

# Implementing a Harm Reduction Approach to Medications for Addiction Treatment in Outpatient Settings

**M**edications for addiction treatment (MAT) is an [effective tool](#) for the treatment of opioid use disorder. MAT providers are increasingly embracing [harm reduction strategies](#) in their clinical practice in order to expand access to MAT and further improve patients' quality of life.

Harm reduction is a set of principles and strategies that seek to minimize the risks associated with drug use. Key harm reduction strategies include medications for addiction treatment, syringe access programs, naloxone distribution, and drug checking.

The goal of this play is to help you identify and implement harm reduction approaches in your practice to minimize patients' risk of relapse and overdose.

## What is a Play?

If you are not a sports fan, then the concept of a "play" may be unfamiliar. Yet the idea is simple: a play is a plan designed to help deliver a win through highly coordinated teamwork. This idea can be applied to help redesign systems to better serve individuals with complex health and social needs. Explore additional plays on the *Better Care Playbook* at [bettercareplaybook.org](https://bettercareplaybook.org).

## Implementing a Harm Reduction Approach to Medications for Addiction Treatment in Outpatient Settings

<p>1</p>  <p>Assess and refine practice policies to promote harm reduction.</p>	<p>2</p>  <p>Ask your patients for input and ideas.</p>
<p>3</p>  <p>Implement changes to policies to align more closely with harm reduction principles.</p>	<p>4</p>  <p>Identify community-based harm reduction resources for your patients.</p>

## How to Run the Play

**1. Assess and refine practice policies to promote harm reduction.** Sit down with your team to review policies, including those related to clinic hours and availability, use of telehealth, urine drug screenings, and safety-planning including co-prescribing naloxone with MAT. Use this opportunity to talk with your colleagues about your values and what approach you want to take for each of these aspects of clinical care. Consider designating one person to represent the patient perspective in the discussion. Rotate who plays that role to practice taking on the patient viewpoint. Potential questions to start these conversations include:

- Are we committed to providing treatment even if someone is using other illicit substances? What if they continue to use opioids?
- Do we understand that relapse, ongoing, or sporadic use are part of the disease process? Is this understanding acknowledged in our policies? How do we talk with our patients about these scenarios in the context of their treatment?
- What are our “measures of success” for patients? What measures should we focus on? Relationship building? Retaining patients in care?
- Do we allow patients to set their own treatment goals? For some patients that may be abstinence, for others it may be safer use or a reduction in use.
- How do we use urine drug screens in our practice and what purpose does it serve? How can we ensure it serves our patients’ goals and supports their autonomy? Do explain why we are collecting urine drug screens and what they will be used for?
- How can we ensure our policies enable access to naloxone to all patients?

**2. Ask your patients for input and ideas.** While patients may initially hesitate to be critical of services, over time you can establish trust that their opinions will be used to make services better for others. Ask patients what they think of your policies and procedures. Have conversations with longer-term patients about what policies or aspects of treatment were intimidating, burdensome, or confusing for them. What suggestions do they have about making services more accessible? With all your patients, discuss harm reduction and the motivation behind your policies – and ask them what community resources they think are most important to share with other patients. Some questions you can use to facilitate these conversations include:

- When you started this program or during treatment were you ever worried that you would be refused treatment? What did we do that was helpful/reassuring? What could we have done better?

### What are the Goals of a Harm Reduction Approach?

Harm reduction is a set of principles and strategies that seek to minimize the risks associated with drug use, including:

1. Health and dignity of people who use drugs.
2. Participant-centered services.
3. Participant involvement in the programs and policies that serve the community.
4. Participant autonomy.
5. Consideration of sociocultural factors impacting people’s relationship to substance use.
6. Pragmatic and realistic approaches to substance use.

- If you had a friend who was thinking about starting MAT, but felt like they were not interested in giving up other substances, or using completely, what would you tell them about your experience getting services here?

Other actions you can take to include patients in all parts of the process include:

- Conduct a patient survey or focus group.
- Engage your patient advisory group for their input, if you have one. If you do not have a group like this, consider starting one.
- Explore whether your board of directors' bylaws allow you to invite members of your MAT program to join the board.

**3. Implement changes to policies to align more closely with harm reduction principles.** Adjust your policies to intentionally reflect harm reduction values, and add ones you may be missing.

- Does the urine drug screening policy acknowledge that results will not be used punitively? Does it include a step to have a conversation with a patient about why you are collecting a sample and what you will do with the result?
- Do you have a standard process to discuss potential relapse and/or ongoing drug use? Do you have educational resources about needle exchanges? A standard process to co-prescribe naloxone for every MAT patient?
- Are there sharps disposal buckets in your bathroom or patient areas?
- How accessible are your hours and means of contact? Do you have the ability to expand virtual clinic hours and availability using telehealth?

**4. Identify community-based harm reduction resources for your patients.** As you identify harm reduction education areas, connect with the resources in your area that can support harm reduction within the community setting. Resources may include programs that offer syringe access services, mail-order naloxone, and fentanyl test strips. Establish connections with these service providers.

## Tips and Tricks

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- View your policies and procedures as “guidelines” and remember that you may need to adjust for specific patients. They should be living documents that are adjusted over time.
- Involve your whole office team. Patient service representatives and call center staff are often the first people your patients interact with. Involve them in your policy creation and if needed educate them about harm reduction and the values that you want to communicate to your patients. They may also have ideas about ways the intake process could be more welcoming or accessible.
- Review resources from and connect with national organizations focused on harm reduction. They often have tools available for providers and host webinars and information on changing guidelines and regulations.
- Connect with and learn from other providers in your region. Have conversations with other providers about what approaches they are using in their clinical pathways. Use these connections to learn more about innovative clinical practices, referral pathways, community resources, how to balance harm reduction approaches with the requirements from insurance companies or government payers, and updates to federal and state laws and regulations. Ways to connect with other providers can include:
  1. Contacting your referring and/or referral providers to ask about the strategies they are using;

2. Reaching out to your state's MAT Center of Excellence, if your state is following that model;
3. Contacting your state's association of addiction agencies; and
4. Asking your MCO network representative to connect you to other area MAT providers.

## Additional Resources

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- [Medications for Addiction Treatment: Providing Best Practice Care in a Primary Care Clinic](#) – This toolkit shares comprehensive practical information for establishing medications for addiction treatment programs in primary care settings.
- [Harm Reduction 101](#) – This video provides a primer on harm reduction.
- [Resources for drug use and COVID-19 risk reduction](#) – This resource center contains guidance documents, government advisories, and tools for people who use drugs and stakeholders likely to engage with people who use drugs.

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**This Better Care Play is part of a series developed in partnership with the Camden Coalition of Healthcare Providers to share practical lessons in serving complex populations.**

- **Related Blog Post:** [Adapting Medications for Addiction Treatment Programs in Response to COVID-19](#) – This blog post highlights opportunities for providers to implement medication for addiction treatment programs during COVID-19.

## About the Better Care Playbook

The Better Care Playbook is an online resource center designed to help health care stakeholders find the best in evidence-based practices and promising approaches to improving care for people with complex health and social needs. It is made possible by seven leading health care foundations — Arnold Ventures, The Commonwealth Fund, The John A. Hartford Foundation, Milbank Memorial Fund, Peterson Center on Healthcare, the Robert Wood Johnson Foundation, and The SCAN Foundation — that are working together to accelerate health system transformation. To learn more, visit [bettercareplaybook.org](https://bettercareplaybook.org).