

# Healthcare Experiences and Stigma for People Who Use Drugs: Preliminary Analysis Investigating Zero Tolerance v. Harm Reduction at Syringe Services

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## INTRODUCTION

Opioid overdose deaths rose from 13.8% (2013) to 32.4% (2021) (Spencer et al., 2022).

**Xylazine:** Veterinary sedative ( $\alpha$ 2-adrenergic agonist), not approved for human use and infiltrating the illicit drug supply, especially in the Northeast U.S. Detected in 51 deaths and considered contributory to death in 6 cases (OCME, 2025) Commonly found in combination with fentanyl via intramuscular (IM), intravenous (IV), smoking, snorting, and subcutaneous routes.

Causes severe necrotic skin ulcers, even away from injection sites. Increases risk of bacteremia, sepsis, endocarditis, limb amputation, and death (NIDA, 2022).

Declared an emerging threat by the White House in April 2023. Healthcare response remains fragmented; provider awareness is limited.

**Harm reduction** accepts that a continuing level of drug use (both licit and illicit) in society is inevitable and defines objectives as reducing adverse consequences. It emphasizes the measurement of health, social and economic outcomes, as opposed to the measurement of drug consumption

**Zero tolerance** promotes *abstinence* and “just say no” philosophies that do not operate under the assumption of inevitable drug use. (Single, n.d.)

## 2024 NH Overdose Deaths as of 3/05/2025

Drug Category	Total
Fentanyl alone <sup>1</sup>	135
Fentanyl and methamphetamine <sup>2</sup>	28
Fentanyl and cocaine <sup>3</sup>	29
Fentanyl, methamphetamine, and cocaine <sup>4</sup>	3
Fentanyl ± other drugs <sup>5</sup>	22
Methamphetamine <sup>6</sup>	6
Cocaine <sup>7</sup>	11
Methamphetamine and cocaine <sup>8</sup>	1
Other opioids ± other drugs <sup>9</sup>	19
Non-opioids <sup>10</sup>	25
Unknown drugs	3
Total confirmed drug deaths	282
Pending Toxicology	4

(OCME, 2025)

## OBJECTIVES

**Explore experiences of stigma and judgment:** Examine self-reported experiences of stigma, discrimination, or apprehension within healthcare settings—both drug-related and unrelated—and how these perceptions contribute to delays in seeking care among PWUD.

**Compare Self-Report of Harm Reduction Participants v. National Data:** Examines lived experience and unreported metrics as well as quality metrics and education points when operating under harm reduction operation

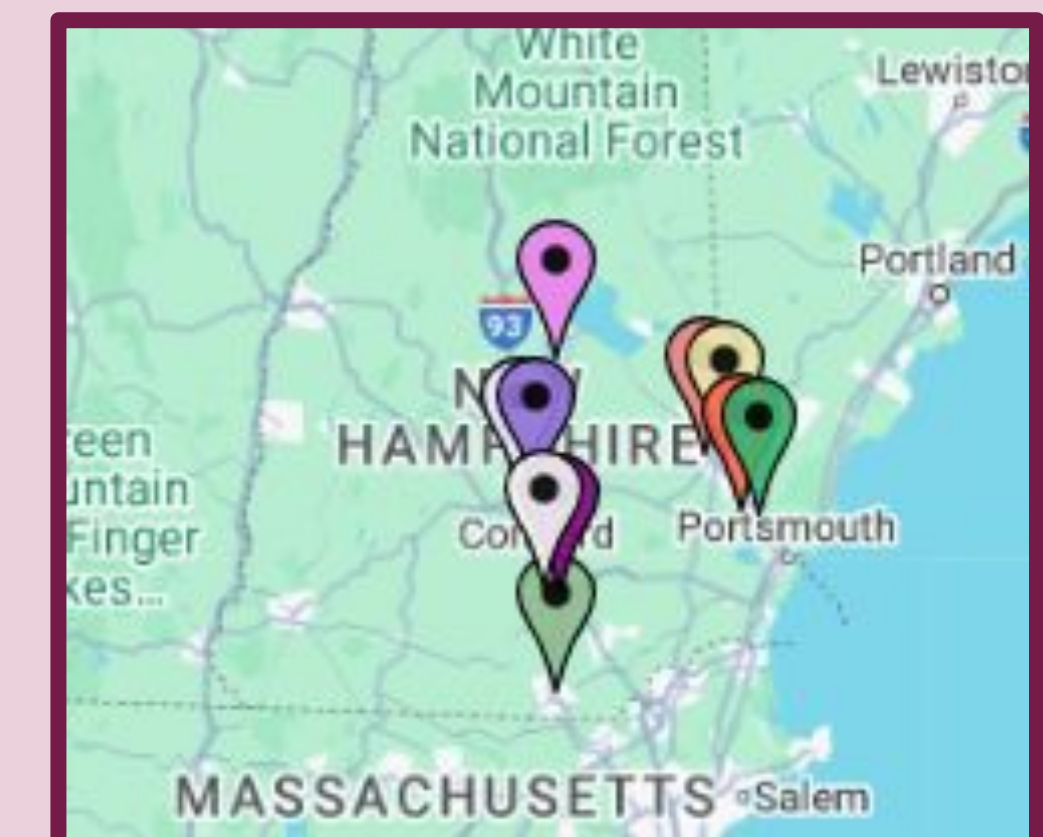
**Identify Service Gaps:** Determine unmet healthcare needs and deficiencies in harm reduction support services for PWUD, especially for initial interaction in emergency department pathways.

