IRIS Fellowship Research Project Write Up

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

Problem Statement. The crisis of opioid overdose death is growing exponentially (Centers for Disease Control and Prevention/CDC, 2021). Annual drug overdose deaths have been increasing dramatically since 2020 and are now in the 100,000s (Centers for Disease Control and Prevention, 2021). People who inject drugs (PWID) have an elevated risk of fentanyl related overdoses (Jones et al., 2022). Harm reduction strategies are crucial in reducing deaths, injuries, and illnesses related to the use of drugs. According to Pauly (2008), harm reduction shifts the culture from rationing resources based on deservedness to one where everyone deserves care. However, there is a lack of evidence on the actual experiences of those involved in harm reduction services, limiting the potential for program enhancements. 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 opportunities to improve these programs.

Fit within Literature and Community. This study contributes to the literature by qualitatively examining the experiences of individuals who use harm reduction services, which has not been extensively studied. By exploring the experiences of individuals who use these services, this study can inform opportunities to improve harm reduction programs and increase utilization. Additionally, this study's focus on the stigma surrounding harm reduction utilization is critical in designing interventions that can address this stigma and increase the utilization of harm reduction services.

People Encouraging People (PEP) is a 48-year-old non-profit providing a range of services for those with severe and persistent mental illness and/or co-occurring substance abuse issues. PEP offers life-transforming rehabilitation and support services to the people of Baltimore, Maryland. PEP is dedicated to helping its clients to become productive members of our community by implementing evidence-based harm reduction strategies in response to the opioid overdose crisis.

Policy and Health Implications. The War on Drugs in the United States has focused on criminalizing drug use but increasing rates of use and overdose suggest the need for different strategies (Cooper, 2015). The current National Drug Control Strategy (2022) proposes harm reduction as an approach that works to prevent overdose and infectious disease transmission, improve physical, mental, and social well-being, and provide flexible options for accessing substance use disorder treatment and other healthcare services. Harm reduction strategies include prescribing suboxone as medication-assisted treatment, distributing naloxone (Narcan) to reverse overdoses, and providing test strips to detect fentanyl in drugs. These strategies not only benefit individuals experiencing fentanyl and opioid overdoses but also benefit communities by connecting individuals to medical care and medications for opioid use disorder (MOUD) treatment for substance use disorder and mental health services.

Despite national, state, and local policy and harm reduction services advancements, SUD and overdose rates and barriers to accessing appropriate services remain too high. Anvari et al. (2022) noted that participants in MOUD treatment face significant stigma, particularly among ethno-racial minority communities. Underlying factors, such as poverty, unequal access to healthcare, lack of education,

racism, and stigma constitute social determinants of health and contribute to health inequalities (CDC, 2019). The CDC encourages health organizations to address factors related to social determinants of health, rather than solely focusing on behavioral factors. The CDC (2003) notes that stigma is harmful to PWUD and stems to a significant degree from the illegal status of numerous drugs. Using multi-modal strategies can lessen the stigma surrounding mental health and substance use disorders. However, the stigma surrounding clients with substance use disorders remains a major barrier to the widespread implementation and utilization of substance use treatment and harm reduction services.

This project aims to examine the experience of PEP in its recent expansion to system-wide integrated harm reduction strategies in its treatment model. There is a lack of evidence on the actual experiences of those involved in harm reduction programs, limiting the potential for program enhancements (Johnson & Brown, 2021; Smith et al., 2022). Further, while community-level and provider stigma are well-documented (Davis & Wilson, 2020; Jones, 2019), self- or internalized- stigma related to harm reduction utilization has not been as well examined (Adams et al, 2018; Lee & Taylor, 2020). To our knowledge, only one study assessed clients, staff, and community partners in exploring perceptions of harm reduction services (Frew, et al., 2023). To address these gaps, we explore the experiences and insights of individuals who use harm reduction services programs and also assess the perspectives of staff of PEP in Baltimore City, with an intention of inclusion of community partners in future studies.

Research Aim: To examine client and staff stakeholder perspectives on the experience of PEP's integrated harm reduction treatment model, including overdose prevention strategies such as naloxone, fentanyl strips, and MOUD.

Main research question: What are the perspectives of clients and staff related to receiving or providing treatment in a place that offers harm reduction strategies (naloxone, test strips, MOUD)?

