



# The ABCs of Harm Reduction

A Toolkit for Hospitals



Bringing all the pieces together for a healthier community

## ACKNOWLEDGMENTS

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## ABOUT MOSAIC GROUP

Mosaic Group is nationally recognized for effectively implementing community health and human services strategies to achieve health equity. Our primary focuses are:

- Community Solutions for Health Equity
- Complex Planning for Sustainable Change
- Behavioral Health Integration
- Overdose Prevention and Response

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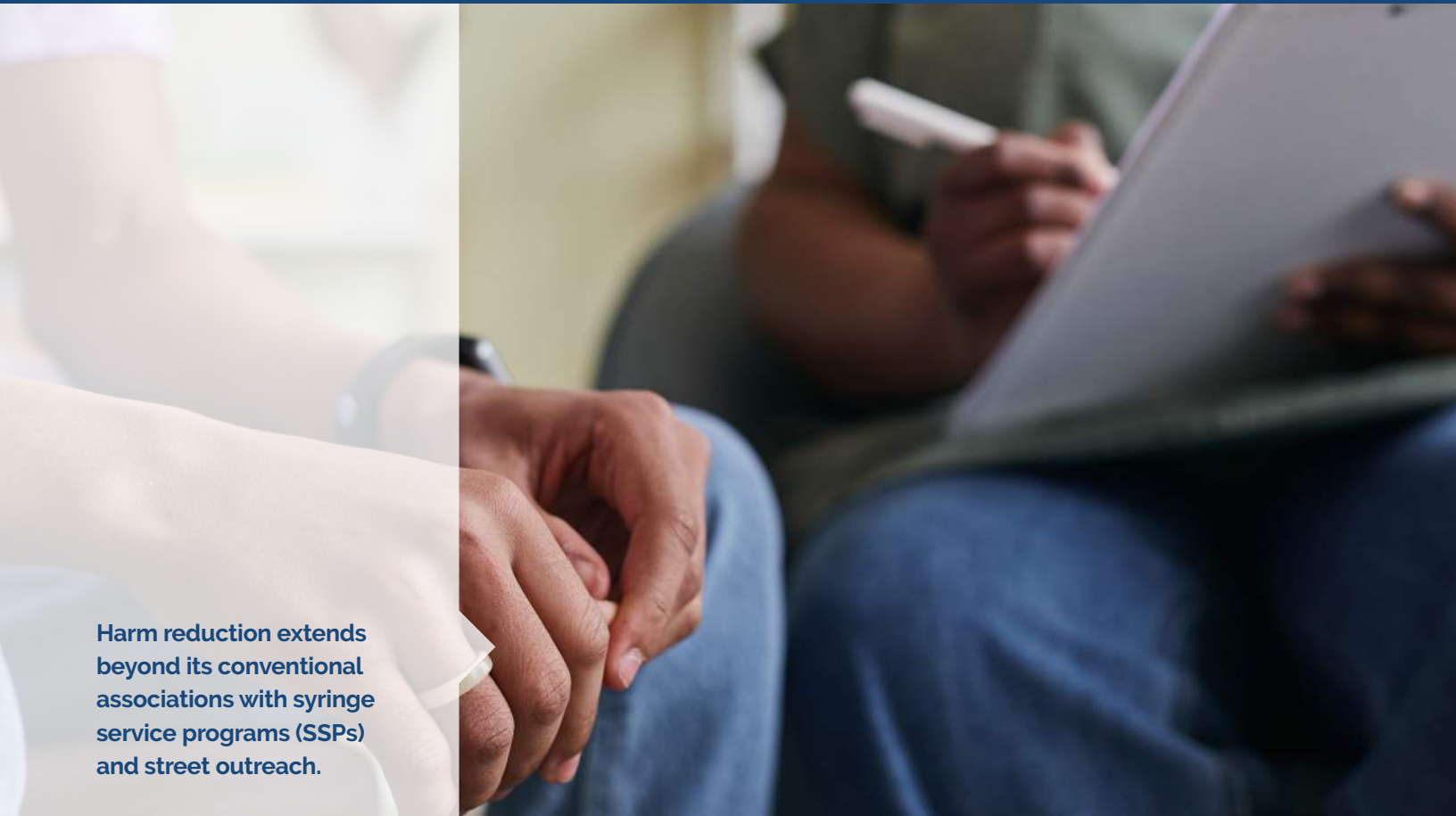
## Commonly Used Acronyms

Acronym	Meaning
SUD	Substance use disorder
OUD	Opioid use disorder
MOUD	Medications for opioid use disorder
PWUD	People who use drugs
SSP	Syringe service program
CDC	Centers for Disease Control and Prevention
SAMHSA	Substance Abuse and Mental Health Services Administration
NIDA	National Institute on Drug Abuse
AHRQ	Agency for Healthcare Research and Quality
LHD	Local health department
CBO	Community based organization
PRC/PRS	Peer recovery coach/Peer recovery specialist
HRSN	Health-related social needs
ED	Emergency department
HIV	Human immunodeficiency virus
MI	Motivational interviewing
EMR	Electronic medical record
OSP	Opioid stewardship program
AA	Alcoholics Anonymous
NA	Narcotics Anonymous
NAMI	National Alliance on Mental Illness
SDOH	Social determinants of health



# Introduction

This toolkit was developed by Mosaic Group to provide comprehensive guidance for hospitals to enhance their ability to deliver care to people who use drugs through harm reduction strategies, tools, and interventions.



Harm reduction extends beyond its conventional associations with syringe service programs (SSPs) and street outreach.

## The Purpose of This Toolkit

This toolkit aims to:

- **Develop an understanding of the principles of harm reduction** and the indispensable role health systems and hospitals play in mitigating and preventing substance use-related harms.
- **Elucidate the profound impact of harm reduction strategies** on enhancing patient health outcomes and effectively preventing deaths associated with substance use.
- **Illustrate how implementing hospital-based harm reduction interventions** significantly reduces the substantial human and financial costs of the overdose crisis.
- **Furnish actionable strategies** for the seamless implementation of evidence-based harm reduction interventions.



Due to the shifting drug supply and record-breaking number of overdose deaths related to opioids and synthetic analogs such as fentanyl, many of the tools and interventions in this toolkit are centered on opioid harm reduction; however, the strategies and principles outlined translate to all substances that may increase the risk of harm or death.

## What is Harm Reduction?

Harm reduction is a **public health approach focused on reducing the negative consequences associated with specific health behaviors**, with a particular emphasis on drug use. The harm reduction approach recognizes that drug use is a complex and multifaceted issue, and that individuals who use drugs have a right to access services and support that reduce the harms associated with their drug use.

"Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use."

—NATIONAL HARM REDUCTION COALITION<sup>1</sup>

"Harm reduction aims to reduce the negative consequences associated with substance use and promotes the health of people and communities."

—NASTAD

"Harm reduction is helping people access what they are ready to receive as it relates to their drug and alcohol use, health, and overall wellness."

—MANAGING DIRECTOR, MOSAIC GROUP

"Harm reduction is meeting people where they are, not where you think they should be."

—MARLATT, ET AL<sup>2</sup>

"Simply put, harm reduction is tertiary prevention."

—PAT CHAULK, MD

Harm reduction extends beyond its conventional associations with syringe service programs (SSPs) and street outreach, encompassing a wider array of opportunities and evidence-based, cost-effective interventions. Strategies may include:

- **Providing access to sterile syringes** and other injection equipment to reduce the risk of HIV and hepatitis C transmission.
- **Distributing naloxone** to prevent opioid overdose deaths.
- **Offering drug checking supplies** to identify contaminated or adulterated drugs.
- **Providing education and support** to reduce risky behaviors.
- **Helping to address health-related social needs** (HRSNs), such as housing or food access.

Ultimately, harm reduction embodies a set of person-centered interventions grounded in principles of dignity, respect, and compassion, prioritizing the health and well-being of people who use drugs.

# Harm Reduction in Healthcare

A person's readiness for substance use treatment does not make them any more or less worthy of receiving healthcare.

Harm reduction in healthcare is guided by six core principles aimed at minimizing the negative consequences of substance use and other risky behaviors while promoting the overall well-being and dignity of individuals. Understanding and implementing the principles of harm reduction in healthcare shifts the focus from a punitive approach to one that prioritizes compassion, public health, and human rights. It recognizes the realities of complex health issues and empowers individuals to make informed choices, while fostering a supportive and non-judgmental healthcare environment<sup>3,4</sup>

## CORE PRINCIPLES OF HARM REDUCTION





# Why Harm Reduction Matters and the Role of Hospitals

Harm reduction efforts are of critical significance considering the current unprecedented levels of harm, morbidity, and mortality caused by substance use in the United States (U.S.). By actively embracing harm reduction strategies, hospitals can significantly mitigate the negative consequences of substance use and improve the health outcomes for individuals across the nation.

