Harm Reduction: A Guiding Philosophy for Assertive Field-Based Initiation of Substance Use Disorder Treatment and Services

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Disclosures

Faculty	Nature of Commercial Interest
Anika Alvanzo, MD, MS, DFASAM, FACP	Dr. Alvanzo discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Debbi Witham, JD, LMSW	Ms. Witham discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients. Ms. Witham conducted research and analysis for Indivior.
Jeanene Smith, MD, MPH, CME Reviewer	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

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Agenda

- Harm Reduction and the Connection Between AFBSS
- Determining Needs of People Who Use Drugs
- Introducing Evidence-Based Harm Reduction Strategies
- Evaluating Quality in Harm Reduction Services
- Q&A

Learning Objectives

At the end of the session, participants will be able to:

- Identify harm reduction gaps in the continuum of care for people at risk of overdose by accurately and systematically determining community needs.
- Describe at least 2 methods for reaching, engaging, and supporting people at risk of overdose.
- Measure harm reduction effectiveness by naming at least one measurable implementation process outcome and one measurable population health outcome.

Harm Reduction and the Connection Between AFBSS

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CHAOTIC OR PERSISTENT USE

DEPENDENCE OR HABITUAL USE

BINGE USE

SITUATIONAL USE

SOCIAL OR RITUAL USE

EXPERIMENTAL USE

NO USE

Continuum of Drug Use

- Many reasons and ways in which people use drugs
- Challenges a binary conception of drug use as addicted or abstinent
- Does not consider the drugs to be the sole driver of addiction

Harm Reduction

- **Strategies** that reduce the harm associated with substance use, such as infectious disease and overdose.
  - Syringe Service Programs: comprehensive health hubs that offer sterile injection equipment alongside infectious disease testing and treatment and linkage to other care services.
  - Overdose Prevention Programs: distribute overdose reversal products and provide education on prevention methods, such as using fentanyl test strips.
- A **method of service delivery** that minimizes judgement of someone's behavior and provides what they need regardless of drug use status.
- An **effort to destigmatize** drug use and addiction so services are more accessible to those who need them.

SOURCE(S): Harm Reduction International, 2021; World Health Organization Regional Office for the Eastern Mediterranean, 2022.

National Harm Reduction Coalition Principles of Harm Reduction

1

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

2

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

3

Established quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

4

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs (PWUD) and the communities in which they live in order to assist them in reducing attendant harm.

SOURCE(S): National Harm Reduction Coalition, 2020.

National Harm Reduction Coalition Principles of Harm Reduction – Continued

5

Ensures that PWUD and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

6

Affirms PWUD themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.

7

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people's vulnerability to and capacity for effectively dealing with drug-related harm.

8

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

SOURCE(S): National Harm Reduction Coalition, 2020.

History of Outreach and Direct Engagement

- » Naloxone distribution at community sites significantly reduces opioid overdose.
- » Thirty years of research show Syringe Service Programs (SSPs) are safe, effective, and cost-saving.
- » People who use harm reduction services are more likely to enter addiction treatment and reduce harmful use behaviors.
  - SSP engagement increases retention in methadone treatment and treatment uptake overall.
  - New users of SSPs are five times more likely to enter drug treatment and almost three times more likely to stop using drugs than persons who do not use SSPs.

SOURCE(S): Fernandes, R. M., et al., 2017; Fischer, L. S., et al., 2025; Hagan, H., et al., 2020.

Behavioral Health Services Act

- Counties are required to provide rapid access to all FDA approved medications for addiction treatment (MAT) by strengthening existing and/or standing-up at least one initiative in each of the following three areas that comprise their assertive field-based programs:
  - Data-informed, targeted outreach on an ongoing basis to BHSA-eligible individuals with Substance Use Disorder (SUD) needs to engage them in SUD services, including MAT, if needed
  - Mobile field-based programs
  - Open-access clinics

SOURCE(S): California Department of Health Care Services, 2025.

Behavioral Health Services Act (Continued)

» Counties are encouraged to promote a person-centered approach in their assertive field-based initiation programs to provide access to life-saving care, prevent overdose, and improve the quality of life for individuals living with SUD. AFBSS programs are encouraged to provide the following activities:

- Harm Reduction
- Primary Care
- Post-Overdose Follow-up Engagement Services
- Access to Peer Support Specialists
- Mobile field-based programs
- Open-access clinics

SOURCE(S): California Department of Health Care Services, 2025.