METHODS

Design. We apply a qualitative design using the interpretive phenomenological approach (IPA) methodology.

Study sample and setting. Research participants include both staff and clients of PEP, aged between 18 and 79. Inclusion criteria for clients involved their active participation in MOUD therapy. Participants were recruited from PEP sites in the state of Maryland. The study encompassed a diverse range of individuals with various life experiences. Client participants who were unable to complete the interview due to mental or physical health crises were excluded. The sample size for this Fellowship research project consisted of four clients and two staff members, for a total of six participants, all who were interviewed to identify emerging themes. In the future, the sample size may be expanded to further collect data, enabling a broader range of perspectives, and achieving data saturation on themes.

Study procedures. Participants were invited by email and word of mouth. The email included the purpose of the study. Interested participants were contacted and completed the informed consent with the study team and interviews were scheduled (virtually). 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. The interviews were conducted in a reserved, secure, private, and confidential place at PEP. IPA was applied in analyzing data from interviews. Participants' interviews were recorded. Interviews were 45-60 minutes, transcribed, and analyzed to draw emergent themes, patterns, and subthemes.

The research instrument. The semi-structured interview guide was designed to explore individuals' experiences in providing and receiving harm reduction services, with a focus on their comfort level, experience, and encounters with stigma. Additionally, we aimed to identify barriers to accessing or utilizing these services, including examining inequalities or inequities in treatment access based on an individual's living or social situations (such as lacking a permanent address or phone and having a transient lifestyle) and their sense of belonging or feelings of awkwardness due to their life/social circumstances (e.g., homelessness vs having a stable housing). In the context of medication-assisted treatment (MAT) for opioid addiction, stigma refers to the negative attitudes, beliefs, and stereotypes towards individuals receiving MOUD. Stigma can significantly impede treatment access and success, leading to discrimination, shame, and feelings of hopelessness. Our exploration encompassed three types of stigmas relevant to MOUD: structural or institutional stigma, public and provider stigma, and self- or internalized stigma. Please refer to the interview guide in the Appendix for further details on the questions asked.

Data analysis plan

The researcher read the interview transcripts, dwelled with meaning units, assessed participants' lived experience (lifeworld) and web of relationships, and strived to capture the essence and meaning of the participants' lived experiences. To assist in this process, the IPA approach was utilized because of its analytical flexibility and ability to focus on each participant's "lived experiences" narratives. Chunks of data ideas, descriptions of the investigated topic, and coded interviews were analyzed. Themes and subthemes were identified. As this is a quality improvement study conducted within the context of a relatively short Fellowship learning experience, member checking and other rigorous methods applied in qualitative research were not feasible to apply. Similarly, while there was rich data collected around all aspects of PEP's harm reduction program, the focus for this study write up is MOUDs, with lesser analysis and results reported on our other harm reduction strategies.

RESULTS

Description of demographics

The interviews were conducted over a period of two months. We interviewed a total of two staff and four clients. Most participants are Black, male, and aged 50 or older. Participants' identities have been concealed using participants' numbers. The staff members are identified as Participant 1, a 60-year-old Black male addiction counselor, and Participant 2, a 64-year-old Black female addiction counselor. The 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. It is important to note that demographics can play a significant role in shaping individuals' experiences and perspectives, and understanding the demographics of a group can help identify commonalities and differences, which can inform strategies for communication, outreach, and service delivery.

Emerging Themes

Table 2 presents emerging themes on MOUD from clients and staff members. Summaries of participant responses to specific questions are described below. Interview participants' identities have been concealed using participant numbers.

Table 2. Emerging Themes	
Emergent Theme	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, a client participant, stated that while some individuals are interested in using Fentanyl test strips, to check or test for fentanyl, others prefer not to know the results.
Overcoming access barriers	Participant 6, a 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, a client participant, expressed that using Fentanyl test strips 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 to reaching out to individuals who are hesitant to enter inpatient and outpatient programs. He locates these individuals in the community and provides 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.