## SUBSTANCE USE ISSUE #1

### High Prevalence of Substance Use Disorder (SUD):

Approximately 61.2 million people in the U.S. used drugs in 2021 and about 46.3 million met the DSM-5 criteria for SUD.<sup>5</sup> This population is often negatively impacted by social determinants of health (SDOH) (lack of housing, poverty, limited access to healthcare services) and physical and mental comorbidities, resulting in adverse health outcomes. As a result, individuals with SUD experience increased hospitalizations and emergency department (ED) visits and a 13.8-year decrease in life expectancy.<sup>6</sup>

## HARM REDUCTION STRATEGY

### Identification and Linkage to Services:

By systematically identifying patients who use drugs and providing targeted interventions such as peer counseling, linkage to vital resources and services, and follow-up support, hospitals can improve health outcomes and reduce morbidity and mortality for this population.<sup>7</sup>

## SUBSTANCE USE ISSUE #2

### Infectious Disease Burden and Financial Costs:

PWUD are at a higher risk of contracting infectious diseases such as skin and soft tissue infections, bacteremia or sepsis, endocarditis, hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV).<sup>8</sup> Hospitals have witnessed a 70% increase in infection-related hospitalizations linked to injection drug use nationally.<sup>9</sup> The costs associated with treating these conditions have significantly increased; one study cites an increase of more than 824% between 2008 to 2018.<sup>10</sup> Overall, substance use-related visits cost hospitals over \$13 billion annually, straining hospital capacity and the broader healthcare delivery system.<sup>11</sup>

## HARM REDUCTION STRATEGY

### Testing, Education, and Sterile Equipment:

Hospitals can effectively mitigate the spread of infectious diseases and alleviate the financial strain on healthcare institutions by providing testing and treatment for infectious diseases, offering education and counseling on safe use, and linking patients to sterile injection equipment and/or SSPs.<sup>12</sup>

### SUBSTANCE USE ISSUE #3

#### **Patient Engagement and Premature Discharge:**

PWUD often leave hospitals against medical advice (AMA), citing healthcare provider bias, stigma, and abstinence-based hospital policies leading to untreated pain and unmanaged withdrawal symptoms.<sup>13</sup> Premature departures often lead to further adverse health outcomes and a twofold increase in mortality.<sup>14,15</sup>

### HARM REDUCTION STRATEGY

#### **Address Stigma, Peer Support, and MOUD:**

Hospitals can improve patient engagement and reduce the likelihood of premature discharge by addressing stigma, employing peer support specialists, and adopting protocols to administer medications for opioid use disorder (MOUD) to treat withdrawal symptoms.<sup>16,17</sup>

### SUBSTANCE USE ISSUE #4

#### **Escalating Overdose Epidemic:**

Fatal overdoses surpassed 100,000 in 2021 and 2022 in the U.S., with 75% of overdose deaths caused by synthetic opioids, such as fentanyl.<sup>18</sup> Many individuals who experience a fatal overdose have contact with the healthcare system, especially EDs, prior to their death.<sup>19</sup> One 2018 study found that over 60% of people who died from an opioid overdose in Massachusetts had a prior non-fatal overdose, and over 40% had visited an ED in the year prior to their death. Patients at risk of experiencing an opioid overdose rarely receive naloxone or other harm reduction services, despite their frequent interactions with the healthcare system.

### HARM REDUCTION STRATEGY

#### **Test Strip Distribution, Peer Support, and Education:**

Hospitals can reduce fatal and non-fatal overdoses by distributing naloxone and fentanyl test strips, offering intensive peer outreach and follow-up support, providing patients with harm reduction education and developing harm reduction safety plans with patients, prior to discharge.<sup>20</sup>

**One 2018 study found that over 60% of people who died from an opioid overdose in Massachusetts had a prior non-fatal overdose, and over 40% had visited an ED in the year prior to their death.<sup>19</sup>**



## In Summary

### HOSPITALS GRAPPLE WITH A MYRIAD OF CHALLENGES DUE TO THE SUBSTANCE USE EPIDEMIC:

- Increased ED visits, high readmission rates, and lengthy hospitalizations.
- Exorbitant healthcare costs related to substance use and infectious disease.
- Poor engagement and adverse health outcomes among PWUD.
- Patients leaving against medical advice or without treatment.

### HOSPITALS ARE A CRITICAL ENTRY POINT FOR IDENTIFYING PWUD AND INTERVENING TO:

- Reduce morbidity and mortality related to drug use.
- Improve health outcomes and address HRSNs.
- Prevent and respond to overdoses.
- Mitigate the spread of infectious diseases.

### HOSPITALS CAN ADOPT A RANGE OF HARM REDUCTION STRATEGIES, SUCH AS:

- Incorporating systematic identification of PWUD.
- Creating a culture where PWUD are treated with dignity and respect.
- Integrating peer support specialists to work with PWUD.
- Engaging healthcare professionals in anti-stigma training and education.
- Providing harm reduction and overdose prevention education to PWUD.
- Developing harm reduction safety plans with PWUD.
- Adopting protocols for administering MOUD.
- Testing for and treating infectious diseases.
- Distributing naloxone, fentanyl test strips, and other harm reduction supplies.
- Building strategic partnerships to support linking patients to critical resources and lifesaving services.

Harm reduction strategies empower hospitals to respond to the substance use epidemic and meet patients where they are. By offering a range of harm reduction services, hospitals can improve patient outcomes and reduce the risk of harm or death associated with substance use. When it comes to saving lives, there is much opportunity for hospitals to stand in the gap for PWUD.

Harm reduction strategies empower hospitals to respond to the substance use epidemic and meet patients where they are.

**TIP**

## Overview of the ABCs of Harm Reduction in Hospitals

To support hospitals with adopting harm reduction strategies, we structured this toolkit around three fundamental pillars, or “the ABCs,” of harm reduction. Each of these pillars represents a crucial aspect of harm reduction implementation; the “ABCs” provide a comprehensive framework for hospitals to embrace and integrate harm reduction principles:

**A**

**Acceptance:** This section focuses on assessing and supporting organizational readiness to embrace a harm reduction approach.

**B**

**Best Practices:** This section highlights harm reduction best practices and reviews key considerations for successful adoption and implementation.

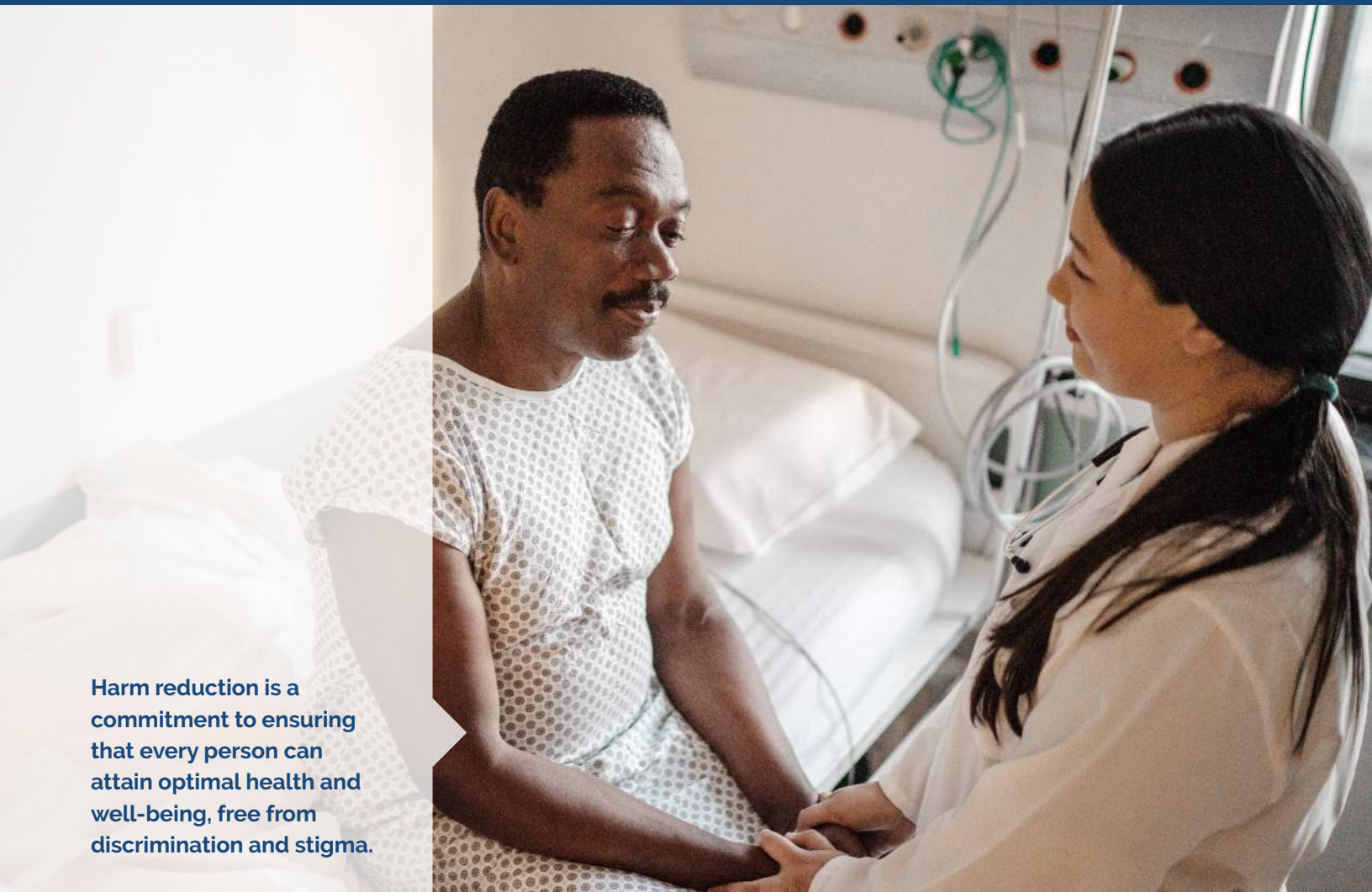
**C**

**Collaboration:** This section highlights the importance of collaboration. It provides guidance for building strategic partnerships to support harm reduction efforts and improve care for PWUD.



