

Donor perspectives about harm reduction services for people living with HIV/AIDS (PLHIV) in a healthcare setting

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Background

- Implementation of harm reduction services in hospitals serving people living with HIV/AIDS (PLHIV) is important to prevent overdose deaths and improve the HIV treatment cascade.
- However, hospitals need to rely on donor funds for harm reduction services which are typically not covered in their budgets.
- **Little is known about if and how the implementation of harm reduction services** (e.g., supervised consumption services, needle and syringe programs, etc.), which are often highly stigmatized, **may impact donor behaviours**.
- We explored this issue within Casey House, a speciality HIV hospital in Toronto, Canada.

When we speak of **harm reduction** we refer to policies, programs, and practices that aim to reduce the harms associated with the use of drugs. A harm reduction approach works with people without discrimination, judgement, coercion, or requiring that they stop using drugs as a precondition of support. <https://www.hri.global/what-is-harm-reduction>

Methods and participants

- A short anonymous web-based **quantitative survey** was emailed to over 1350 Casey House donors in July 2020. All received at least one reminder email.
- A total of 127 responded: n=8 did not wish to participate; n=13 started but did not complete the survey; and n=106 completed the survey.
- The survey assessed participant knowledge of harm reduction services and the potential impact of implementing new hospital-based harm reduction services on donors' future support.
- Each survey participant was asked if they were interested to participate in a one-on-one phone-based **qualitative interview** about harm reduction. A total of 20 responded that they were interested.
- For the qualitative interviews (Oct/Nov 2020), we selected n=12 donors to capture a breadth of opinions about harm reduction services and asked about their hopes/concerns for harm reduction services at Casey House.
- Data were analyzed using descriptive statistics and thematic analysis.

| Participant characteristics | | Survey % (n=106) |
|-------------------------------------|-----------------------|------------------|
| Gender | Male | 53% |
| | Female | 46% |
| | Non-binary | 1% |
| Ethnicity | White | 89% |
| | Asian | 6% |
| | Other | 5% |
| Age | 18-34 yo | 9% |
| | 35-54 yo | 20% |
| | 55-74 yo | 57% |
| | 75 + yo | 14% |
| Residence | Greater Toronto Area | 89% |
| | Elsewhere in Canada | 8% |
| | Outside of Canada | 3% |
| Length of time as Casey House donor | First time donor | 14% |
| | 1-5 years | 27% |
| | 6-20 years | 36% |
| | 20+ years | 15% |
| | Former donor | 8% |
| Level of donation (past 12 months) | Less than \$250 | 53% |
| | Between \$250 -\$1000 | 18% |
| | \$1000+ | 17% |

Results: Survey

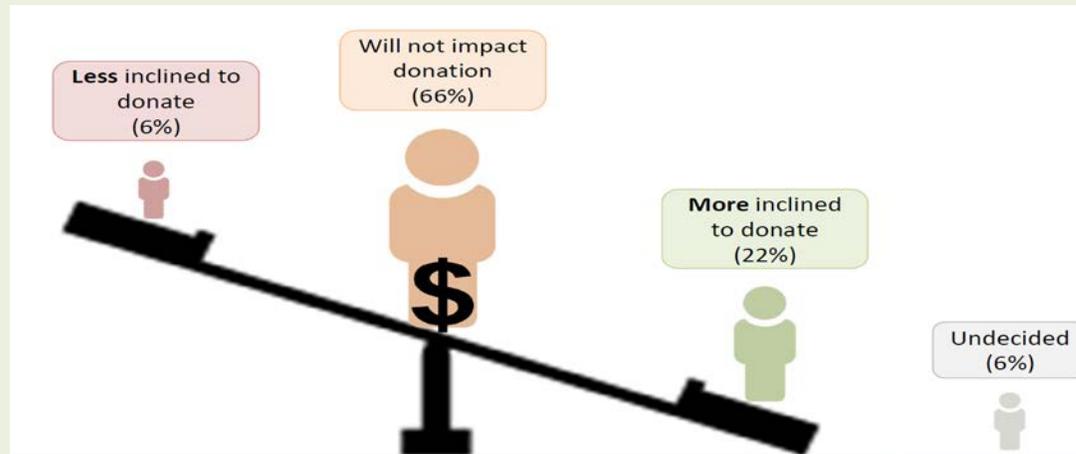
1. What are donors' self-reported levels of knowledge about harm reduction?

