



Examining Perspectives of Clients Receiving and Staff Delivering Harm Reduction Services at a Community-Based Behavioral Health Care Organization

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Background

The crisis of opioid overdose death is growing exponentially, with annual drug overdose deaths increasing dramatically since 2020 and now in the 100,000s (CDC, 2021). People who inject drugs have an elevated risk of fentanyl related overdoses (Jones et al., 2022). Harm reduction strategies are crucial in reducing drug-related deaths, injuries, and illnesses. Harm reduction shifts the culture from rationing resources based on deservedness to one where everyone deserves care (Pauly, 2008). However, there is a lack of evidence on the actual experiences of those involved in harm reduction services. This study aims to qualitatively explore the experiences of individuals who use or provide harm reduction services to provide a better understanding of their experiences and inform program improvement.

Methods

We applied a qualitative design using the interpretive phenomenological approach (IPA). IPA was used because of its analytical flexibility and ability to focus on each participant's "lived experiences" narratives.

Research participants included both staff and clients of PEP, aged between 18 and 79. Inclusion criteria for clients involved their active participation in medications for opioid use disorder (MOUD) therapy. Clients who were unable to complete the interview due to mental or physical health crises were excluded. The sample size was four clients and two staff (n=6). In-depth semi-structured interviews were used to gain insights on concepts of experience of providing or potentially utilizing harm reduction services, stigma, and barriers to care. IPA was applied in analyzing data from interviews. Three types of stigmas relevant to MOUD were examined: structural or institutional stigma, public and provider stigma, and self-or internalized stigma.

Results

Most participants were Black, male, aged 50 or older. Staff are identified as Participant 1, a 60-year-old Black male addiction counselor, and Participant 2, a 64-year-old Black female addiction counselor. Client participants are identified as Participant 3, a 40-year-old Black male, Participant 4, a 27-year-old White male, Participant 5, a 60-year-old White female, and Participant 6, a 50-year-old Black female.

Two main findings:

1. Both staff and participants believe that MOUD is more effective than abstinence-based treatment for individuals with opioid use disorder (OUD).
2. Both staff and participants agree that PEP could improve services for individuals who use/have used opioids by providing more resources and technology to counselors and staff members.

Table 2. Identifying Key Themes on MOUD from clients and staff members

Key Themes	Example
Accessibility	Participant 4, a client participant expressed that Suboxone treatment is beneficial for those who need it, but individuals who do not require it should not use it.
Influences on personal MOUD decision.	Participant 5, client participant stated that while some individuals are interested in using Fentanyl test strips (FTS), to check or test for fentanyl, others prefer not to know the results.
Overcoming access barriers	Participant 6, client participant, shared that individuals dealing with addiction can find help through Suboxone treatment. In her case, she sought pain management for her shoulder and chose Suboxone as an alternative to pills. The goal was to reduce reliance on prescription medication and alleviate pain using Suboxone.
Steps to protect from substance use disorder (SUD)	Participant 3, client participant, expressed that using Fentanyl test strips (FTS) from PEP is acceptable in order to prevent death in the family.
Role of MOUD in Recovery	Participant 1, a staff participant, explained his approach of reaching out to individuals who are hesitant to enter inpatient and outpatient programs. He locates these individuals in the community and provide them with naloxone and Suboxone. This outreach effort is motivated by the presence of barriers such as transportation or limited access to specific locations, and the participant finds it rewarding to offer support outside of traditional program settings.
Stigma can be overcome	Participant 2, a staff participant, mentioned not having personally experienced stigma but being able to empathize with it. She highlighted that discussions about opioid use disorder (OUD) being an epidemic in various media platforms contribute to the perception that individuals with this disorder are considered dangerous to society and capable of causing harm.

Discussion

Findings that both staff and clients believe MOUD is more effective than abstinence-based treatment highlights the importance of harm reduction strategies and indicating that it is a beneficial approach for supporting individuals on their recovery journey. The identified need for enhanced resources and technology within PEP's harm reduction program highlights a key opportunity for program improvement. Addressing implications of the opioid crisis is crucial for practice and education. Stakeholders can enhance effectiveness in addressing complex needs of individuals with substance use disorder by utilizing study findings. Through collaborative efforts and evidence-based practices, we can strive to mitigate the devastating impact of the opioid crisis and promote healthier communities.

Conclusion

This study advances our understanding of harm reduction services' impact on the lives of individuals who use drugs. It can help inform program development, increase client service utilization, and support organizations to address stigma associated with harm reduction services.

Call to Action: We encourage all stakeholders to join us in this effort to improve harm reduction services and reduce drug-related harm in communities. Let us work together to create a society that supports the health and well-being of all individuals, regardless of their circumstances.