preventative health services that should be integrated into the scope of syringe access programs.

Conclusions

- PWID do not receive the preventative health care screening and services they need.
- PCP's awareness of an individual's drug use increased the amount of education being provided and preventative services performed.
- A PCP at the SAP could treat unmet preventative health care needs.
- Recognizing the unique needs of the PWID is critical to reduce the health care disparities experienced by this population.

Limitations & Future Research

- Difficulty obtaining detailed information about comments
- Memory recall was difficult at times
- Recognition of medical terms (i.e. HPV, TB test, etc.)
- Findings limited to two SAPs and may not be generalizable

- Future research to include focus groups for qualitative inquiry into barriers and facilitators of preventative care and PCP perspectives.

Questions?


