

POLYDRUG USE PATTERN AMONG HARM REDUCTION PROGRAM PARTICIPANTS: IMPLICATIONS FOR PREVENTION AND CARE SERVICES

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Background: Patterns of substance use change as preferences and local drug supply composition vary. Drug purchasers may be unaware of contents. Polysubstance use exacerbates the risk of overdose, skin and systemic infections and limits preventive and therapeutic interventions. This study examines drug use among participants enrolled in an immunization-related study at Prevention Point Philadelphia (PPP), a U.S. based harm reduction organization.

Methods: Between June 2022 and February 2023, we enrolled 120 volunteers with confirmed COVID-19 vaccination who reported seeking opioids or stimulants. Participants (59% male, 67% White, 14% Hispanic, age mean 41 years) self-reported drugs used in previous two weeks and researchers performed point-of-care (POC) urine drug tests (UDT). Testing was limited to substances available in test kits. Descriptive and non-parametric methods were employed to describe and compare use patterns.

Results: Polysubstance use was very common (84%) and more prevalent in individuals seeking opioids (94%) than seeking stimulants (83%). Stimulant seekers were more likely to have unreported polysubstance use than opioid seekers ($p < .007$). Positive concordance was found between reported use and test result by drug class with the exceptions of sedatives and hallucinogens where far more were present than reported ($p < .000$, $p < .001$). Fentanyl was present in 81% of samples. During interviews, participants often expected polysubstances to be depicted in UDT, even if not sought or wanted, and some asked to know what drugs were detected.

Conclusion: The almost universal prevalence of polysubstance use, particularly among opioid-seeking participants, should be factored into decision-making pertaining to harm reduction and clinical care programming. Routine monitoring of local use patterns and timely communication of results to stakeholders may improve acceptability and effectiveness of services. However, providers ability to monitor use patterns is limited by the inability of commercial POC UDT kits to identify emerging substances, such as xylazine.

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