| Level of knowledge about harm reduction | % (n=106) |
|---|-----------|
| No/very little knowledge | 27% |
| Some knowledge | 24% |
| Average knowledge | 23% |
| Fairly knowledgeable | 16% |
| Very knowledgeable | 10% |

2. How supportive are donors of providing various harm reduction services at the hospital?

| Opinions on making harm reduction services available at Casey House % (n=106) | | |
|---|---|--|
| Harm reduction kit distribution |  | 85% strongly agree/agree 10% undecided 5% disagree/strongly disagree |
| Supervised consumption services |  | 82% strongly agree/agree 11% undecided 7% disagree/strongly disagree |
| Prescription opioid treatment |  | 76% strongly agree/agree 18% undecided 6% disagree/strongly disagree |

3. What impact will the implementation of hospital-based harm reduction services have on future support?



Results: Qualitative interviews (n=12)

Findings

Donors were supportive of harm reduction services and perceived benefits for Casey House

Example quotes:

*It's **part of the puzzle**, and I think to ignore it is foolish... It's not ideal that people are addicted to drugs, but I think it's important to realize that's the case... So **anything that they can do to reduce the risk of overdose or violence** or anything like that, **I'm all for it**. [DS053]*

*Well, if you have people who are drug users who [are] in better health,... who **eat better** because the harm reduction has made it possible to do things, to take better care of themselves, who are **less exposed to infections** that are transmitted by sharing needles, who are more able... to **follow a recommended course of healthcare**... , then presumably all of that would mean that you'd be **spending less down the road on healthcare costs** that would be incurred... [DS094]*

Some worried that “other” donors might be opposed to harm reduction

*I think **we should be fully on board with it**. But I suspect there will be... **some donors, who probably aren't**... You know, just the **nature of our society** where there's this whole **stigma around drugs**, and you really shouldn't be doing it... I'm sure there's some donors who won't approve of that. [DS115]*

*If you present something to a quotation marks '**legacy donor**' as harm reduction services, probably nine times out of ten, they're going to... express some support: 'That sounds... good, and proactive and that's something that I would want to be a part of.' **Once you specify that that would also include safe injection sites and clean needles and supervised injections, there is a segment of the population that is going to recoil at that**. Now, why is that? Well, because there will be people who believe that that is encouraging or promoting drug use. [DS056]*

Most saw a role for donors in supporting harm reduction services on top of government funding

*I think **the government should be funding more than they are**. [...] But, given that they're not, **I think donors should sort of step up, and fill the gaps**, where we know that the healthcare service is required, and the government doesn't seem to be doing much about it. [DS069]*

***It probably should be fully government funded, but because it's not, then, donors are forced to step up**... In terms of the harm reduction... to me, it should be fully funded by the government. But obviously, if it's not, then... the onus is on the public to step up, unfortunately, right? ... **It's not fair to put the burden on the clients. It's not fair for clients to be left un-helped either**. [DS078]*

Lessons learned

- Our findings are novel and **provide a look at donor perspectives currently lacking in the literature.**
- We **documented widespread support of hospital-based harm reduction services among donors.** The findings suggest that implementation of harm reduction services may not adversely impact donations to Casey House.
- These findings may be **reassuring for other organizations considering**, but also worried about, **introducing harm reduction services for their clients.**
- However, our low response rate suggests the **need to find better ways to engage donors** in research to more fully gauge how decisions about programming may or may not influence donation patterns.
- Questions: kat.rudzinski@utoronto.ca

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