## METHODS

This study utilized a structured survey instrument comprising 112 items, including Likert-scale questions, open-ended responses, and dropdown selections. The survey employed adaptive branching logic, directing participants through tailored question pathways based on their responses to previous items.

**Participants: (Interim-Analysis, n=250)**

- recruited from 11 NH syringe service programs/harm reduction sites
- completed consent for the study and photo consent (on certain logic branches)
- option to self-administer or have read to them mitigating literacy bias



**Inclusion Criteria:**

- active clients of a syringe service or harm reduction program
- aged 18 years or older
- capable of providing informed consent.

## DISCUSSION

Unlike opioids, xylazine is not responsive to naloxone (Narcan), making traditional overdose reversal strategies less effective.

Naloxone remains a vital tool in managing opioid overdoses; however, its limitations in polysubstance scenarios underscore the need for enhanced education and response protocols. Despite widespread distribution efforts, disparities persist in access and utilization, particularly among marginalized populations.

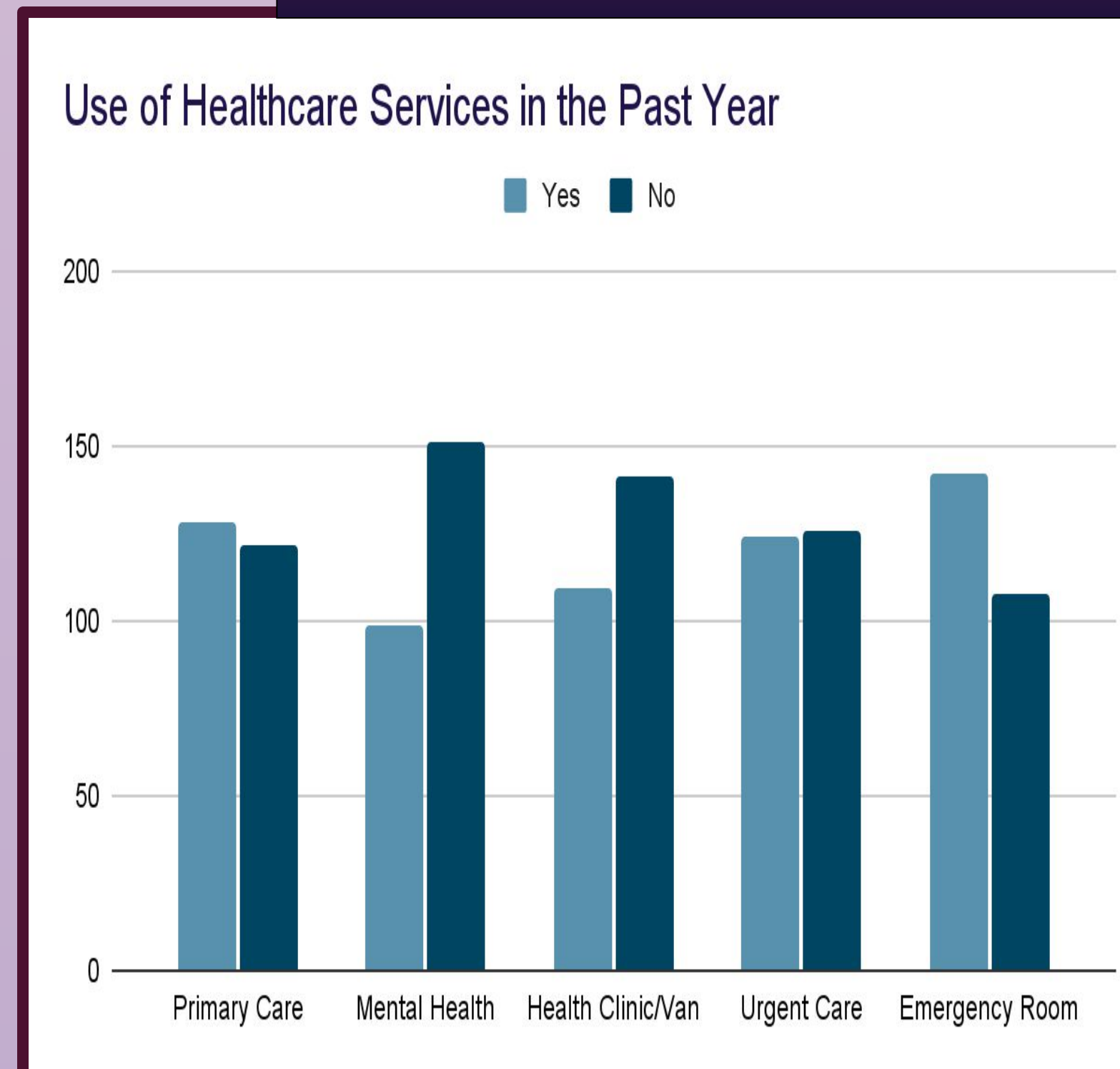
Harm reduction services—including syringe exchange programs, test strip distribution, and mobile outreach—play a crucial role in mitigating health risks. However, stigma, inconsistent funding, and legal barriers limit their reach and effectiveness across some New England states. Harm reduction participants appear to report better health comes and mitigation strategies compared to non-participants or zero-tolerance states.