Assertive Field-Based Services

- A **proactive “no-wrong door” approach** to connect more individuals living with a substance use disorder to MAT on a voluntary basis.
- Prioritizes rapid access to MAT and connection to services for individuals at the highest risk of overdose:
  - People who are unhoused
  - Justice involved
  - Co-occurring mental illness
- Harm reduction is identified as a best practice in Section 7.B.6.2.
  - Person-centered approach
  - Sharing of supplies to reduce drug-related harm

SOURCE(S): California Department of Health Care Services, 2025.

Ideas in Action

» List which outreach programs you are currently partnering with:

Street medicine

Harm reduction

Unhoused/housing insecure outreach

Mental health outreach

Determining Needs of People Who Use Drugs

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Principles of Engagement

1

Community

How society defines a “community of people who use drugs” is typically different from how they define it themselves.

2

Trusted Individuals

Having someone close to the community on the data collection team opens doors.

3

Respect

Create space for dialogue to understand the identity of the community of interest.

4

Reciprocity and Compensation

Pay people for their time and consider their data ownership.

5

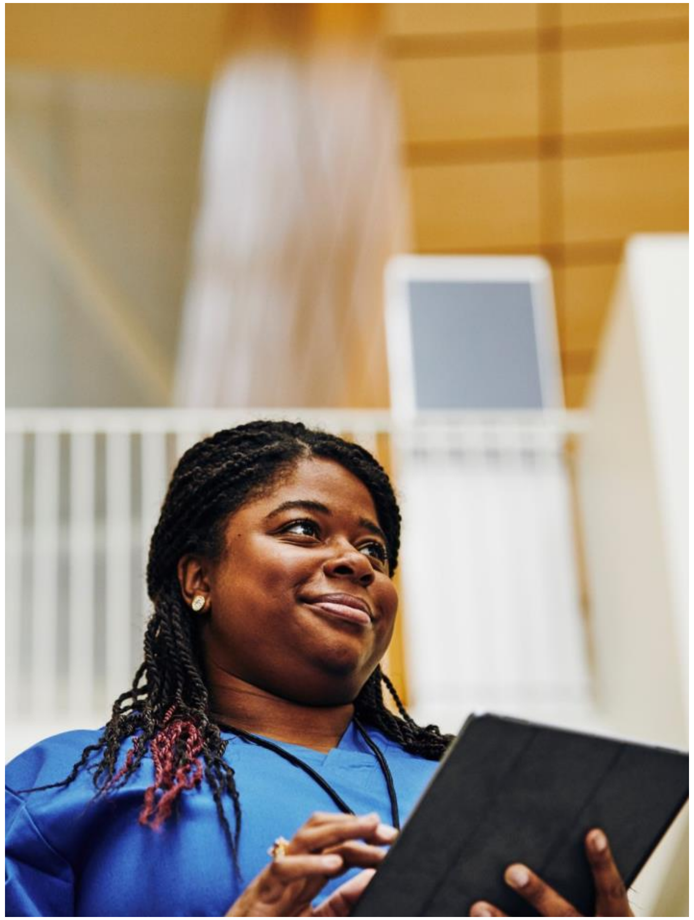
Power Dynamics

Consider and acknowledge historical perceptions to build trust.

SOURCE(S): Gilbert, E. D., et al., 2022.

Community Needs Assessment

- Programs, like AFBSS, intended to reach PWUD and are at high risk of overdose should include impacted people during preparation.
- Questions to consider:
  - What drugs are people using in the community?
  - Where are people using drugs?
  - Who is using drugs?
  - How are they using drugs?
  - What do they need today?
  - How do they procure drugs?
- Community Health Workers can conduct a survey of PWUD.
- People who participate in surveys must be compensated for their time and expertise.



SOURCE(S): Gleason-Comstock, J., et al., 2024; Oguya, F. O., et al., 2021.

Committee or Advisory Participation

- How do you include PWUD in your consultative processes or advisory boards?
  - Hold accommodating meetings to ensure attendance and ask how to make the meeting more inclusive.
  - Prepare new attendees with training and a support person.
    - Engage a trusted harm reduction program.
  - Reimburse for travel and time if possible and appropriate.
  - Be flexible with level of participation.
    - Invite multiple people, not just one, and allow rotating attendance.
  - Acknowledge knowledge gaps with humility, grace, and address discomfort openly and respectfully.

