

# Take Charge Of Your Health Today. Be Informed. Be Involved.



CARLOS T. CARTER

## Wound care

This month's Take Care of Your Health Today (TCYHT) focuses on the importance of adequate wound care—specifically as it affects two groups of people: Individuals who inject their drugs and diabetics who suffer from foot ulcers.

Joining us with insight on this health topic is Carlos T. Carter, President & CEO of the Urban League of Greater Pittsburgh.

**Q:** Carlos, wound care is a crucial aspect of healthcare that doesn't always receive as much attention publicly as other medical topics. However, it's incredibly important, especially for preventing infections, promoting healing, and improving quality of life.

How can we improve wound care knowledge in our community, including the importance of treating wounds quickly under the care of a wound specialist?

**Carlos:** There are so many issues impacting our community! It can be overwhelming for our people who must deal with so much. This includes struggling to put food on the table, paying rent or a mortgage, and being able to afford gas to get to work.

But you're right! Wound care is important, too, especially for certain groups of people like diabetics and people who inject their drugs. Unfortunately, specialized healthcare resources for wound care are often lacking for African Americans who suffer more from conditions that affect the body's natural ability to heal wounds.

For example, according to the National Institute of Health, Black American adults are nearly twice as likely as non-Hispanic White adults to develop type 2 diabetes—a racial disparity that's been rising over the past 30 years.

Lack of access to a healthy diet, exercise, and medical care are directly correlated to inhibiting the body's ability to properly heal. Improper wound care can lead to infections, sepsis, and even amputations.

Some standard advice that can help protect our community members is to perform daily skin checks for wounds, keep open sores covered, clean and dry, and watch out for any signs of infection. Of course, we always recommend speaking with your doctor sooner rather than later if they have a

wound that's not getting better!

To increase awareness about wound care, we need to partner with healthcare professionals and public health officials in community settings where vulnerable people live, such as churches, community centers, and barber-shops. In these settings, we must share educational tools and prevention strategies that empower people to protect their health.

**Q:** One of our big challenges to reducing health disparities is breaking down barriers to high-quality health care, including wound care. How can we make sure people who are vulnerable to skin infections get the information they need to protect their skin health?

**Carlos:** The same barriers that impact people of color for all types of medical treatment and preventative care are equally applicable to wound care. That includes distrust in the medical system, access to transportation for appointments, and challenges around work schedules and medical coverage.

For wounds specifically, we need to have more trained health experts and ambassadors in marginalized communities who can educate community leaders and caregivers. Resources should be available in spaces where people live, work, and play, including libraries, schools, and churches.

The resources should be clearly written and convey the seriousness of treating skin infections quickly. Materials should include wound care centers' phone numbers, addresses and other information, so people can easily call and make an appointment.

There's also a need to lessen drug use overall, which often causes what are initially small cuts that may later become infected.

People who engage in injection drug use need to receive education about harm reduction services, including ways to prevent infections that may lead to serious health issues.

We also need to ensure the many family caregivers in our community are equipped with the knowledge and resources they need to provide good wound care. This will improve their loved ones' well-being and quality of life.

## For individuals who inject their drugs, compassion and acceptance help heal skin infections and increase trust in health care

In the past 10 years, injection drug use (IDU) in the U.S. has increased. The uptick follows a shift in the way people use drugs—from taking prescription opioids by mouth to injecting opioids like heroin, or synthetic opioids like fentanyl and sedatives like xylazine (tranq).

Synthetic opioids (like fentanyl) are more potent, and don't last as long as non-synthetic drugs (like heroin). To balance the difference and avoid getting sick, people who engage in IDU are forced to inject synthetic drugs more frequently to avoid feeling sick from withdrawal.

Injecting drugs often results in skin infections, wounds, and ulcers. The more frequently you inject, the higher the chance for developing a skin infection. If not treated early, skin infections can get worse and bacteria may enter the bloodstream (sepsis) or spread deeper into the body.

Why are skin infections so common among those who inject their drugs? Often when people begin injecting, they don't learn how to do it in the best ways to avoid infection and injury.

What's more, many lack access to sterile injection equipment, like needles or syringes, as well as alcohol wipes to clean their skin prior to injection. Instead, they share or reuse these items. If the items are not sterile, bacteria that lives on them can enter the body through the injection site. This increases the risk of developing a skin infection.

"Skin infections are the number one reason for



DR. RAAGINI JAWA

people engaging in IDU to be hospitalized or seek a health care provider," says Dr. Raagini Jawa, Pitt Assistant Professor and Clinician Investigator in the Department of General Internal Medicine and Center for Research on Healthcare. Usually, the visit happens when an infection has advanced to a more serious state.

"For example, someone who engages in IDU may feel ashamed to reveal their drug use and be wary of medical treatment," Dr. Jawa explains. "They may have experienced trauma and discrimination in the past, so they often try to treat the skin infection themselves with non-prescribed antibiotics from a friend or the black market."

Similarly, people with IDU-associated wounds may attempt to self-treat by applying topical antibiotics, bleach, peroxide, or rubbing alcohol. "Typically, if this doesn't work—or if there is bacterial infection of the wound—they come to the ER or clinic when the infection has spread and they're sick with fever and pain," says Dr. Jawa.

If a drug like fentanyl is laced with xylazine (tranq) it's particularly dangerous. "Tranq is a tranquilizer used on animals," she adds. "It's not intended for human use. For people who engage in IDU, tranq can often lead to necrotic ulcers. These ulcers require weeks or months of care to heal."