Emerging Themes from Staff and Clients on MOUD Services. MOUD clients can face barriers to accessing traditional addiction treatment programs. Offering harm reduction tools such as naloxone and Fentanyl test strips is essential to reducing the risk of harm caused by drug use. MOUD treatment like suboxone is an effective alternative to abstinence-based treatment and is crucial for clients with opioid addiction. Stigma related to MOUD clients can arise from a lack of understanding of addiction. To provide better services, PEP could improve exposure to the population, hire more knowledgeable counselors and peers, provide more resources, and offer technology for quick information retrieval.

Additional Findings on Harm Reduction Strategies. Participant 1 expressed, "I find it fulfilling to reach out to clients who may not have access to traditional programs due to barriers such as transportation. My intervention can potentially save lives." Participant 2 acknowledged the significance of offering naloxone and fentanyl test strips, stating, "By promoting these tools, PEP is helping clients to reduce the harm, even if they continue to use drugs." Furthermore, Participant 1 emphasized the effectiveness of MOUD treatment compared to abstinence-based approaches, affirming its crucial role for clients who have achieved stability in their condition.

Regarding program improvements, Participant 2 suggested, "PEP could invite retired community members who have gone through addiction to speak with their clients and provide hope." She also proposed additional resources such as posters and videos in the group room to support the recovery process. Participant 1 highlighted the need for PEP to enhance services by hiring more knowledgeable peers and substance counselors who possess expertise in addiction.

Lastly, Participant 2 emphasized the importance of providing staff conducting community outreach and service provision with tablets that have faster download speeds, stating, "This can help navigate through information quickly, which is essential in dangerous environments where time is limited." These perspectives from both staff and clients shed light on the importance of accessible services, harm reduction tools, appropriate treatment options, stigma reduction, and improving resources and technology within the framework of MOUD services.

DISCUSSION

This research study employed the IPA methodology, to explore the experiences of individuals who utilize harm reduction services provided by PEP in Baltimore, Maryland. This study aimed to address the lack of evidence regarding the actual experiences of individuals engaged in harm reduction programs and to examine the stigma associated with harm reduction utilization. By gaining insights into these aspects, the research aimed to inform opportunities for improving harm reduction programs and promoting their utilization, thereby contributing to the well-being of individuals who use drugs and reducing drug-related harm in communities.

One of the main findings of this study was that both staff and client participants shared the belief that MOUD is more effective than abstinence-based treatment for individuals with OUD. The finding emphasizes the significance of MOUD in harm reduction strategies, indicating that it is a preferred beneficial approach for supporting individuals on their recovery journey.

Furthermore, both staff and client participants identified the need for PEP to enhance its services for individuals who currently use or have previously used opioids. Specifically, they suggested providing additional resources and technology to clients and staff members. This finding underscores the potential for improving the delivery of harm reduction services, emphasizing the importance of adequately equipping PEP staff to better support individuals in their harm reduction goals. By enhancing resources and technology, PEP can improve the quality and effectiveness of its services, ultimately enhancing outcomes for individuals accessing harm reduction support.

In summary, this research study makes a valuable contribution to the existing literature by qualitatively examining the experiences of individuals utilizing harm reduction services and addressing the stigma associated with harm reduction utilization. The findings indicate that both staff and client participants perceive MOUD as more effective than abstinence-based treatment for individuals with OUD.

Additionally, the study highlights the need for PEP to enhance its services by providing additional resources and technology to support both clients and staff members. These findings offer valuable insights for program development and intervention strategies aimed at improving harm reduction services and increasing their utilization among individuals who use drugs.

Implications for Addiction Counselors and Mental Health Professionals. As the opioid crisis continues to increase locally, nationally, and internationally, the risk of clients dying of overdose continues to intensify. Facilitating discussions on barriers and stigmas experienced by individuals with SUD and OUD, fosters a comprehensive understating of these among learners. Additionally, offering shadowing opportunities and diversifying internship placements can provide learners, especially those without lived experiences, with valuable insights into the functioning of facilities serving clients with OUD in real-world settings.

Furthermore, the implications of this study extend beyond the immediate stakeholders to the broader areas of practice, policy, and further research. Stakeholders can utilize the information provided to inform their practice and policies, enhancing their readiness and effectiveness in addressing the complex needs of individuals with SUD and OUD. For addiction counselors and mental health professionals, the findings can aid in better preparing learners in addiction courses, equipping them with the necessary skills to navigate this challenging field.