SOURCE(S): AIDS United., 2021.

Data Collection

Both forms of data collection serve different needs and have limitations and benefits for AFBSS.

Passive Data Collection

- Reviewing retrospective data such as program outcomes, health services data, etc.
- Quantitative: surveys, health data

Active Data Collection

- Going out to the community and collecting new information.
- Qualitative: surveys, focus groups, and semi-structured interviews

"Service recipients should have input into the identification of needs, the development of programs, the implementation of services provided, and input as to whether these services are effective at meeting identified needs. If recipients are involved in the development process, program services will have more meaning and thus be more sustainable."

-Gilbert, et al. 2018

SOURCE(S): Gilbert, E. D., et al., 2022.

Ideas in Action

» List two to three ways you can increase engagement of people who are priority for AFBSS.

Introducing Evidence-Based Harm Reduction Strategies

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Harm Reduction Approaches for Varied Settings

- **Prevent overdose:** Take-home naloxone kits; counsel on risk reduction.
- **Provide Treatment on Demand:** Same-day intakes; accommodate walk-ins or late arrivals; offer telemedicine.
- **Take a Patient-Centered Approach:** In-office and community-based buprenorphine initiations (or telehealth); do not require abstinence; use urine drug testing only when results will change management.
- **Prevent and Treat Infection:** Comprehensive human immunodeficiency virus (HIV), hepatitis, and sexually transmitted infection (STI) testing and on-site treatment; vaccinations; and prescribing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
- **Provide Harm Reduction Supplies:** Distribute condoms, sterile injection equipment, fentanyl test strips, and talk to patients about community access.
- **Discuss Safer Injection Techniques:** Ask patients how they inject, discuss sterile technique from drug preparation to identifying injection sites.

SOURCE(S): Taylor, J. L., et al., 2021.

Evidence-Based Naloxone Distribution

PWUD report naloxone use more than any other group.	A national study found that over 80% of people receiving community-based naloxone distribution were PWUD, and they carried out over 80% of reported overdose reversals.
"Saturating" a community with enough naloxone is effective when efforts prioritize PWUD.	The majority of people who witness overdoses are PWUD.
Harm Reduction/ Syringe Service Programs reach the most PWUD in a geographic area.	Naloxone is accessible; needs-based naloxone distribution; sufficient naloxone supply; low-threshold services; and naloxone at no cost.

SOURCE(S): Lambdin, B. H., et al., 2018; Wheeler, E., et al., 2014; Wenger, L. D., et al., 2022.

Risk Reduction Education

PWUD make different decisions when offered information about drug supply.

Behavior change can reduce risk of overdose.

Harm reduction programs are ideal settings for this education.

SOURCE(S): Johns Hopkins Bloomberg School of Public Health and Bloomberg American Health Initiative, 2018; Brunt T., 2017; Wallace, B. van Roode., et al., 2021; Maghsoudi, N., et al., 2020; Karamouzian, M., et al., 2018.

Self-Determination

People succeed when they determine their own treatment path and goals.

- Shared decision making, offering choices about treatment options, encouraging the patient to consider all options.

Healthcare provider actions can support or undermine patient autonomy.

- Clinical attitudes, language use, and other behaviors contribute to an environment of shared decision making.

Patient goals can range from abstinence to reduced or safer use.

- Validation of individual choice and agency, rather than imposing abstinence goals, allowing people to be experts in their own lives.

SOURCE(S): Beauchamp, T. L., et al., 2019; Marchand, K., et al., 2018; Stiggelbout, A. M., et al., 2012; Entwistle, V. A., et al., 2010; Appelbaum, P. S., 2007; Marlatt G. A., 1996.

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Low-Threshold Medication for Opioid Use Disorder (MOUD)

» MOUD has proven clinically effective to alleviate symptoms of withdrawal, reduce cravings, decrease substance use, and increase treatment engagement.

» Additionally, MOUD has been associated with:
  - Decreased HIV and Hepatitis C transmission
  - Decreased criminal recidivism
  - Increased employment
  - Improved birth outcomes
  - Methadone and buprenorphine reduce overdose by half

» Low-threshold models of buprenorphine delivery include integration in SSPs, mobile units, and street medicine programs.

SOURCE(S): Mattick, R. P., et al., 2009; Mattick, R. P., et al., 2014; Santo, T., et al., 2021; The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder, 2020.

