

# *Research abstract*

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## ▶ [Wounds on wheels: Implementing a specialized wound clinic within an established syringe exchange program in Baltimore, Maryland.](#)

Robinowitz N., Smith M.E., Serio-Chapman C. et al.

*American Journal of Public Health*: 2014, 104(11), p. 2057–2059.

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*Specialised wound care can be effectively delivered to people who inject drugs by combining mobile needle exchange with a mobile wound-care clinic.*

**SUMMARY** There are high rates of abscesses and chronic wounds among people who inject drugs. However, many do not access treatment in a timely fashion, which can result in severe complications such as sepsis, gangrene, or endocarditis.

Since 1994, the Baltimore City Health Department in the United States has operated a mobile needle exchange programme. Staff travel to certain sites across the city of Baltimore (Maryland) and provide clean needles and injection equipment to people who inject drugs. They also offer overdose prevention training, vaccinations, and reproductive health services. From the outset, staff observed high rates of abscesses and other chronic wounds. They gave their patients basic wound-care kits and advised them to seek medical care, but the high rates of wounds persisted. In 2012, the Baltimore needle exchange programme partnered with the Johns Hopkins Wound Healing Center to establish a mobile wound clinic operating from the same vehicle as the mobile needle exchange programme.

Over 16 months, the wound clinic received 172 visits from 78 different patients. 116 visits were for chronic wounds, and 52 for acute wounds or abscesses. The average age of patients was 43 years old, and roughly half were female (49%) and half male (51%). Costs for the programme included supplies and staff salaries, though not a salary for a physician, as this person worked on a voluntary basis. On average, each visit cost the programme \$146, which was lower than the \$341 to \$742 which similar visits cost at a local wound centre.

This programme demonstrates how specialised wound care can be delivered through community-based mobile outreach, and could serve as a model for local health departments looking to improve the health of people who inject drugs. Further research could examine the impact of community-based programmes on local emergency department admissions, the setting most frequently used for medical care among people who inject drugs.

**FINDINGS COMMENTARY** The average cost of a visit to this mobile outreach programme was substantially lower than the cost to a local wound clinic. However, costs were not directly comparable due to the mobile clinic enlisting the support of a volunteer physician.

A key strength of the mobile clinic was initial engagement with patients. Staff were able to build rapport with potential patients who they met through the needle exchange programme. Patient retention was a challenge for the mobile clinic – many patients did not have phones, which made it difficult to arrange a follow-up visit. However, this would apply in other settings too, highlighting the need for *all programmes* targeting people who inject drugs to find alternative ways of contacting and retaining patients.

The patients themselves faced numerous challenges in caring for their wounds because some did not have access to clean water or stable housing. There is a broader [link between](#) unstable housing, poor health and premature deaths among people who inject drugs, suggesting that housing should be integral to efforts to

improve their health.

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