## A: Acceptance

A is for acceptance because gaining **acceptance is the first crucial step** toward successfully adopting and implementing harm reduction strategies.



**Harm reduction is a commitment to ensuring that every person can attain optimal health and well-being, free from discrimination and stigma.**

This section provides guidance to support hospitals with assessing and supporting organizational readiness to implement harm reduction strategies. In this section, you will find tips and tools for:

- Assessing hospital readiness
- Identifying and engaging key stakeholders
- Gaining critical support and buy-in

By following these steps, hospitals can successfully assess their current care delivery approach and lay the foundation for enhancing practices to align with harm reduction principles.

**Central to adopting a harm reduction approach is fostering an organizational culture that prioritizes health equity.** Embracing harm reduction means acknowledging that all individuals, regardless of their substance use, deserve access to high-quality and compassionate care. Harm reduction is a commitment to ensuring that every person can attain optimal health and well-being, free from discrimination and stigma.

# Assessing and Supporting Hospital Readiness

Adopting harm reduction strategies necessitates a thorough evaluation of existing practices, policies, and attitudes within the hospital setting. By conducting a comprehensive readiness assessment, hospitals can identify areas for improvement, address potential stigma, engage key stakeholders, and prepare for the integration of harm reduction strategies.<sup>21</sup>

To gain a better understanding of strategies and interventions that can be explored and adopted, reference strategies proposed in ["Why Harm Reduction Matters and the Role of Hospitals"](#) (p. 7) or look at the deeper dive available in section ["B: Best Practices"](#) (p. 19) in this toolkit.

## Key Considerations

- 1. Organizational Culture:** Evaluate the existing culture within the hospital, including values, norms, and beliefs toward substance use and harm reduction. Assess whether the culture supports and promotes change, innovation, and continuous improvement. Identify any potential barriers or resistance to change that may need to be addressed. In ["Gaining Critical Support and Buy In,"](#) (p. 16) we review strategies for addressing common misconceptions around harm reduction.
- 2. Leadership and Institutional Support:** Determine the level of support and commitment from hospital leaders. Assess whether leadership is actively involved in promoting and driving change to address the substance use epidemic. Are there any initiatives or goals that leadership is currently focused on that are aligned with promoting harm reduction? To "make the case" for integrating any change, you must be able to identify how leadership and institutional priorities align with the change being proposed. Strong leadership support is essential for creating an environment conducive for change and securing any necessary resources. In ["Gaining Critical Support and Buy In,"](#) (p. 16) we will review strategies for making the case to gain leadership support.
- 3. Stakeholder Engagement:** Engage with key stakeholders throughout the assessment process. Involve individuals from different departments and roles within the hospital to gain a comprehensive understanding of readiness. Seek input, gather feedback, and address concerns to ensure that all perspectives are considered and incorporated into the change initiative. In ["Identifying and Engaging Key Stakeholders,"](#) (p. 15) we review tips for identifying and engaging critical project champions.
- 4. Policies and Workflows:** Assess existing policies, protocols, and workflows to identify potential barriers or gaps in the implementation of harm reduction strategies. Look for opportunities to integrate harm reduction practices into various stages of patient care and identify areas where changes may be needed. The next section provides a checklist for exploring readiness and highlights the importance of workflow analysis and evaluation of existing policies and protocols.

# Readiness Assessment Checklist

This checklist is a simple tool to guide hospitals in exploring readiness. While not exhaustive, this checklist offers suggestions that can be used to develop a more comprehensive assessment.

## □ **Key Stakeholder Interviews**

Conduct interviews with patients, especially PWUD, leadership, and staff from all departments. Assess beliefs and attitudes around substance use and harm reduction and ask what they believe to be the hospital's strengths and most pressing needs.

## □ **Data Analysis**

Review hospital data to assess how harm reduction strategies can support the hospital's needs and improve patient outcomes. Investigate trends that are impacted by substance use (for example, ED and hospital readmissions of patients with substance use leaving against medical advice, illustrate how specific harm reduction interventions, such as peer support or MOUD administration, can support these goals).

## □ **Conduct Workflow Analyses and Evaluate Existing Policies**

Complete walkthroughs of critical departments. Gather as many details as possible on workflows and policies, especially those related to improving care and services for PWUD. How are overdoses managed? Do any protocols exist for withdrawal management or the administration of MOUD? Pay attention to any practices, beliefs, and attitudes expressed during a workflow analysis.

## □ **Assess Resource Availability**

Evaluate the availability of resources such as funding, staffing, training, and infrastructure necessary to support the implementation of harm reduction strategies. Are there currently any programs, staff, or initiatives focused on goals related to substance use and/or mental health?

## □ **Synthesize Key Findings to Strategize**

Synthesize key findings to inform next steps and begin strategizing. From this assessment, you should be able to answer these three questions:

- What are the common themes related to organizational beliefs and attitudes toward substance use, PWUD, and harm reduction?
- What opportunities exist to improve care for PWUD and what strategies might the hospital be interested in exploring (consider hospital priorities, data, and resources available)?
- Who are the key stakeholders that need to be engaged (consider levels of interest and influence—see ["Stakeholder Mapping Tool"](#) (p. 15).





# Identifying and Engaging Key Stakeholders

Effective implementation of harm reduction strategies within the hospital setting necessitates the involvement and collaboration of various key stakeholders. Identifying and engaging these stakeholders is crucial to ensure that their perspectives, expertise, and support are incorporated into the planning and execution of harm reduction initiatives.

It is vital to recognize that key stakeholders encompass all individuals impacted by these efforts, including PWUD, as direct service recipients. By actively involving all stakeholders, hospitals can significantly enhance the success and sustainability of their harm reduction initiatives.<sup>22</sup>

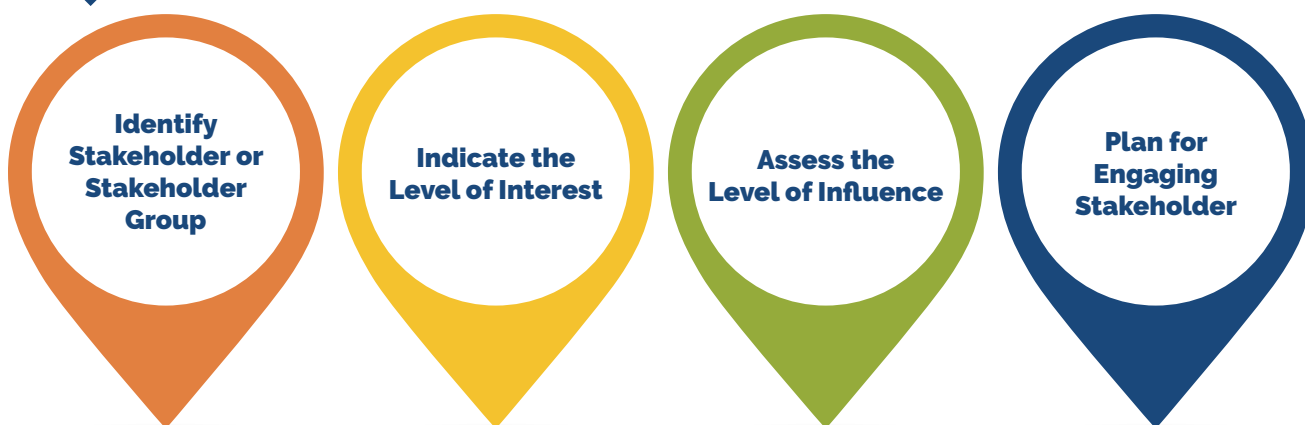
## STAKEHOLDER MAPPING TOOL

This tool will help hospitals identify and categorize key stakeholders relevant to harm reduction projects. It assists with mapping out the influence, interests, and potential impact of each stakeholder group. By visualizing the stakeholders' relationships and importance, hospitals can develop targeted strategies for effective engagement throughout the harm reduction implementation process.<sup>23</sup>

Hospitals can also use this tool to develop a planning committee once the planning and implementation phase has been reached. This will be further explored in section ["B: Best Practices"](#) (p. 19).



### STAKEHOLDER MAPPING FOR ADOPTING HARM REDUCTION STRATEGIES




- List any and all potential stakeholders (i.e., PWUD, board of directors, staff, partners)

- Interest is:
  - High
  - Medium
  - Low
- Note specific interests (i.e., peer support, naloxone distribution).
- If "against the efforts" note the reason why.

- Interest is:
  - High
  - Medium
  - Low
- Specify role and area of influence.
- Note the stakeholders' priorities and needs.

- Prioritize targeting both project champions ("high influence," "high interest") and project opponents ("high influence," "low interest," or "against the efforts.")



Critical to this process is the effective communication of rationale and potential outcomes and the ability to respond to concerns and address stigma.