Considerations for Unique Populations

The Substance Use Coercion Survey revealed the following:

- 26.0% reported using alcohol or other drugs as a way to reduce the pain of their partner/ex-partner's abuse.
- 27.0% said a partner/ex-partner pressured or forced them to use alcohol or other drugs or made them use more than they wanted.
- 15.2% reported that they tried to get help for their use of alcohol or other drugs; of those, 60.1% said that a partner/ex-partner tried to prevent or discourage them from getting that help.
- 37.5% said that a partner/ex-partner had threatened to report their alcohol or other drug use to the authorities to keep them from getting something they wanted or needed (e.g., custody of children, a job, benefits, or a protective order).
- 24.4% reported being afraid to call the police for help because their partner said they wouldn't believe them because they were using.

SOURCE(S): Murray, T. M., et al., 2024; Maxey, H. L., et al., 2025; Priester, M. A., et al., 2016; Krawczyk, N., et al., 2023.

Strategies to Support Unique Populations

- **Identify and remove barriers** to care for people with unique situations, i.e., transportation, documentation, insurance status, language, and disability access.
- **Tailor services** to reflect lived cultural experience and community norms of people whose drug use identity intersects with their LGBTQ+ identity, tribal community, or race.
- **Implement best practices** for engaging pregnant PWUD.
- **Consider social complexity** for people who experience different forms of discrimination in systems and make referrals mindfully and with needed supports in place.

SOURCE(S): Murray, T. M., et al., 2024; Maxey, H. L., et al., 2025; Priester, M. A., et al., 2016; Krawczyk, N., et al., 2023.

Ideas in Action

» List which services are currently available in your county:
- SSPs
- Mobile harm reduction units
- Naloxone
- Test strips
- Education

Evaluating Quality in Harm Reduction Services

Types of Measures

STRUCTURE

Inputs/Resources

- People
- Infrastructure
- Materials
- Information
- Technology

PROCESS

Activities

- What is done
- How it is done
- How much of it is done

OUTCOMES

Outputs

- Change in health behavior
- Change in health status
- Patient satisfaction
- Change in cost
- Return on investment

SOURCE(S): Donabedian, A., 2005.

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Benefit of Continuous Quality Improvement

Measures	Examples
Structural	• Program availability • Staffing levels and qualifications • Proportion of programs that offer low-threshold services • Funding dedicated to naloxone, safer supplies, etc.
Process	• Number of encounters with people at risk of overdose • Proportion of encounters that include risk reduction education, referrals, or other services • Total referrals to other services, proportion that are completed • Numbers of supplies distributed
Outcome	• Population Level (e.g., rates of nonfatal or fatal overdoses before and after outreach and engagement; increase in uptake of medications for opioid use disorder; and increase in housing beds filled) • Person Level (e.g., self-reported improvements in safety, wellbeing, and quality of life measures)

SOURCE(S): Wiessing, L., et al., 2017; Schaub, M. P., et al., 2013; Ellis, J. D., et al., 2024.