In terms of facilities and programs, it is imperative to prioritize the incorporation of life-saving services. This includes ensuring accessibility to MOUD treatment, Narcan, and Fentanyl test strips. By making these resources readily available within programs and facilities, the risk of overdose-related fatalities can be significantly reduced, while also promoting harm reduction practices.

Supervisors in the field of SUD and OUD play a crucial role in supporting newly employed addiction and peer specialists. It is essential for supervisors to stay informed about the opioid crisis to effectively guide and mentor their staff. Increased awareness and understanding of the crisis empower supervisors to advocate more effectively for additional funding and project sustainability, ultimately improving the quality of care and support provided by addiction and peer specialists.

In the realm of education, educators in addiction courses have a responsibility to prepare learners for the challenges they will face in the field. By utilizing the information from this study, educators can enhance the curriculum to ensure learners are adequately equipped to address the complex needs of clients experiencing high-risk overdose phenomena. This includes facilitating discussions on the barriers and stigmas faced by individuals with SUD and OUD, fostering a comprehensive understanding of these issues among learners.

Overall, further research is necessary to develop more effective interventions, policies, and practices in response to the evolving challenges presented by the opioid crisis. By continuing to explore and expand our knowledge, we can strive to mitigate the devastating impact of the opioid crisis and promote healthier communities.

Strengths and limitations of the study. One of the strengths of this study is its use of a qualitative approach, specifically the IPA methodology. This method allows for an in-depth exploration of the experiences of individuals who use harm reduction services, providing valuable insights into their perspective and the challenges they face. Another strength of this study is its focus on the stigma surrounding harm reduction utilization, which has not been well examined in the literature. By

addressing this gap, this study can inform the development of interventions to reduce stigma and increase the utilization of harm-reduction services. However, there are also limitations to this study. First, the study's findings may be limited to the experiences of individuals who use harm reduction services provided by PEP in Baltimore, Maryland. The results may not be transferable to other harm reduction programs or other geographic locations. Additionally, the sample size of this study is relatively small, which could limit the depth of the findings. Finally, the study's reliance on self-report may introduce bias or inaccuracies in the data.

Conclusion. Recognizing and addressing the implications of the opioid crisis is crucial for addiction counselors, mental health professionals, programs/facilities, supervision, and education. Stakeholders can enhance their readiness and effectiveness in addressing the complex needs of individuals with SUD and OUD by utilizing the information provided in this study. Through collaborative efforts and evidence-based practices, we can strive to mitigate the devastating impact of the opioid crisis and promote healthier communities.

This study holds the potential to advance our understanding of harm reduction services' impact on the lives of individuals who use drugs. By addressing a gap in the literature, this study can inform opportunities to improve harm reduction programs and increase utilization while also addressing the stigma surrounding harm reduction utilization. It is our hope that this study will contribute to the development of effective harm-reduction strategies that can enhance the physical, mental, and social well-being of individuals who use drugs and reduce drug-related harm in communities.

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.

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CDC, Attaining Health Equity; ODPHP, Disparities external icon

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Appendix: Interview Guides for Staff and Clients

Staff

1. What is it like serving MOUD clients? Can you describe your experience?

2a. How do you feel about PEP offering naloxone and Fentanyl test strips to clients?
2b. How do you feel about PEP offering medication for opioid use disorder like suboxone (Bup)?

3. Can you describe any experience of stigma related to MOUDs client's use of fentanyl and naloxone?

4. What, if anything has changed (or would change) your perception of the use of naloxone and fentanyl strips in your work?

5a. What could PEP do to provide better services to people who use drugs (by drugs we mean opioids like dope, heroin, fentanyl, oxy, etc.)?
5b. What could PEP do to help *you* provide better services to people who use/have used opioids?
5c. What, if anything has changed (or would change) in your perception of the use of naloxone and fentanyl strips in your work?

Clients

1. How do you feel about PEP offering naloxone and Fentanyl test strips to clients?

2. How do you feel about using naloxone or Fentanyl test strips?

3. What would make you/someone you know get or use naloxone and Fentanyl test strips from PEP? Or not.

4. How do you feel about PEP offering medication for opioid use disorder like suboxone (Bup)?

5. What would make you/someone you know use or not use suboxone (Bup)?

6. How does your living situation impact your access to these or other services?

7. Can you describe any experience of stigma related to use of fentanyl and naloxone?