## Gaining Critical Support and Buy-In

Once hospitals have completed a readiness assessment and mapped out key stakeholder engagement considerations, they can begin to deploy strategies for gaining buy-in and support.



To build a strong foundation of support, hospitals must foster a shared understanding of the benefits and importance of harm reduction and secure commitment from key stakeholders and departments. Critical to this process is the effective communication of rationale and potential outcomes and the ability to respond to concerns and address stigma. By developing a communication strategy to achieve these goals, hospitals can increase the likelihood of stakeholder support and generate momentum for sustainable change.

### ■ Develop a Communications Strategy

Using key findings from the readiness assessment and stakeholder map, develop a communications strategy to address concerns, highlight the potential positive impact of harm reduction, and engage stakeholders in meaningful dialog to foster understanding, support, and buy-in for adopting harm reduction strategies.

- Define target audiences
- Outline crucial messages
- Identify the best channels for communicating messages to your target audience (i.e., face-to-face, executive leadership meeting, on hospital intranet site, in hospital newsletter, during huddles, hosting a “lunch and learn,” etc.).

### ■ Consider Building a Communications Strategy and Toolkit

In your toolkit, include templates for presentations, emails, and talking points that can be customized to convey key messages to different stakeholder groups. Keep in mind that considerable efforts must be made to strategically address stigma and misconceptions identified during the assessment phase.



## ADDRESSING STIGMA

Key to gaining support and buy-in is the ability to respond to misconceptions and address stigma. Research shows stigma has a negative impact by creating social and psychological stress, reducing social support, and contributing to increased risky behaviors.<sup>24</sup> Healthcare provider biases and stigma have been found to prevent PWUD from seeking and receiving appropriate healthcare services and support, further exacerbating adverse health outcomes.<sup>25</sup> Simply put, stigma is costly and has a direct and negative impact on patient outcomes. This toolkit provides additional strategies for addressing stigma in section ["B: Best Practices"](#) (p. 19).

Stigma is costly and has a direct and negative impact on patient outcomes.

**Communication Tools:** The handouts below "Language Matters: Reducing Harmful Language" and ["Common Misconceptions About Harm Reduction"](#) are intended to support hospitals with their communications strategy and toolkit. These tools can be used to address stigma and biases among staff and support conversations around the adoption of harm reduction strategies by dispelling myths and misconceptions.

## LANGUAGE MATTERS: REDUCING HARMFUL LANGUAGE

Instead of this...	Say this...	Because...
Drug addict, druggie, junkie	Person who uses drugs or person with an SUD	It emphasizes the person before the behavior or condition and avoids eliciting negative and punitive associations.
Drug abuse	Drug use/misuse	The term "abuse" is found to have a high association with negative beliefs and punishment.
Clean/dirty	Abstinent or not currently using drugs/living in remission or recovery/testing negative or positive for substances	Using terms like "clean" or "dirty" can elicit connotations of moral purity/impurity. People are not actually "dirty" or "clean," if they do or do not use drugs.
Relapse	Recurrence/Return to use	The term "relapse" can evoke feelings of shame or imply failure. Using terms like "recurrence" or "return to use" frames substance use from the lens of the disease model of addiction and acknowledges setbacks are common and do not diminish progress.
Medication assisted treatment (MAT)	Medications for opioid use disorder (MOUD)/ pharmacotherapy/medications for substance use disorder	The term "MAT" suggests medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with how other medications are understood (e.g., antidepressants, insulin), as critical parts of a patient's treatment plan.

## COMMON MISCONCEPTIONS ABOUT HARM REDUCTION

### MISCONCEPTION #1

**Harm reduction enables people to keep using drugs.**

### REALITY

Harm reduction interventions have been shown to reduce drug-related harms and improve health outcomes for individuals who use drugs without increasing drug use. For example, a systematic review of harm reduction interventions found that they can reduce drug-related harms such as overdose, HIV and hepatitis C transmission, and drug-related crime.<sup>26</sup> Harm reduction interventions can also help engage individuals who use drugs in other health and social services, such as addiction treatment and mental health services, which can support their overall health and well-being.<sup>27</sup>

### MISCONCEPTION #2

**Harm reduction is ineffective or sends the wrong message.**

### REALITY

Harm reduction interventions have been shown to be effective at reducing drug-related harms and improving health outcomes for individuals who use drugs. For example, a study of a supervised injection facility in Vancouver, Canada, found that it was associated with reductions in drug-related overdose deaths and increased uptake of addiction treatment services.<sup>28</sup> Additionally, research has shown that harm reduction interventions can help build trust and rapport between healthcare providers and individuals who use drugs, which can facilitate access to other health services and supports.<sup>29</sup>

### MISCONCEPTION #3

**Harm reduction is only about reducing the risk of infectious disease transmission.**

### REALITY

Harm reduction encompasses a range of strategies and interventions to reduce drug-related harms, beyond just infectious disease transmission. For example, harm reduction interventions can include overdose prevention education and naloxone distribution, drug checking services to identify dangerous substances, and providing sterile injection equipment to reduce the risk of infections and injuries.<sup>30</sup> Harm reduction also includes broader strategies to address the SDOH that impact drug use, such as poverty, homelessness, and stigma.<sup>31</sup>



## B: Best Practices

B is for best practices because **effective implementation** of harm reduction strategies relies on incorporating best practices and lessons learned from the field.



Effectively integrating best practices supports the provision of high-quality care that prioritizes the well-being and safety of individuals affected by substance use.

After attaining acceptance for the adoption of harm reduction strategies and successfully involving key stakeholders in planning activities, hospitals can proceed to develop customized protocols that align with their specific needs and readiness. This section examines a range of best practices and options for implementing harm reduction strategies and provides guidance on overcoming potential challenges that may arise.

In this section, you will find **best practices** related to:

- Addressing ambivalence for health behavior change.
- Embracing shared decision-making with patients.
- Integrating peer support.
- A tool detailing diverse harm reduction strategies along with relevant insights and considerations for implementation. These strategies include:
  - Naloxone distribution
  - Harm reduction education and safety planning
  - Overdose response protocols
  - Administration of MOUD
  - Addressing polysubstance use
  - Building community partnerships
  - Preventing and treating transmissible infections
  - Adopting universal or routine screening practices

If "Acceptance" is the first step for embracing harm reduction in hospitals, then "Best Practices" offer a roadmap for how to proceed.

# Key Insights for Implementing Best Practices

## ADDRESSING AMBIVALENCE FOR HEALTH BEHAVIOR CHANGE

People who use drugs may struggle with ambivalence—conflicting feelings about their substance use behaviors. When engaging with PWUD, a technique called motivational interviewing (MI) is used to inspire positive changes in their substance use behaviors to reduce the risk of harm.

Motivational interviewing is a patient-centered counseling approach that aims to help individuals overcome ambivalence or resistance to change.<sup>32</sup> The principles of MI align with the principles of harm reduction by emphasizing the importance of meeting individuals where they are, respecting their autonomy, and providing non-judgmental support.

MI is used to help patients identify their goals and values, explore the benefits and drawbacks of their substance use, and develop strategies for reducing harm and achieving their recovery and wellness goals. MI is often the vehicle through which harm reduction strategies, such as providing access to naloxone, offering harm reduction supplies, and connecting individuals to community resources, are delivered.

Using MI techniques to engage patients in discussions about their drug use can help patients feel heard and understood while also encouraging them to make changes that reduce the harms associated with drug use. Together, MI and harm reduction approaches can help to balance patient ambivalence, reduce the harms associated with substance use, and improve overall health outcomes.

## EMBRACING SHARED DECISION-MAKING

Individualism is one of six core principles of harm reduction in healthcare settings that comes into play when determining which harm reduction strategies may best fit a patient's needs and goals. The path of least resistance when attempting to balance a patient's goals with clinical goals is to embrace shared decision-making, which is simply the act of including patients in decisions related to their healthcare.

This shift in engagement allows the patient to be more "in charge" of their care and allows the provider to serve as a guide or resource to help inform patient decisions. In addition, this approach recognizes that patients have unique experiences and perspectives, and it emphasizes their autonomy and self-determination. When compared with less patient-centered alternatives, shared decision-making is cited as having a "distinctive advantage for developing a healthy alliance with patients because it utilizes their goals as the starting point."<sup>33</sup>

Motivational interviewing can help patients identify their goals and values, explore the benefits and drawbacks of their substance use, and develop strategies for reducing harm and achieving their recovery and wellness goals

**TIP**

**TIP**

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## SHARED DECISION-MAKING STRATEGIES

Some specific strategies that hospitals can use to embrace shared decision-making for harm reduction include:

- **Offering a range of harm reduction options** and working with patients to choose the strategies that best meet their needs and goals.
- **Providing clear and accurate information** about the risks and benefits of different harm reduction strategies, as well as information about the potential risks of not using harm reduction strategies.
- **Engaging in open and honest communication with patients**, encouraging them to share their perspectives and experiences, and responding to their questions and concerns in a non-judgmental way.
- **Incorporating patient values and preferences** into the development of harm reduction plans, recognizing that patients may have different goals and priorities for their care.
- **Collaborating with peer support workers**, who can provide valuable insights and support to patients as they navigate their substance use and recovery journey.