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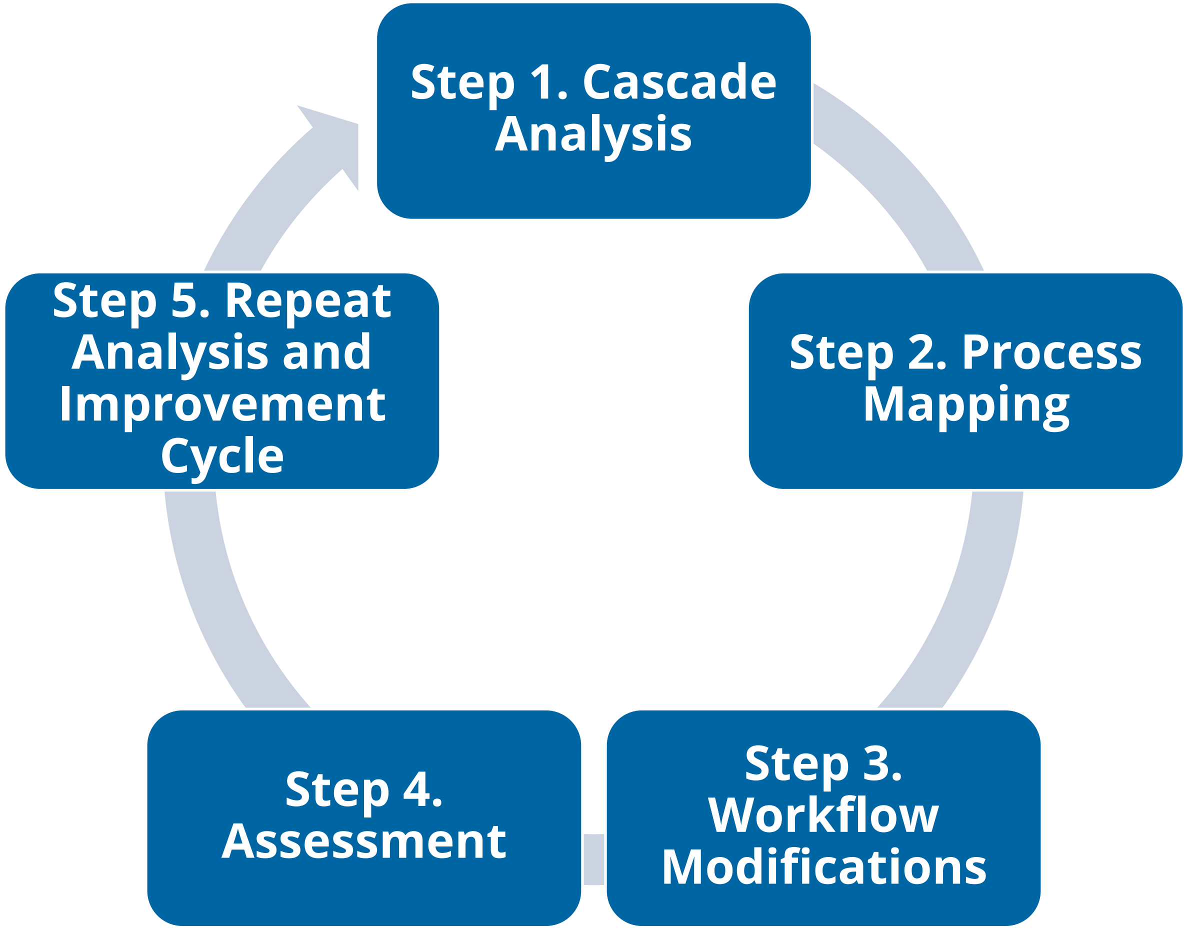
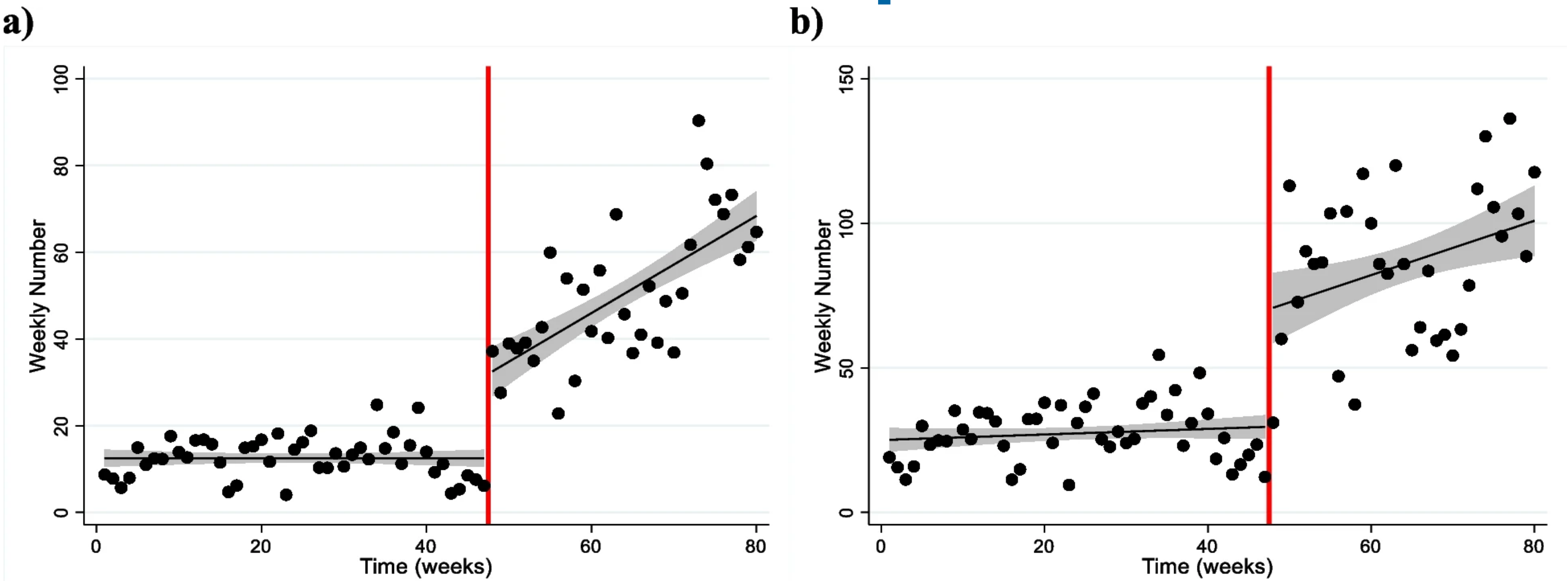
Systems Analysis and Improvement Approach – Naloxone Example 1 of 2



