

# DO WE HAVE A CHOICE? : PROVIDER AND USER PERSPECTIVES ON LOGIC OF CARE FOR PERSONS WHO INJECT DRUGS SEEKING HARM REDUCTION SERVICES

## Authors:

Tauro C K<sup>1</sup>

<sup>1</sup>HISP Centre and Department of Informatics, University of Oslo

## Background:

Harm reduction is key to the health of persons who inject drugs (PWID). These services under national health programs vary across the world and within countries, especially in low- and middle-income countries (LMICs). While many programs are based on individualized care, questions surround patients' perspective of person-centered care. Annemarie Mol's concept of logic of care questions the choices patients make while accessing care, arguing that it shifts the responsibility of care from the provider. The purpose of this study is *to understand how logic of care plays out for PWIDs seeking harm reduction services*. To address this, the objectives were (a) to describe what logic of care means according to Annemarie Mol, (b) to find differences, if any, in logic of care in LMIC settings, (c) to explore health providers' and (d) PWID perspectives on individualized care in harm reduction.

## Methods:

A qualitative research methodology was undertaken: 17 interviews were conducted with key clinical and monitoring experts in the field of infectious diseases and PWIDs. One focus group discussion with 10 PWID was held and field notes made. Findings that emerged will be presented as: (a) the meaning of logic of care in LMICs (b) logic of care from the health providers' perspective; and (c) the logic of care vs logic of choice from PWID's perspective. Required ethical considerations were made in this study.

## Results:

While providers found processes of the individualized HIV and harm reduction care cascade in line with the logic of care, PWID considered these processes impinge on their rights, while also limiting otherwise better health choices they would make in achieving harm reduction.

## Conclusion:

Strengths and gaps in the cascade are identified, drawing conclusions to relevance of logic of care in LMICs, contributing to literature and harm reduction policy enhancing quality of life for persons who inject drugs.

## Disclosure of Interest Statement:

The author certifies that she has No Conflict of Interest in the subject matter or materials discussed in this manuscript.