

Wound-related perceptions and care among participants from a Philadelphia, PA (USA) Harm reduction organization



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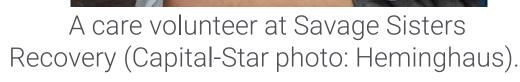
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| BACKGROUND

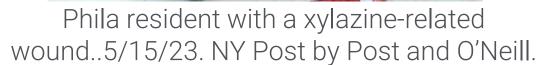
- Wounds and soft tissue infections are often present among people who use drugs (PWUD). But, in Philadelphia, PA, such wounds are now omnipresent -- 88% of participants at a recent syringe service site had visible wounds or wrappings. Xylazine, a tranquilizer (called "tranq") is believed responsible and is present in 90% of the city's street opioid samples.
- 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.

Figures 1-3.
Images of xylazine-related wounds and street-level care. Presented to provide context to the topic.











A wound care nurse, rebinds a wound street-side (Anisha Kohli for TIME)

| | 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 withdrawl.
- 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
Skin wounds are not that serious	82 (87%)	7 (7%)	1 (1%)	1 (1%)	3 (3%)
The drugs I am using now are rougher on my skin that they used to be	3 (3%)	1 (1%)	3 (3%)	6 (6%)	81 (86%)
I worry about how my skin wounds could change my appearance	6 (7%)	5 (4%)	3 (3%)	18 (18%)	62 (67%)
I am worried that my skin wounds could mean I lose a limb	5 (5%)	5 (5%)	7 (7%)	23 (25%)	54 (57%)
I avoid going to a medical professional for wounds because it will put me in withdrawal	36 (39%)	11 (12%)	5 (5%)	16 (17%)	25 (27%)
It is easier to self-treat skin wounds than it is to see a medical professional	21 (22%)	22 (23%)	5 (5%)	33 (35%)	13 (14%)
I know how to self-treat skin wounds, so I do not need medical help	28 (30%)	31 (33%)	4 (4%)	21 (22%)	10 (11%)
I understand how to self-treat my skin wounds better than medical professionals	59 (63%)	16 (17%)	8 (9%)	5 (5%)	6 (6%)
I usually wait and see how bad my skin wounds get before I get medical help	23 (25%)	8 (9%)	3 (3%)	35 (37%)	25 (27%)
Cleaning my skin before using can keep me from getting a skin wound	15 (16%)	5 (5%)	12 (13%)	14 (15%)	48 (51%)
I buy antibiotics off the street to treat my skin wounds	56 (60%)	4 (4%)	2 (2%)	16 (17%)	16 (17%)
I drain my skin wounds with a needle	5 7(61%)	5 (5%)	4(4%)	11 (12%)	17 (18%)
I ask other people who use drugs to help treat my skin wounds	62 (66%)	5 (5%)	3 (3%)	11 (12%)	13 (14%)
I help other people who use drugs to treat their skin wounds	36 (38%)	9 (10%)	2 (2%)	26 (28%)	21 (22%)
I would like first aid training about how to treat skin wounds	15 (16%)	8 (9%)	4 (4%)	18 (19%)	49 (52%)
I am ashamed of my skin wounds	11 (12%)	3 (3%)	3 (3%)	21 (22%)	56 (60%)
Medical professionals make me feel ashamed of my skin wounds	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 withdrawl 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 trang wounds.
- Limitations include recruitment from a single harm reduction organization, no verification of history of wounds or care.