

Through The Lens: Using Photovoice to Illuminate xylazine wound experience among unhoused people who use drugs



University of
Pittsburgh

¹ University of Pittsburgh School of Medicine, ²Department of Physical Medicine and Rehabilitation, ³Center for Research on Healthcare, University of Pittsburgh School of Medicine

Funding: NIDA K12DA050607-03



Background

- Xylazine in the unregulated opioid supply causes severe wounds among people who use drugs (PWUD).
- Unhoused PWUD face barriers to wound care, including limited access and healthcare stigma.
- Photovoice uses photography to document lived experiences and surface community needs.

Study Objective

Use Photovoice to explore unhoused PWUDs' wound care experiences and guide harm reduction and healthcare efforts.

Methods

- Participants: Pittsburgh-based, 18+, recently homeless, with drug-related wounds
- Analysis: Photos and interviews analyzed via the Social Ecological Model
- Progress: 5 participants completed interviews, 60% female

Conclusions

- Results show multi-level challenges in wound care among unhoused PWUD, including stigma, healthcare inaccessibility, and reliance on institutions.
- Participants called for dignity, autonomy, and nonjudgmental support, highlighting the need for harm reduction-based care and systemic change.

RESULTS

Individual

Balancing substance use with wound care was emotionally taxing and time-consuming, with wounds heavily impacting daily life.



"The needle caused it, the Vaseline is what I was putting on it, and the end result is me being in recovery [suboxone]."



"This is what I see every day... My life, it's like a needle versus straw. I always have bags available and it's hard for me not to do it, because it's there. And it's just a mess. That's how my life feels like, a mess."



"I can't go and tie my shoes... I have to get Velcro shoes... Everything has changed down to what shoes I can wear to, you know what I mean, what I put on, and I don't even wear makeup anymore. I just feel like I'm not me."

Internalized stigma and emotional burden while self-managing wounds and medications was compounded by ongoing pain and repeat hospitalizations.

"Because of my leg, I have to take all these pills. And it's a chore, too, because I always forget. And this is a part of wound care, too. Um, antibiotics, Ibuprofen for the pain, oxycodone for the pain, gabapentin, and then I also take prozac for my depression."



"In my four-plus years with Xylazine, I've spent many, many days, weeks ranging from broken bones, fractures, even losing chunks of bone, surgeries and infections down to the bone."

Acknowledgements: Deep thanks to participants for courageously sharing their stories, photos, and insights.

Policy

Financial strain, limited insurance, complex meds, inconsistent care, and transport barriers hindered wound care; many relied on donated supplies.

[When prescribed a \$300 specialty wound medication]: "I told the pharmacy, I don't have that, and she was like, that's the cheapest we can give it to you, and that's with the discount. I was like, I won't be getting this prescription then."



Structural care gaps meant most accessed wound care only after serious complications or institutional intervention.

"It was kind of like a blessing in disguise that I got arrested when I did, because for this wound... They took me right to the hospital, so, I wasn't trying to get arrested, but at least they took me to the hospital."



"If I didn't have this and came to the ER, I never would have known my situation."

Interpersonal

Stigma, shame, and fear of judgment often lead to delayed care and concealment of wounds, while individuals actively manage external perceptions to reclaim dignity.

"My friends, they have the tranq wounds on their legs and on their arms, and they were still hiding it. I'm the one that actually came out in the open of it... But we all kept it, like, hush-hush, like, nobody talked about it."



"People might not look at the scars, they might look at my glitter."



"In my four-plus years with Xylazine, I've spent many, many days, weeks ranging from broken bones, fractures, even losing chunks of bone, surgeries and infections down to the bone."

Community

Participants called out pervasive societal stigma and a call for greater empathy, as the drug supply continues to change

"People just aren't educated, and they think all addicts are bad people ... Each addict was somebody's kid once upon a time"

1. Jawa R, et al. Drug use practices and wound care experiences in the age of xylazine adulteration. DAD. 2024;263:112390-112390.
2. Balvanz P, et al. Leveraging local knowledge to contextualize the opioid epidemic within HEALing Communities Study communities: A Photovoice protocol. JSAT. 2024;165:209460-209460.
3. Drainoni M, et al. "We don't get much of a voice about anything": perspectives on photovoice among people who inject drugs. HRJ. 2019;16(1).
4. Catalani C, Minkler M. Photovoice: A Review of the Literature in Health and Public Health. Health Education & Behavior. 2009;37(3):424-451.
5. Golden SD, et al. Upending the Social Ecological Model to Guide Health Promotion Efforts Toward Policy and Environmental Change. Health Education & Behavior. 2015;42(1_suppl):8S14S.