



Dorcas A. Adom, MPH ¹; Marina Schor, MSPH ¹; Jennifer Glick, PhD, MPH ^{1,2}

1. Community Health Science & Policy (CHSP), School of Public Health, Louisiana State University Health Sciences Center, New Orleans, Louisiana, U.S.A.
2. Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, U.S.A.

Email: dadom@lsuhsc.edu

Introduction:

- Sexually Minoritized Women Who Inject Drugs (SMWWID) experience overlapping challenges related to gender, sexual identity, and substance use.
- SMWWID face intersecting social and structural barriers that shape risk, stigma and access to care.
- Most research emphasizes service availability rather than lived experiences underscoring the need to understand how SMWWID engage with harm reduction, treatment and recovery services.

Objective:

Explore how SMWWID in Baltimore, Maryland, perceive and experience substance use-related services.

Method:

- Semi-structured qualitative interviews were conducted remotely (virtual or phone) with cisgender SMWWID in Baltimore, Maryland.
- Interviews were (60-90 min), audio-recorded, transcribed verbatim, and de-identified.
- Current analysis: Secondary analysis of a subset (n=16) from a parent study (n=25) recruited via targeted outreach, using interviews under Drug Use-Service.
- Data analyzed through secondary coding, team-based analysis, and analytic memos.

Findings:

- Analysis included 16 participants who were SMWWID in Baltimore, Maryland.
- Most participants were White (63%), with nearly equal representation of gay/lesbian (44%) and bisexual (44%) sexual orientation.
- SMWWID described varied patterns of injection frequency and polysubstance use that shaped how and when they engaged in services
- Sterile syringe use was inconsistent, with only 56% always using sterile syringes.

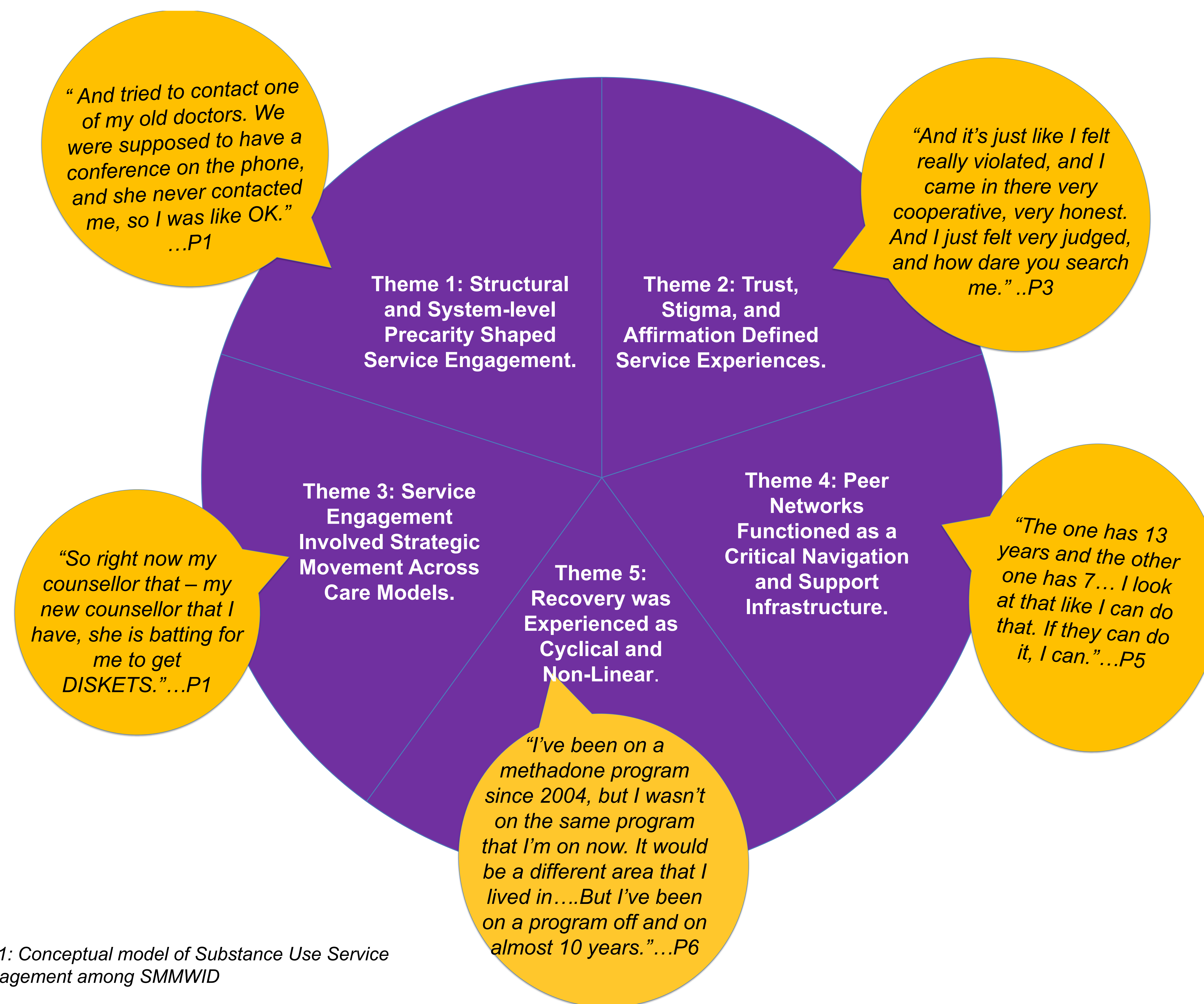


Fig 1: Conceptual model of Substance Use Service Engagement among SMWWID

Conclusions:

- Structural precarity and stigma limit consistent service engagement among SMWWID
- Peer networks and supportive Providers build trust and improve access to care.
- Recovery is cyclical and requires flexible harm reduction and treatment approaches.

Recommendations:

- Expand low-threshold service models that reduce structural barriers and accommodate cyclical engagement patterns.
- Invest in provider training practices that reduce stigma and promote SMWWID-affirming, trauma-informed care.