## INTEGRATING PEER SUPPORT SPECIALISTS

**Peer support workers are quickly becoming an essential workforce in healthcare settings**, often operating as paraprofessionals and professional extenders to engage patients who use drugs and alcohol and support them in the hospital and community, depending on the scope of their role.

While there are many names for peer support workers—coaches, harm reduction specialists, advocates, recovery specialists, mentors—the premise is that a peer is an individual with personal, lived experience with SUD.

For hospitals that decide to employ peer recovery coaches (PRCs) or partner with community-based organizations for PRC services, there will likely come a time when the conversation about clinical vs. non-clinical support is raised. Because of shared experience, patients often trust peers and are more likely to engage with them in conversations around their substance use than with clinicians who have not personally experienced substance use. This trust, coupled with techniques like MI, can help peers to coach patients with varying levels of interest in harm reduction and recovery supports towards change. It is critical for the role of the PRC to be centered around harm reduction, considering that abstinence may not be every patient's desired outcome.



One study identified peers as “cultural brokers” because of their unique ability to draw from personal experience to contextualize patient experiences for hospital providers while also “translating” provider recommendations in a way that connects with patients.<sup>34</sup>







**Because of shared experience, patients often trust peers and are more likely to engage with them in conversations around their substance use than with clinicians.**

It is important to reiterate that peers are not clinicians and cannot replace clinical assessment and treatment; however, they can provide ongoing support for patients to help move them toward safer substance use practices or even treatment. The scope of peer roles may include:

- **Engaging patients** who have been identified as having or are at risk for a SUD using motivational interviewing techniques.
- **Providing support and education** on harm reduction practices.
- **Providing guidance on navigating the healthcare system** and connecting patients to resources such as substance use treatment programs and social services.
- **Providing peer-to-peer support** and helping patients to develop coping strategies and skills for managing their substance use.
- **Assisting in developing and implementing harm reduction policies and programs** within hospitals.

To balance the clinical and non-clinical support that patients may need related to their substance use, hospitals and health systems should clearly delineate the roles and responsibilities of the clinical team and the peer staff. As much as possible, peers should be integrated into teams and workflows so that their work is not done in a silo and the patient's care team understands the role that each member can play in addressing the patient's clinical and nonclinical needs.





To balance out the preventive efforts, hospitals should offer a range of options to ensure patients receive the care they need and desire.

## HARM REDUCTION IN ACTION:

### Peer Recovery for Overdose Survivors

In Baltimore, Maryland, Medstar Health distributes naloxone and fentanyl test strips in its EDs and simultaneously matches patients who have experienced an overdose with an Opioid Survivor Outreach Program (OSOP) recovery coach. This community-based peer meets patients in the hospital and community and leverages both lived experience and motivational interviewing techniques to engage patients. In addition, the OSOP recovery coach provides harm reduction support through overdose prevention education, coaching, and navigation to recovery supports for about 90 days. On a weekly basis, the peer participates in and contributes to case reviews with clinical team members to provide major updates, assess barriers, and plan the next steps of the patient engagement and activation process.

During this time, plans for both clinical and non-clinical needs are discussed. In addition to keeping people alive, a major goal of OSOP is to ensure that patients are connected with treatment, a medical home, or some form of ongoing care and support prior to transitioning the engagement.

This overdose response program is part of Mosaic Group's hospital-based substance use response program called [Reverse the Cycle \(RTC\)](#). By integrating a peer recovery coach who is community-based, but clinically integrated, this overdose response program helps to prevent patients who are at the highest risk of overdose fatality from serious adverse consequences as a result of drug use.

## Diverse Harm Reduction Strategies

Hospitals can balance diverse harm reduction strategies by implementing a comprehensive approach that includes both front-end prevention and harm reduction options. On one hand, prevention strategies, such as SBIRT—Screening, Brief Intervention, and Referral to Treatment—and safe discharge planning can help to address the potential for risky substance use on the front end. Alternatively, harm reduction strategies such as distribution of naloxone kits to PWUD or integration of peer support services acknowledge existing substance use and attempt to prevent harm or death on the back end.

A well-adopted prevention strategy for hospitals and health systems is the Opioid Stewardship Program (OSP). OSPs aim to control the flow of opioids and contribution to opioid prescriptions by promoting alternative pain management strategies, providing education and resources to patients and healthcare providers on safe medication use and disposal, and implementing appropriate monitoring through a Prescription Drug Monitoring Program (PDMP) and follow-up protocols for patients with opioid prescriptions. While OSPs are a step in the right direction, it is important to note that opioid stewardship alone and controlling the drug supply is neither a complete nor sufficient harm reduction strategy, as it is “too narrow for the scale and scope of the [overdose] crisis.”<sup>35</sup>

To balance out the preventive efforts, hospitals should offer a range of options to ensure that patients receive the care that they need and desire. Of course, patients should be offered the opportunity to participate in any decision-making related to plans for their care to ensure that they are invested in whatever option(s) is chosen.

There are a host of harm reduction strategies that hospitals can implement and tailor to individual needs and preferences. To name a few, hospitals can:

- Educate and train staff
- Offer naloxone
- Provide harm reduction education and engage patients in safety planning
- Create an overdose response protocol
- Offer medications for opioid use disorder (MOUD)
- Address polysubstance use
- Build community partnerships
- Prevent and treat transmissible infections
- Adopt universal or routine screening practices

The following tool provides details on these harm reduction strategies along with relevant insights and considerations for implementation.

**TIP**



**TIP**

Keep in mind that harm reduction is based on principles of fairness and the protection of basic human rights. It is considered discriminatory to withhold information regarding harm reduction services or resources.

## HARM REDUCTION IN ACTION:

### Implementing Harm Reduction Strategies for Hospitals

#### 1

#### OFFER NALOXONE



#### Why?

Naloxone is a highly effective tool for preventing fatal opioid overdoses. According to the Centers for Disease Control and Prevention (CDC), naloxone has a success rate of 90% or higher in reversing opioid overdoses when administered promptly and properly.<sup>36</sup> Also, according to the CDC, naloxone has reversed over 500,000 opioid overdoses in the U.S. since 1996. In addition, a study published in the *Annals of Internal Medicine* found that when patients were given naloxone kits upon hospital discharge, there was a 47% decrease in opioid-related ED visits in the following six months.<sup>37</sup>

#### How?

- Incorporate naloxone into standard care protocols for patients who have recently experienced, or are at risk of an opioid overdose, including those with a history of OUD or those receiving high-dose opioid prescriptions.
- Update the hospital electronic medical record (EMR) to automatically co-prescribe naloxone with opioids for all patients, including those receiving opioids for pain management and substance use treatment.
- Offer and dispense naloxone or naloxone kits in hand at the time of discharge to reduce barriers to accessing a pharmacy.

#### Considerations:



While naloxone has been approved for over-the-counter use, many people may still be unaware of it or that they have access to it. Therefore, hospitals have an opportunity to provide education about naloxone and offer it to patients and their loved ones who may be at risk of an overdose. Additionally, hospitals can ensure that patients leave with naloxone and understand how to use it properly. Finally, hospitals can work to reduce the stigma around naloxone by normalizing its use and emphasizing its life-saving potential.

Naloxone works by blocking the effects of opioids on the brain and reversing the respiratory depression that can lead to death in an opioid overdose. It is a safe medication that has no potential for abuse and no serious side effects when administered properly.

## 2

## PROVIDE HARM REDUCTION EDUCATION AND ENGAGE PATIENTS IN SAFETY PLANNING

### Why?

Overdose prevention education supports patients and their families with:

- Recognizing the signs of an overdose.
- Learning how to respond during an emergency.
- Accessing life-saving resources like naloxone.

Harm reduction education and safety planning supports patients by:

- Building an understanding of drug use patterns and associated risks.
- Exploring options with patients for mitigating risks.
- Negotiating a plan to support patient safety and survival.
- Improving healthcare provider understanding of patient drug use patterns and associated risks, allowing them to tailor treatment and harm reduction strategies to the patient's individual needs. For example, if someone primarily injects drugs, offering them resources for safer injection practices and access to clean needles and syringes can reduce their risk of blood-borne infections and other health complications.
- Helping to contextualize drug use, including the setting, frequency, and reasons for use; it can also help providers identify and address underlying issues such as trauma, mental health concerns, and health-related social needs. This can lead to more holistic and effective care that addresses the root causes of drug use.

Hospitals are in a unique position to provide overdose prevention education because they often have direct contact with people who use drugs or who have experienced an overdose. Providing overdose prevention education can also help reduce stigma and improve the quality of care for people who use drugs.

### How?

- Use validated screening tools to identify patients who may be at risk for substance use disorder and/or overdose.
- Use non-judgmental and compassionate communication to establish trust with patients and help them feel comfortable sharing information about their drug use.
- Build conversations related to the context of substance use into the assessment to help inform treatment plans.
- Employ peer recovery coaches (PRCs) or partner with community-based organizations that provide peer support. Peers are individuals with personal, lived experience with substance use, and can provide insights into the experiences of people who use drugs and act as brokers to help build trust between patients and providers.