Regional data indicate a rise in drug overdose deaths, with fentanyl and xylazine as key drivers. This trend demands a multifaceted approach: expanding harm reduction infrastructure, improving community education, and enhancing real-time drug surveillance to guide policy and clinical practice.

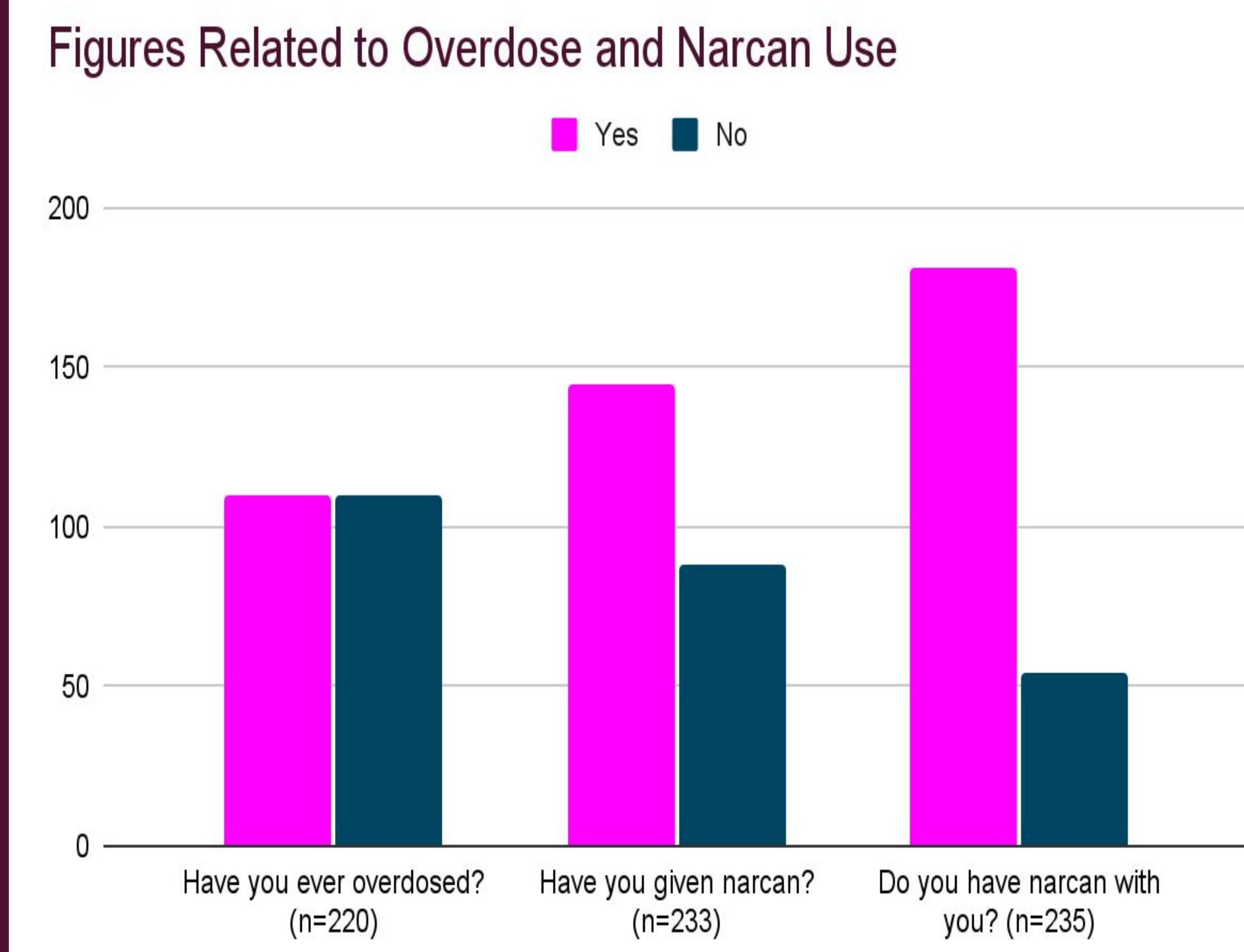
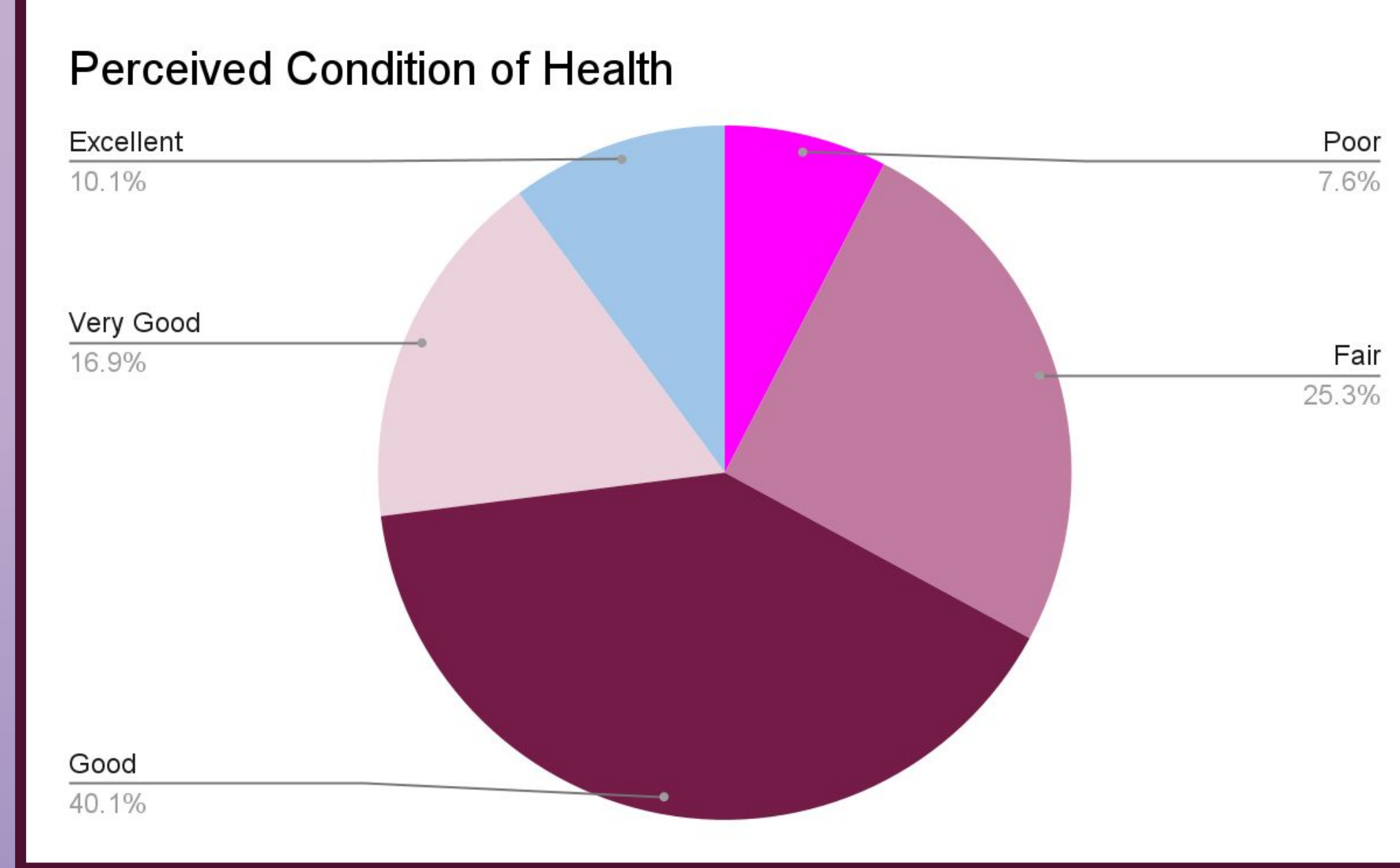
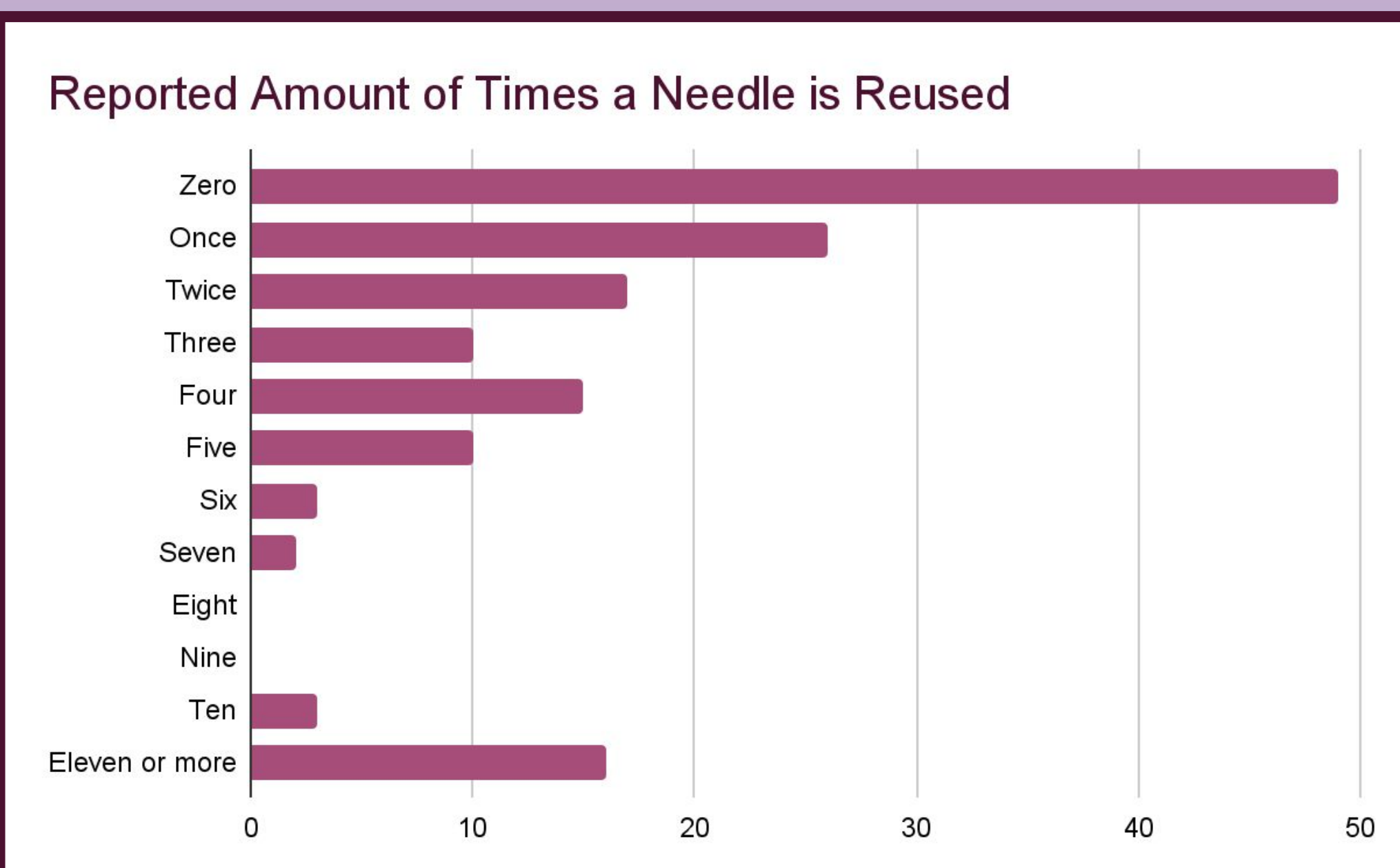