It's important for people who engage in IDU and have skin infections and wounds to seek wound care services early—in confidence, without judgement, coercion, discrimination, or a demand to stop using.

This approach is called harm reduction. It's grounded in compassion, justice, and human rights. It's based on health providers gaining users' trust. It's also evidence-based, meaning there's scientific proof it works.

In addition to treatment, harm reduction supports better drug laws, policies, and policing practices, as well as the decriminalization of people who use drugs and an end to discrimination based on drug use, race, gender, and class.

In Allegheny County, non-profit Prevention Point Pittsburgh is a syringe service program that practices harm reduction and features free, no-strings-attached wound and vein care; access to resources like food and shelter if requested; sterile injection equipment; naloxone; and more.

A Prevention Point Pittsburgh board member and volunteer wound care provider, Dr. Jawa has also trained thousands of other medical providers throughout the country on how to treat

IDU-related skin infections and wounds using harm reduction methods. "Wound care specialists are unfortunately not common," she explains. Even providers who specialize in addiction have had little or no wound care training. This work is vital if we hope to relieve the silent suffering of people who engage in IDU and have skin infections."

Harm reduction's effectiveness has been studied for 30+ years. According to the National Institute on Drug Abuse, it prevents overdose deaths and reduces infectious disease transmission among users and their communities. It lowers ER visits and costly health care services. It allows people to connect with substance use treatment and other health care services, if they choose, without shame or discrimination.

The method contrasts greatly with the "war on drugs" narrative, which centers on criminalization of drug users, little or no bodily autonomy, and the notion that syringe and needle exchanges lead to drug use.

"As drugs become cheaper, more potent, powerful, and addictive—they are also more likely to cause serious health problems and death," says Dr. Jawa. "Meeting people who engage in IDU where they are with compassion helps them be more open to skin infection and wound treatment, more open to specialist services, and have more trust in a health care system that's treated them as 'less than' others for too long."

## To avoid amputation, diabetics must be vigilant about foot wounds—and seek treatment early and often

Are you or someone you love living with diabetes? If so, Dr. Chandan K. Sen, UPMC Chief Scientific Officer, Wound Healing Services, and Director of the McGowan Institute for Regenerative Medicine, has an important message for you:

Check the skin on your feet every day. Look for anything that's not normal, like numbness, redness, swelling and wetness/discharge.

"If you find even a small wound, like a slight skin bump or a tiny tear that has a little moisture coming out, please see a wound specialist soon," he says. "If the wound has been there a month or longer, please don't wait."

Dr. Sen is committed to raising awareness about diabetic foot health—especially for African Americans who are four times more likely than White people to need lower limb amputation. He believes healthcare providers must work to change this inequity,



DR. CHANDAN K. SEN

including engaging and educating people at risk on a community level and providing travel and other incentives, so they can be treated quickly by designated wound care providers.

The amputation inequity is wrapped up in racism and limited access to resources. It's made worse by healthcare distrust. It's further complicated by an idea we learn as children: Small wounds will heal on their own. "During our lifespan from childhood to young adulthood, we learn from our parents and caregivers that bumps and bruises will be fine with some first-aid at home," Dr. Sen explains. "There's no need to visit a doctor for such small things."

That's not true for diabetics, especially for middle-age and elderly people.

"For people who suffer from diabetes, small foot wounds can turn into deep, infected ulcers that enter the bones and the blood-

stream," Dr. Sen says. "When that happens, the only way to save a person's life is to amputate the infected area."

According to amputee-coalition.org's 2024 report, more than 5.6 million people in the U.S. have had amputations. About 85 percent of non-traumatic lower limb amputations started as diabetic ulcers.

That's because diabetes affects other areas of the body, including the nervous system. "As a diabetic, you may lose some of the feeling in your extremities, including your feet," he says. "You may bump and tear the skin on your foot, but you don't think anything about it because it didn't hurt."

The tiny tear from the bump won't go away on its own. Instead, it must be treated medically to help it heal and prevent infection. "The sooner the wound is treated, the better your chances of a good outcome. That means less chance you'll need an amputation," Dr. Sen adds.

Amputation has a huge impact on patients and their families and not just financially. It's traumatic for everyone. The patient suffers physical and emotional pain. Depression is common. Family members and caregivers at home also experience trauma. "It can be especially hard for children to see a parent or elder come home without a foot," says Dr. Sen.

The Pittsburgh region is home to wound healing service locations diabetics can turn to for help. Many of them are in city neighborhoods. UPMC alone has over 20. Most payors don't require a PCP referral and the centers accept many types of insurance, including Medicaid.

It's important to keep in mind that primary care providers are not necessarily wound specialists. They may not have the expertise to treat diabetic foot ulcers. "If you're more comfortable seeing a PCP at a clinic about a foot problem, please do," says Dr. Sen. "It is very important to see a physician as quickly as possible, but also ask to be seen by a wound specialist."

If the wound has been around for a month or longer, Dr. Sen recommends exercising urgency in finding your way to a designated wound care provider. "Make an appointment at a wound healing center ASAP," he says. "You deserve the best care from a team of interdisciplinary specialists. Please don't be one of the hundreds of people every day who must have an amputation."

**NOTE:** UPMC wound services can be reached by calling 1.844.639.4712.

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