### Considerations:

- For more tools and information on overdose prevention education, visit the CDC's Overdose Prevention Resource Hub.<sup>38</sup>



## 3

### DEVELOP AN OVERDOSE RESPONSE PROTOCOL

#### Why?

Having an overdose response protocol in place ensures that hospital staff are prepared to respond quickly and effectively to an overdose, which could potentially save a patient's life. In addition, an overdose response protocol can help hospitals provide consistent and evidence-based care for overdose patients. It also allows for better coordination and communication among healthcare providers, emergency medical services, and other stakeholders involved in overdose response. Finally, an overdose response protocol can help hospitals fulfill their duty to care for patients who are at risk of overdose and demonstrate their commitment to harm reduction and compassionate care.

#### How?

- Engage a representative multidisciplinary group across various hospital departments, including but not limited to ED staff, addiction medicine providers, pharmacists, and social workers to contribute to the protocol design.
- Create guidelines for identifying and responding to an opioid overdose, administering naloxone, and providing ongoing monitoring and support for the patient.
- Train all staff members on the protocol and ensure that naloxone is readily available throughout the hospital, including in the ED and inpatient units.
- Include procedures for connecting patients who have experienced an overdose with appropriate resources, such as addiction treatment and harm reduction services.

#### Considerations:



It is important to regularly review and update the overdose response protocol to ensure that it is effective and reflective of current best practices and patient needs.

## 4

### OFFER MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

#### Why?



Medications for opioid use disorder (MOUD), such as buprenorphine, methadone, and naltrexone, have been shown to be highly effective in treating opioid addiction, yet they remain underutilized in many healthcare settings. A study in the *Journal of Addiction Medicine* found that patients receiving MOUD had a 40% lower risk of overdose mortality compared to those who did not receive MOUD.<sup>39</sup>

Despite this evidence, many people with opioid addiction do not receive MOUD due to a lack of access, stigma, and other barriers. Hospitals can play an important role in expanding access to MOUD by implementing protocols to offer these medications to patients with opioid use disorders who are receiving care. The American Society of Addiction Medicine (ASAM) recommends that MOUD, namely buprenorphine, be offered as a first-line treatment for opioid addiction, and notes that this approach has been shown to improve retention in treatment, reduce illicit opioid use, and decrease opioid-related mortality.<sup>40</sup> By offering MOUD in hospital settings, healthcare providers can help improve outcomes for people with opioid addiction and reduce the risk of overdose death.

### How?

- Conduct routine screening and assessment for OUD and immediately offer and initiate treatment when appropriate.
- Establish partnerships with community-based treatment providers to ensure continuity of care for patients after discharge.
- Create a MOUD protocol and train clinical staff, including providers, on the use of MOUD, how to assess a patient for MOUD initiation, and best practices to educate patients on the benefits of MOUD to increase acceptance and uptake.
- Integrate MOUD order sets and treatment into the EMR to facilitate tracking and monitoring of patient outcomes.
- Utilize PRCs to support transitions and navigation from the hospital to the community for the continuation of MOUD.
- Develop discharge instructions for patients to easily understand guidance around MOUD, include information on bridge prescriptions and home inductions so patients know how to take their medication

### Considerations:

MOUD can be a charged topic for some patients to discuss out of fear of “replacing one drug with another” or misconceptions about precipitating withdrawal. Debunk this incorrect assessment of MOUD with education on how full and partial opioid agonist medications work in the body.<sup>41</sup> Once the patient is able to make an educated decision, honor the patient’s autonomy and choice through a shared decision-making process.

There are no pharmacological barriers to prescribing MOUD. Prior to federal omnibus legislation at the end of 2022, there were limitations on who could prescribe the medication based on a provider’s DATA (X-waiver) status. The federal Consolidated Appropriations Act, 2023 removed this critical regulatory barrier to prescribing medications like buprenorphine.<sup>42</sup> Now, any provider with current DEA registration and Schedule III authority can both administer and prescribe medications like buprenorphine.<sup>43</sup> This paradigm shift creates the opportunity for increased access to MOUD across the care continuum, including the emergency department.

Buprenorphine can be offered for (1) withdrawal management, (2) initiation in the ED for patients motivated for treatment, and (3) as a bridge for home induction between hospital discharge and an appointment with a community MOUD provider.



## 5

### ADDRESS POLYSUBSTANCE USE

#### Why?



Polysubstance use is common among people who use drugs, and it can present significant challenges for harm reduction efforts. Addressing polysubstance use is important because it increases the risk of overdose and other health consequences. Several studies have found that people who use multiple substances are at a higher risk of experiencing overdose and are more likely to require hospitalization than those who use only one substance. Additionally, polysubstance use can make it more challenging to treat SUD effectively. Therefore, hospitals should consider developing harm reduction strategies that take into account the complex needs of individuals who engage in polysubstance use.

#### How?

- Provide comprehensive education and training on harm reduction that includes information on how to address polysubstance use and overdose prevention. This can help providers feel more comfortable with harm reduction and understand how it may work in conjunction with other wellness and recovery goals.
- Provide patient education on the risks associated with combining substances and offer a range of harm reduction services and treatment options.
- Build an understanding of the landscape of medical detoxification services that are offered throughout the health system and community for patients who may be interested in reducing the number of substances that they use.

#### Considerations:

Polysubstance use can complicate treatment and recovery, as it can lead to unpredictable drug interactions and withdrawal symptoms. Patients may experience dependence/addiction to one substance and not to another. It's important to understand the role each substance plays in a patient's life, and determine which, if any, substance the patient wants to change their behaviors around.

## 6

### BUILD PARTNERSHIPS WITH THE COMMUNITY

#### Why?



Hospital-community partnerships are especially important for harm reduction because they promote continuity of care and facilitate access to harm reduction services and resources beyond the hospital setting. By working collaboratively with community providers, hospitals can help patients access services such as substance use disorder treatment, mental health care, and housing assistance, which are critical components of harm reduction. Building these relationships can also help hospitals learn about the unique needs and challenges of the communities they serve and develop culturally responsive and appropriate



harm reduction programs. In addition, community providers may have more experience in harm reduction and be better equipped to provide ongoing support and resources to patients after they leave the hospital.

### How?

- Identify and express partnership interest to potential organizations who are involved in harm reduction efforts, such as syringe exchange programs, harm reduction coalitions, or community health centers.
- Work with potential partners to develop an agreement, most likely an MOU, outlining the terms of the partnership. This should include shared goals, roles and responsibilities, and communication plans.
- Identify opportunities to share resources and support with community partners, such as training on harm reduction strategies, access to naloxone, or funding for harm reduction programs.
- Regularly assess the effectiveness of the partnership and adjust as necessary. This can include collecting data on the impact of harm reduction efforts, soliciting feedback from community partners, and adjusting the partnership agreement as needed.

### Considerations:

If offering outpatient harm reduction and treatment resources onsite at your hospital, consider flexible policies on appointment times and integrate strategies to re-engage patients who disengage. When contemplating collaborations between hospitals and communities, consider that partnerships may involve organizations providing the following programs and/or services:

- Syringe services programs
- Naloxone distribution programs
- Housing first/low-barrier housing programs
- Emergency shelters
- Food banks/clothing/resources centers
- Intimate partner violence/sexual assault resource centers/shelters/programs
- Mental health counselors
- Intensive outpatient programs/partial hospitalization programs, and/or programs that are harm reduction focused or accepting
- Peer support/coaching organizations
- Mutual aid groups



# 7

## PREVENT AND TREAT TRANSMISSIBLE INFECTIONS

### Why?

People who use drugs are at higher risk of contracting infectious diseases such as HIV, hepatitis C, and other bloodborne infections. These infections can have severe health consequences and can be transmitted through sharing needles or other injection equipment, as well as through other high-risk behaviors associated with drug use. By offering testing and treatment for transmissible infections and diseases, hospitals can provide a safe and supportive environment for people who use drugs to access care and reduce their risk of negative health outcomes.

### TIP

Moreover, treating transmissible infections may also help to break the cycle of addiction and infectious disease by improving overall health outcomes and reducing the likelihood of ongoing drug use. Research has shown that providing HIV treatment to people who inject drugs can lead to improved adherence to medication and reduced drug use. This supports the idea that, by addressing infectious diseases as part of their harm reduction efforts, hospitals can not only improve the health of people who use drugs but also help reduce the transmission of infectious diseases in the community.

### How?

- Offer testing, treatment, and prevention services for transmissible infections, such as HIV, hepatitis C, and sexually transmitted infections (STIs).
- Offer wound care for skin and soft tissue infections.

# 8

## ADOPT A UNIVERSAL OR ROUTINE SUBSTANCE USE SCREENING PRACTICE

### Why?

Universal screening is a comprehensive approach that screens all patients regardless of their symptoms, behaviors, or other risk factors. It can help reduce the stigma associated with substance use by making it a routine part of medical care, and it can also help identify patients who may not have disclosed their drug use due to fear of judgment or discrimination. Universal screening with a validated tool can help hospital providers identify opportunities to discuss substance use with patients, then develop a plan based on the patient's risk level. In addition, routine screening helps to remove individual bias from raising the subject and can help to normalize a positive response.



Universal screening can also increase the identification of patients who may be ready for an intervention and/or referral to treatment, leading to improved outcomes and reduced costs. For example, a study conducted in a hospital emergency department found that universal screening for drug use led to increased detection of SUD and increased referrals to substance use treatment.

