

A Qualitative Study Exploring the Feasibility and Acceptability of Embedding an Overdose Prevention Sites in a U.S. Hospital

Rachel French, Rachel McFadden, Margaret Lowenstein, Nicole O'Donnell, Jeanmarie Perrone, Shoshana Aronowitz, Ashish P. Thakrar, Allison Schachter, Eleanor Turi, Peggy Compton

University of Pennsylvania, Philadelphia, PA

Introduction

- Community-based overdose prevention sites (OPS) reduce overdose deaths and the incidence of HIV and hepatitis C among people who use drugs (PWUD).
- Some hospitals in Europe and Canada have embedded OPS in their facilities with promising results, suggesting that embedding OPS in hospitals in the United States (U.S.) could improve patient outcomes among PWUD.
- However, OPS are currently illegal in the U.S.
- Concerns surrounding an OPS include legal, operational, ethical, attitudes of clinicians, and public perception.
- We examined the feasibility and acceptability of implementing an OPS at an urban academic medical center located in a city with high rates of overdose to understand the extent to which each of these concerns was a barrier to implementation of a hospital-based OPS.

Methods

- We conducted 28 semi-structured interviews with clinicians (e.g., social workers, nurses, physicians), leadership, and security at HUP, as well as PWUD.
- We used thematic analysis to analyze qualitative interview data.

**Center
for
Health Outcomes
and Policy Research**

UNIVERSITY of PENNSYLVANIA
SCHOOL of NURSING

An overdose prevention site embedded at the Hospital of the University of Pennsylvania may provide a safe space for people who use drugs during hospitalization and potentially decrease rates of patient-directed discharges and increase completion of necessary medical regimens, thereby *reducing morbidity and unnecessary readmissions.*

Funding Acknowledgements:

Leonard Davis Institute of Health Economics (French, PI)
NIDA F32-DA053763 (French, PI)

Results

- Participants noted potential benefits of an OPS including harm reduction (patient safety, community safety, and education), lower rates of patient-directed discharges and in-hospital substance use, and stigma reduction.
- Participants also shared hesitancy and apprehension about acceptability, specifically whether PWUD, hospital staff and leadership, and the Philadelphia community would support or resist implementation of an OPS.
- PWUD were the group most concerned about the misuse and magnet effect of the hospital-based OPS.
- Some cognitive dissonance was shown from clinicians who generally wanted recovery for patients.

Conclusion

- As a society thinking about this issue, we have a heavy focus on the legal and ethical (e.g., ppl should be in recovery) but our evidence reveals that there are also other areas to focus on (e.g., operational, clinician attitudes, public perception)
- Allowing PWUD to safely use drugs while hospitalized could potentially decrease rates of patient-directed discharges and increase completion of necessary medical regimens, thereby reducing morbidity and unnecessary readmissions.

Implications for Policy and Practice

- If legal policies change, findings from this study could should inform implementation and operations of embedding an OPS at HUP and other hospitals.

 **Penn LDI**
LEONARD DAVIS INSTITUTE of HEALTH ECONOMICS