

# Perspectives of people living with HIV regarding the feasibility and desirability of implementing supervised injection services in a specialty HIV hospital

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## Background

- Substance use significantly impacts health and healthcare of people living with HIV/AIDS (PLHIV), especially their ability to remain in hospital following admission.
- Approximately 80% of PLHIV have used an illicit drug in their lifetime.<sup>a</sup>
- Supervised injection services (SIS) reduce overdoses and drug-related harms, but are not often provided within hospitals/outpatient programs.
- Leading us to question, **what are PLHIV's perceptions of feasibility and desirability of hospital-based SIS?**



Conflict of Interest Disclosure: we have no conflicts of interest

<sup>a</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). 2010. The National Survey on Drug Use and Health, 2010. Available at: <https://www.samhsa.gov/sites/default/files/hiv-aids-and-substance-use.pdf>;

# Methods

- We recruited in/outpatients at Casey House, a Toronto-based specialty HIV hospital
- A **survey** examined clients' (n=92) demand for, and acceptability of, hospital-based SIS. Clients were recruited as they entered the hospital or were approached in their rooms. Data were analyzed using descriptive statistics.
- For the focus groups and semi-structured interviews, we created **SIS demonstration rooms** to help participants understand what a SIS looks like and how it might operate.
- We hosted two **focus groups** (n=14 participants) and each group toured the rooms and heard about how each would operate, listened to a brief presentation of existing SIS evidence, asked any questions they might have, and then the focus group discussion took place.
- For those not well enough to attend a focus group, we used a similar process but showed photos of the rooms instead of a tour before asking for their opinions during **semi-structured interviews** (n=8)
- Focus group/semi-structured interview data were analyzed using thematic analysis.

## SIS Demonstration Rooms



Waiting room



Assessment room



Injection room

# Results: survey

- Among survey participants (n=92), 79 (85.9%) were outpatients and 13 (14.1%) were inpatients; 76.1% (n=70) identified as cis male; and 54.4% (n=49) had been a Casey House client for two years or less .
- 40.2% (n=37) reported lifetime injection drug use, with 29.7% (n=11) having injected in the past month.
- Nearly half (48.8%) knew about clients injecting in/near Casey House, while 23.6% witnessed it.
- Of those who injected in the past 6 months, 40% (n=6) had injected at Casey House at least once.
- Just under half of survey participants (n=44, 48.9%) said they had some to average level of knowledge about SIS, and another 31.1% (n=28) said they were fairly to very knowledgeable prior to participating in the study.
- Survey participants were more supportive of SIS for inpatients (76.1%) than for outpatients (68.5%).
- **Most participants (74.7%) reported SIS implementation would not impact their level of service use at Casey House, while some predicted coming more often (16.1%) and others less often (9.2%).**

# Results: focus groups & interviews

- Most focus group/interview participants, believed SIS would:
  - enhance safety by reducing health harms (e.g. overdose);
  - increase transparency between clients and clinicians about substance use;
  - help retain clients in care.
- Debate arose about:
  - who (e.g., in/outpatients vs. non-clients) should have access to hospital-based SIS;
  - how implementation may shift organizational priorities/ resources away from services not specific to drug use.

## Example quotes:

- *“If someone is going in to the bathroom to use... you’d be quite alone and you could be there for a while before anyone knew you were in trouble.” (INT3)*
- *“Getting a relationship where you're both [patient and physician] honest with each other, because that's how you're going to get a great health plan.” (INT5)*
- *“I think for inpatient, they won't be rushing just to get out of the hospital.” (INT5)*
- *“If we opened it to non-HIV people, there'd be too many people at the injection site.” (FG2).*
- *“If you direct some resource to this [SIS], you will have less resources for HIV patients.” (FG1)*
- *“Safe injection sites, there are so many, so many around the city. Why have an add-on to Casey House? ... Why can't Casey House focus on... HIV, and make us proud.” (FG1)*

# Discussion

- Our data showed **widespread support** of, and **need for**, hospital-based SIS among client stakeholders; however, attempts to reduce negative impacts on non-drug using clients need to be considered in the balance of implementation plans.
- After receiving approval from their board, the hospital has moved forward with preparing an application for approval to open an SIS
- Given the increased risks of morbidity and mortality for PLHIV who inject drugs as well as the problems in retaining them in care in a hospital setting, **SIS is a key component of improving care** for this marginalized group.
- Future research should consider harm reduction programs for other modes of drug consumption – especially smoking – that may raise different issues in hospital settings, as well as issues of drug diversion and safer supply, including legal and ethical concerns, which will inevitably come up with the expansion of harm reduction services in hospital settings.
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