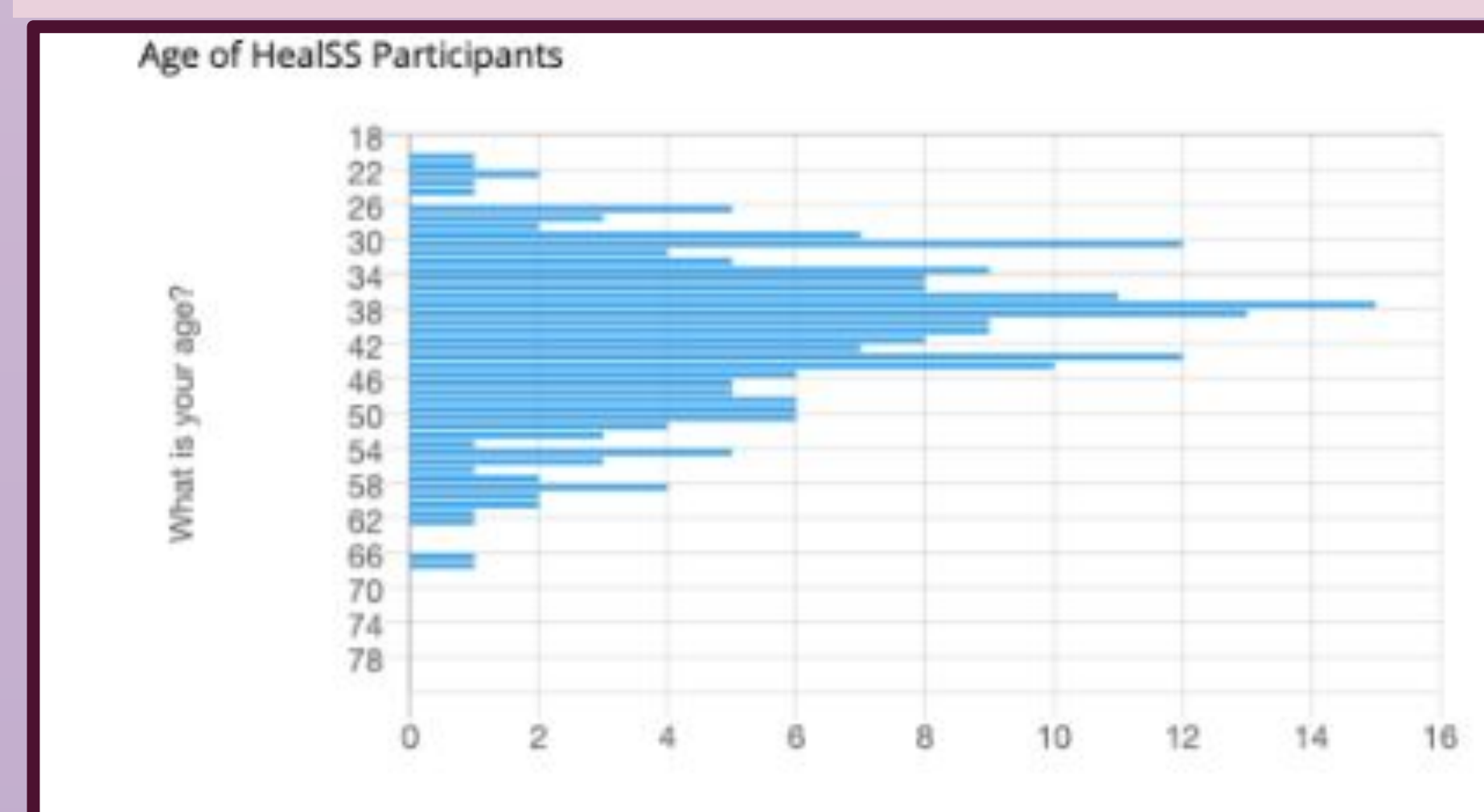
## References



## PRELIMINARY RESULTS



DRUG	Frequency
FENTANYL	n=184
HEROIN	n=178
XYLAZINE	n=120
COCAINE	n=180
CRACK	n=173
METHAMPHETAMINE	n=199
BENZODIAZEPINES	n=113
OPIATES (NON-PRESCRIBED)	n=144



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**Xylazine Test Strips:** Yes (n=116), No (n=106)  
**Fentanyl Test Strips:** Yes (n=136), No (n=83)