## How?

- Determine which patient population(s) you would like to target for harm reduction efforts based on quantitative and qualitative data.
- Identify which validated tool(s), such as the NIDA-ASSIST or AUDIT-C, best fits your target patient population and provides minimal disruptions to the general workflow.
- Formalize and operationalize a process to routinely identify patients through universal or routine screening. Develop a process for response once patients are identified to address their needs.

## Considerations:

Develop clear policies and protocols that outline how harm reduction fits into the overall plan for patients. This helps to ensure that harm reduction practices are consistent and effective.

By implementing a combination of prevention and harm reduction strategies, hospitals can address the immediate needs of patients while also working toward reducing the long-term harm caused by substance use. While balancing harm reduction with other goals can be challenging, it is essential to ensure that patients receive the care that they need and desire. By providing education and training on harm reduction, offering a range of treatment options, collaborating with community-based organizations, developing clear policies and protocols, and involving patients in their care, hospitals can effectively balance harm reduction with other treatment, recovery, and wellness goals.

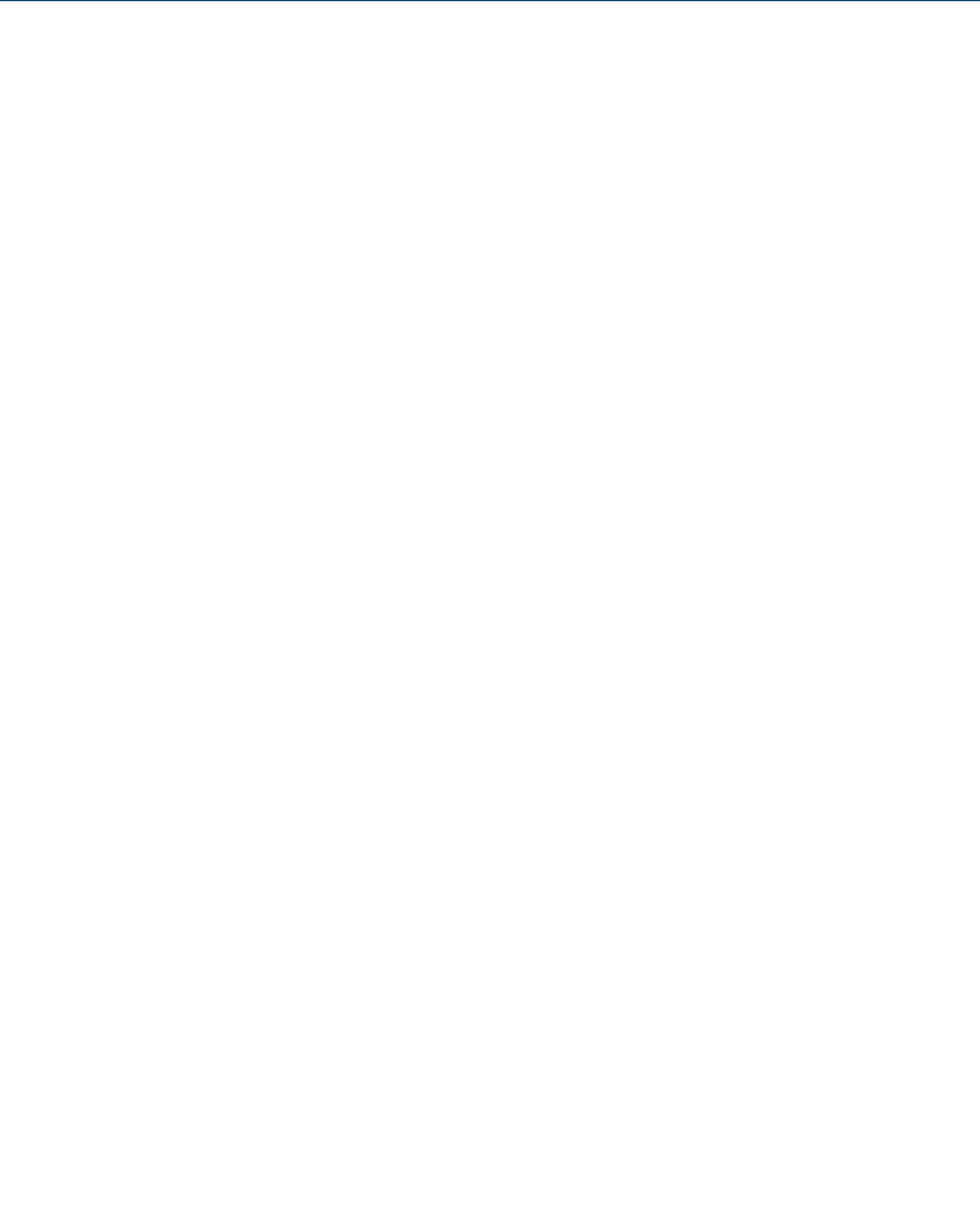


TIP

## HARM REDUCTION IN ACTION:

### Hospital Harm Reduction Preparation Considerations

1. How will patients with risky substance use behaviors be identified? What validated tool(s) will be used and how will risk-stratification occur?
2. Once patients are identified, who will respond? How will the responder(s) be notified?
3. What are the goals of the response? What information is gathered to support these goals? How are the goals achieved through the engagement with the patient?
4. What strategies does/will our hospital offer to support patient harm reduction plans?
5. How are plans, including those related to harm reduction, created and documented? Who should be involved in vs. informed of plans for patient care or support?
6. What aspects of patient plans will be carried out outside of the hospital setting? Who in the community can help carry out or support the plans?
7. How will we measure the progress or completion of the plans? Who is responsible for "closing the loop" on patient plans?





## C: Collaboration

C is for Collaboration because **without collaboration, harm reduction can't happen.** It takes a community!



**Universal screening increases the identification of patients who may be ready for an intervention and/or referral to treatment.**

This section focuses on the importance of fostering collaboration and healthy social connections to support harm reduction efforts. In this section, you will find tips and guidance for:

- Supporting healthy social connections and linkage to care.
- Building strategic partnerships to improve access to resources and encourage knowledge-sharing.

Collaboration is critical because it enables hospitals to better support patients with improving their overall health and well-being. By establishing partnerships, hospitals can fill resource gaps, improve outreach, and tap into the expertise of community organizations, ultimately enhancing the effectiveness of their harm reduction efforts.

## **Supporting Healthy Social Connections**

Healthy social connections are important for both hospitals and patients. For patients, connection is about creating opportunities for social support and community building along their recovery or wellness journey. For hospitals, connection looks like strategic partnerships with institutions and community-based organizations to build continuity of care and support patients' goals after leaving the hospital.

Hospitals can also play a role in supporting healthy social connections for PWUD as a means of harm reduction. Connection in harm reduction can be crucial for reducing harm related to drug use. When individuals feel isolated or stigmatized, they may be less likely to seek help or access services that can reduce the risks associated with drug use. By building connections and relationships with individuals who use drugs, hospitals and healthcare providers can help reduce feelings of isolation and provide a safe and supportive environment for individuals to access harm reduction services. Research has shown that social support can have a significant impact on health outcomes for individuals who use drugs. A study published in the *Journal of Substance Abuse Treatment* found that peer support was associated with improved substance use outcomes among individuals receiving MOUD.<sup>44</sup> These findings suggest that building connections and providing social support can be an effective harm reduction strategy.

Hospitals can support healthy social connections by:

- **Integrating peer support workers** in hospital and therapeutic settings.
  - Peers can engage differently with patients based on their shared experiences, which research shows can increase patient engagement and improve health outcomes.
  - Peers have the flexibility to support patients in virtually any setting, increasing their ability to meet patients wherever they are.
- **Offering counseling and therapy services** to create safe, non-judgmental spaces for patients to discuss their experiences, goals, and aspirations.
  - Individual therapy can help to address underlying issues, such as trauma, mental health, and emotional well-being.
  - Group therapy can provide a safe space to share experiences and can help to create a sense of belonging, reduce isolation, and foster healthier social connections.
  - In addition, groups like NA, AA, and NAMI are offered widely in all communities. Utilize search engines or websites like [findhelp.org](https://www.findhelp.org) to locate resources in your respective community.
- **Collaborating with community-based organizations**
  - Hospitals can partner with community-based organizations that provide recreational activities, educational workshops, and social integration programs, such as job readiness or vocational training.
  - Patient participation in the above-described activities can help to spark new interests, develop new skills, and provide a positive social context outside of drug use.

Through providing and facilitating opportunities for social support and community building, hospitals can support individuals who use drugs in achieving their harm reduction, recovery, and wellness goals. In addition, connection can help to improve patient health outcomes and build a supportive community to help patients navigate the challenges of substance use.

