

WOUND-RELATED PERCEPTIONS AND CARE AMONG PARTICIPANTS FROM A PHILADELPHIA, PA (USA) HARM REDUCTION ORGANIZATION

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BACKGROUND

- Wounds and soft tissue infections are often present among people who use drugs (PWUD). But, in Philadelphia, PA, such wounds are now omnipresent -- 88% of participants at a recent syringe service site had visible wounds or wrappings.¹ Xylazine, a tranquilizer (called "tranq") is believed responsible and is present in 90% of the city's street opioid samples.²
- Xylazine-related wounds occur near and distant to injection sites. Ulceration and infections occur, and healing is impaired,³ leading to disfigurement and function, limbs and life loss.⁴ Harm reduction, public health, and healthcare agencies have mobilized, but do not reach all in need. Psychosocial factors such as stigma, limited shelter, further complicates care.
- Little is known about how PWID seek care for wounds or associated psychosocial factors. In this project we examined wound-related beliefs, perceptions and care practices among a sample of participants at Prevention Point Philadelphia (PPP), a large, US-based multi-service harm reduction organization in Philadelphia, PA's Kensington neighborhood.



METHODS

- During Aug-Sept 2022 and Feb-March 2023, we recruited adults seeking PPP services and reporting a skin wound during the previous 6 months.
- We collected demographics, wound care action information and administered a 17-item categorical measure (created by the researchers) to assess beliefs, concerns, and wound care behaviors (using 5-point Likert scales of agreement). Subjects received a \$10 gift card for participation.
- We employed descriptive statistics to examine demographics and wound care sites. Subgroup comparisons (age, sex, race, housing status) by appropriate nonparametric tests.

RESULTS

- The 94 participants ranged in age from 18-69 years (m=41, sd=9.4). Most were white (67%), male (57%), high school graduates (79%), and lived on the street (68%). Table 1 presents level of agreement with belief statements.
- Multiple sources of wound care-** Care was received at PPP (71%), other community agencies (78%), and emergency departments (25%). Half (49%) reported self-care.
- Serious and of concern-** Nearly all agree current drugs hurt skin (93%), that wounds are serious (95%), and they worry about appearance (85%) and limb loss (82%).
- Fear of withdraw -**Almost half (44%) avoid medical treatment for fear of withdrawal.
- Self-treatment easier, but professionals better-** While 63% report waiting to seek care and 49% believe self-treatment is easier, fewer believe they know how to treat so don't care (33%) or that they know better than medical professionals (12%).
- Help others and want wound care training-** Participants help PWUD with wounds (50%) and some (25%) sought help from PWUD. More than 70% would like wound care training.
- Shame-** 82% reported shame about their wounds, but fewer report that medical professions make them feel ashamed of their wounds (31%).
- Differences by subgroups-**
 - Unhoused-** Those living on the street were more likely to seek wound care in the emergency department ($p=.042$), and to help other PWUD with wound care ($p=.049$).
 - Sex-** No differences were noted by sex.
 - Age-** younger subjects more likely to self-drain wounds ($p=.008$).
 - Race-** Non-Hispanic Whites more likely to report shame of wounds ($p=.05$).
 - Education-** More formal education was associated with greater belief of shame by medical professionals ($p=.008$), and that cleaning skin prevents wounds ($p=.024$).

Table 1. Subjects' level of agreement with wound-related beliefs statements (N=94).

Question	n (%)				
	Totally disagree	Disagree some	Not sure	Agree some	Totally agree
<i>Skin wounds are not that serious</i>	82 (87%)	7 (7%)	1 (1%)	1 (1%)	3 (3%)
<i>The drugs I am using now are rougher on my skin that they used to be</i>	3 (3%)	1 (1%)	3 (3%)	6 (6%)	81 (86%)
<i>I worry about how my skin wounds could change my appearance</i>	6 (7%)	5 (4%)	3 (3%)	18 (18%)	62 (67%)
<i>I am worried that my skin wounds could mean I lose a limb</i>	5 (5%)	5 (5%)	7 (7%)	23 (25%)	54 (57%)
<i>I avoid going to a medical professional for wounds because it will put me in withdrawal</i>	36 (39%)	11 (12%)	5 (5%)	16 (17%)	25 (27%)
<i>It is easier to self-treat skin wounds than it is to see a medical professional</i>	21 (22%)	22 (23%)	5 (5%)	33 (35%)	13 (14%)
<i>I know how to self-treat skin wounds, so I do not need medical help</i>	28 (30%)	31 (33%)	4 (4%)	21 (22%)	10 (11%)
<i>I understand how to self-treat my skin wounds better than medical professionals</i>	59 (63%)	16 (17%)	8 (9%)	5 (5%)	6 (6%)
<i>I usually wait and see how bad my skin wounds get before I get medical help</i>	23 (25%)	8 (9%)	3 (3%)	35 (37%)	25 (27%)
<i>Cleaning my skin before using can keep me from getting a skin wound</i>	15 (16%)	5 (5%)	12 (13%)	14 (15%)	48 (51%)
<i>I buy antibiotics off the street to treat my skin wounds</i>	56 (60%)	4 (4%)	2 (2%)	16 (17%)	16 (17%)
<i>I drain my skin wounds with a needle</i>	57 (61%)	5 (5%)	4 (4%)	11 (12%)	17 (18%)
<i>I ask other people who use drugs to help treat my skin wounds</i>	62 (66%)	5 (5%)	3 (3%)	11 (12%)	13 (14%)
<i>I help other people who use drugs to treat their skin wounds</i>	36 (38%)	9 (10%)	2 (2%)	26 (28%)	21 (22%)
<i>I would like first aid training about how to treat skin wounds</i>	15 (16%)	8 (9%)	4 (4%)	18 (19%)	49 (52%)
<i>I am ashamed of my skin wounds</i>	11 (12%)	3 (3%)	3 (3%)	21 (22%)	56 (60%)
<i>Medical professionals make me feel ashamed of my skin wounds</i>	42 (45%)	10 (11%)	13 (14%)	12 (13%)	17 (18%)

CONCLUSIONS

- Participants were concerned about wounds and sought care from community and healthcare organizations. They also practice self-care and help other PWUD with wound care.
- Wounds are not a one-time event. Obtaining repeated care is burdensome, and concerned about withdrawal and loss of possessions occur with each event.
- Training for improved self-care and care of others may be welcomed and lead to better outcomes.
- Many with wounds live on the streets, where keeping wounds clean and dry is challenging. Co-locating social supports with wound services could reduce exacerbation and sequelae.
- Shame about wounds may keep some subjects from professional care. Addressing stigma may improve care and reduce the impact of tranq wounds.
- Limitations include recruitment from a single harm reduction organization, no verification of history of wounds or care.