

# THE POTENTIAL OF HOSPITAL-BASED HARM REDUCTION SERVICES: PERCEPTIONS OF PEOPLE WHO INJECT DRUGS WHO HAVE BEEN DISCHARGED FROM HOSPITAL AGAINST MEDICAL ADVICE

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## Introduction

- People who inject drugs (PWID) have complex health needs, including high rates of HIV, often requiring hospitalization.
- However, PWID are frequently discharged against medical advice, which increases their risk of hospital readmission, longer overall hospital stays, and death (1).
- Contextual forces within hospitals, including pain management protocols and abstinence-based drug policies, contribute to discharges against medical advice (2).
- This study explores the perspectives of PWID discharged from hospital against medical advice regarding hospital-based harm reduction programming and discharge against medical advice.

## Methods

- Semi-structured interviews were conducted with thirty PWID recruited from observational cohort studies of drug-using populations (ACCESS and VIDUS) who had been discharged from hospital against medical advice within the past two years.
- Interviews were an average of 45 minutes, audio recorded, and facilitated through the use of an interview guide
- Interview transcripts were imported into NVivo and analyzed thematically, focusing on the potential impacts of harm reduction programming on access to and engagement with hospital care.

## Findings

### Participant Characteristics

<b>Gender</b>	Men:	16
	Women:	13
	Transgender:	1
<b>Age</b>	Mean:	45 years (29 to 59)
<b>Race</b>	Aboriginal:	17
	Caucasian:	12
	African-Canadian:	1
<b>HIV positive</b>		15

### Minimizing Need to Leave to Manage Pain & Withdrawal

Participants indicated that harm reduction programming, specifically supervised injection services and heroin maintenance, could improve retention in care and reduce the need to leave hospital to manage withdrawal and undertreated pain.

*If you're maintaining that person [i.e., providing heroin maintenance], they're balanced out. They're gonna definitely have more of a chance staying to [complete] their whole treatment rather than wanting to leave. If they need to use something [to manage pain or withdrawal], they're obviously gonna wanna leave. [Participant #25, Caucasian Woman]*

### Strengthening Health Care Relationships

Participants reported that harm reduction approaches would improve relationships with hospital staff and mitigate conflicts related to drug use and abstinence-based drug policies. Many participants articulated how these approaches would increase openness regarding drug use and other health concerns.

*If a person doesn't have their down [heroin], they get really sick. I mean, physically sick. You know, instead of being judged by the health care professional, he can just go take a little walk down to this place (e.g., supervised injection service) and go use and go back to the bed...It'd be more open. They're able to say, you know, "I am physically sick and I need what I need." [Participant #23, Aboriginal Female]*

### Factors constraining the effectiveness of safer environment interventions

Some participants emphasized the need to balance efforts to provide access to hospital-based harm reduction programming with the need to support those wishing to reduce or abstain from drug use, as well as minimize disruptions for non-drug-using patients by locating these services within specialized hospital units.

*There should be like a special wing of the hospital that's just for those people so that whatever their lifestyle is doesn't affect other people that are hospitalized. [Participant #9, Aboriginal Female]*

## Conclusion

- Our findings underscore the potential of hospital-based harm reduction programming to improve engagement with hospital care and reduce discharges against medical advice.
- Hospital-based harm reduction strategies should be pursued as a targeted strategy to improve care for injection drug-using populations, particularly in areas where they experience high rates of HIV and other infectious diseases.

## References

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