## Building Strategic Partnerships



Once a hospital has decided to implement harm reduction strategies, it is important to understand what gaps exist between patients' needs and the hospital's ability to provide support and resources to address those needs. Partnerships can help to fill these gaps by:

- **Improving access to resources**, such as harm reduction supplies like naloxone, drug checking supplies, and sterile injection equipment, that hospitals may not have readily available. To do this, hospitals can:
  - Partner with the local health department for a survey of local harm reduction supports and resources.
  - Identify local human services organizations, such as food banks, homeless shelters, addiction treatment centers, mental health clinics, and domestic violence shelters to support diverse patient needs.
  - Utilize sites like [NASEN](#) or [Findhelp.org](#) to search for specific resources by zip code.
- **Improving outreach for community partners** to help ensure that they are effectively reaching those who are most in need according to their organizational goals. Community partnerships can be mutually beneficial for hospitals and community partners, as hospitals can:
  - Serve as a referral pipeline for community organizations with supportive offerings.
  - Elicit feedback from patients on the quality and effectiveness of community resources.
  - Conduct a needs assessment to determine how well patients' needs are being met and share results with community partners, especially those who may help to fill the gap(s).
- **Encouraging knowledge-sharing** between hospitals and community partners, since community organizations often have unique expertise in harm reduction. Building partnership creates an opportunity for hospitals to tap into the unique expertise of their partners and improve the effectiveness of their harm reduction efforts. To encourage knowledge sharing, hospitals can:
  - Host grand rounds-style "lunch and learns" for hospitals and community partners to share specific knowledge on trends, services, or relevant gaps in harm reduction or treatment in the community.
  - Support the formation of a coalition that engages a broad group of community partners and hospital(s) to identify issues and recommend or carry out solutions.
  - Offer or participate in training, such as mental health first-aid, to equip staff and community members with the skills to appropriately engage with PWUD.

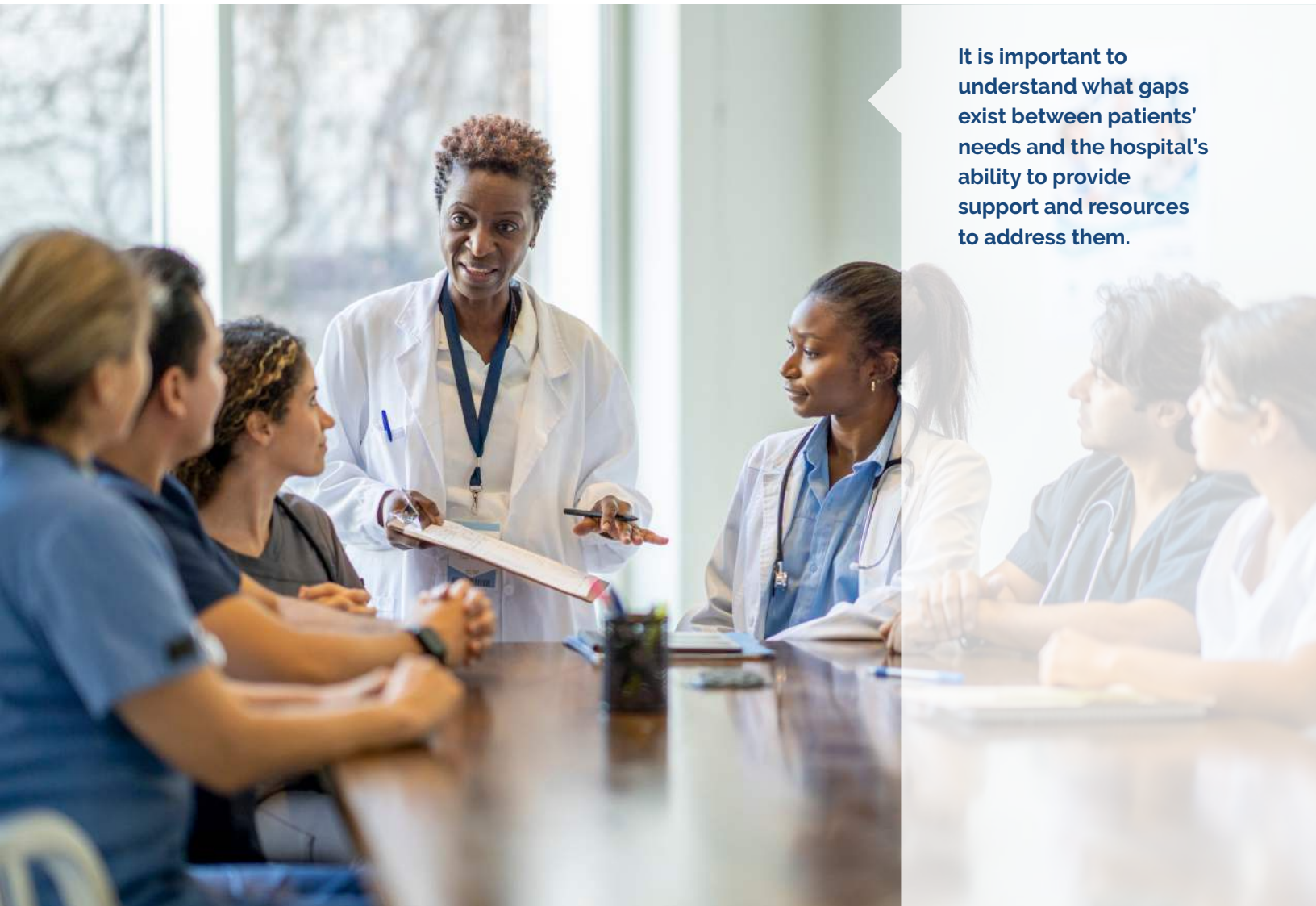


- **Increasing trust** between hospitals and the communities that they serve. This can be particularly important in communities that have historically been marginalized or underserved by the healthcare system. To increase trust, specifically between hospitals and community members, hospitals can:
  - Acknowledge that trust is a process, and work with community members to identify breakdowns in trust and partner to rebuild a trusting relationship.
  - Tie hospital initiatives related to harm reduction and initiatives offered in collaboration with community partners to the hospital's community benefit work.
  - Involve community members, including and especially those with lived experiences, in important decisions that will impact the community.

It is important to also note that formal partnerships are not necessarily a prerequisite for referral relationships. While there are cases when it is necessary to create arrangements that address specific patient needs, it is equally important to simply understand the landscape of community organizations that can contribute to patient well-being.

**TIP**

**It is important to understand what gaps exist between patients' needs and the hospital's ability to provide support and resources to address them.**








## Conclusion

Harm reduction efforts are of critical significance considering the current unprecedented levels of harm, morbidity, and mortality caused by substance use.



Medications for opioid use disorder (MOUD) have been shown to be highly effective, yet they remain underutilized.

**TIP**

**By adopting harm reduction strategies, hospitals can significantly mitigate the negative consequences of substance use and improve the health outcomes for individuals across the nation.**

Harm reduction spans far beyond needle exchanges and naloxone—it encompasses a wide variety of diverse strategies aimed at reducing the negative consequences of substance use. By fostering **acceptance**, implementing **best practices**, and embracing **collaboration**, hospitals can adopt harm reduction strategies that improve health outcomes and build an environment where PWUD are provided with holistic, nonjudgmental, high-quality care.

Hospitals play a clear role in reducing harm from substances. Beginning with Acceptance, hospitals must assess and support organizational readiness to adopt harm reduction strategies. Once hospitals are appropriately postured to pursue harm reduction, there are many best practices to consider—leaders must balance what has historically been done with what should be done, moving forward. From appropriate staffing to responsive interventions, there is much that can be done to improve care and services for PWUD. Finally, embracing collaboration will enhance and cement the harm reduction work that is done in the hospital. None of this can be done in a silo, and both hospitals and patients need a support system to compound the positive impact of harm reduction.

## Call to Action

Join the growing number of hospitals and health systems that have chosen to embrace harm reduction as a fundamental approach to healthcare. Together, we can make a meaningful impact on the well-being of individuals affected by drug use. By adopting harm reduction principles and implementing evidence-based harm reduction strategies within our healthcare systems, we can save lives, reduce harm, and promote compassionate and inclusive care for all.

### WE URGE HOSPITALS TO TAKE THE FOLLOWING ACTIONS:

- 1. Integrate harm reduction principles:** Embed harm reduction principles into the fabric of our healthcare systems. Recognize that drug use is a complex health issue and adopt a non-judgmental and patient-centered approach. Treat people who use drugs with respect, dignity, and empathy, regardless of their circumstances.
- 2. Provide education and training:** Ensure that healthcare professionals receive education and training on harm reduction strategies. Equip them with the knowledge, skills, and tools necessary to deliver effective harm reduction interventions. Foster a culture of continuous learning and professional development in this area.
- 3. Implement harm reduction strategies:** Implement harm reduction strategies within hospital settings, such as overdose prevention initiatives, offering peer support services, and preventing and treating transmissible infections. Provide comprehensive harm reduction services that not only address immediate health risks but also offer opportunities for engagement, education, and support.
- 4. Collaborate with community partners:** Forge strong partnerships with community-based organizations, harm reduction programs, and peer support networks. Work together to create a seamless continuum of care that extends beyond hospital walls. Collaborative efforts can maximize the reach and impact of harm reduction services.
- 5. Promote knowledge sharing:** Support and contribute to research initiatives focused on harm reduction. Foster an environment that encourages the sharing of best practices, innovative approaches, and research findings among healthcare professionals, researchers, and community partners. Use evidence to guide and improve our harm reduction efforts.

By embracing harm reduction, we can empower individuals, reduce the negative consequences associated with drug use, and create healthier communities. Together, we can advocate for a system of care that prioritizes compassion, individual autonomy, and harm reduction for all individuals impacted by substance use.

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