SOURCE(S): Patel, S.V., et al., 2023.

Systems Analysis and Improvement Approach – Naloxone Example 2 of 2



Interrupted time series of the number of (a) people receiving naloxone and (b) naloxone doses distributed before and after initiating SAIA-Naloxone. The introduction of SAIA-Naloxone is represented by the red vertical line.

SOURCE(S): Patel, S.V., et al., 2023.

Ideas in Action

- List what you plan to measure from a:
  - Structural Measure
  - Process Measure
  - Outcome Measure
- List what data would you like to have, if resources weren't a problem, to evaluate the services in your county.

Questions?

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References (1 of 15)

- AIDS United. (2021). *Meaningful engagement of people who use drugs*. https://www.hivlawandpolicy.org/sites/default/files/Meaningful%20Involvement%20of%20People%20Who%20Use%20Drugs%2C%20AIDS%20United.pdf
- Appelbaum, P. S. (2007). Assessment of patients' competence to consent to treatment. *The New England Journal of Medicine*, 357(18), 1834–1840. https://doi.org/10.1056/NEJMcp074045
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press. https://pubmed.ncbi.nlm.nih.gov/31647760/
- Behar, E., Santos, G. M., Wheeler, E., Rowe, C., & Coffin, P. O. (2015). Brief overdose education is sufficient for naloxone distribution to opioid users. *Drug and Alcohol Dependence*, *148*, 209–212. https://doi.org/10.1016/j.drugalcdep.2014.12.009
- Brunt T. (2017). *Drug Checking as a Harm Reduction Tool for Recreational Drug Users: Opportunities and Challenges.* European Monitoring Centre on Drugs and Drug Addiction. https://www.drugsandalcohol.ie/28065/1/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction.pdf

HMA

References (2 of 15)

- California Department of Health Care Services. (2025). *Behavioral Health Services Act county policy manual* (Version 1.3.0). https://policy-manual.mes.dhcs.ca.gov/__attachments/271679491/Behavioral%20Health%20Services%20Act%20County%20Policy%20Manual-V.1.3.0-202506.pdf
- Clark, A. K., Wilder, C. M., & Winstanley, E. L. (2014). A systematic review of community opioid overdose prevention and naloxone distribution programs. *Journal of addiction medicine*, 8(3), 153–163. https://doi.org/10.1097/ADM.0000000000000034
- Donabedian, A. (2005). Evaluating the quality of medical care. *The Milbank Quarterly, 83*, 691–729. https://doi.org/10.1111/j.1468-0009.2005.00397.x
- Ellis, J. D., Dunn, K. E., & Huhn, A. S. (2024). Harm Reduction for Opioid Use Disorder: Strategies and Outcome Metrics. *The American Journal of Psychiatry*, 181(5), 372–380. https://doi.org/10.1176/appi.ajp.20230918
- Enich, M., [additional authors listed here]. (2023). Overdose education and naloxone distribution program design informed by people who use drugs and naloxone distributors. *Preventive Medicine Reports, 35*, 102374. https://doi.org/10.1016/j.pmedr.2023.102374

References (3 of 15)

- Entwistle, V. A., et al. (2010). Supporting patient autonomy: the importance of clinician-patient relationships. *Journal of General Internal Medicine*, 25(7), 741–745. https://doi.org/10.1007/s11606-010-1292-2
- Fernandes, R. M., Cary, M., Duarte, G., et al. (2017). Effectiveness of needle and syringe programmes in people who inject drugs: An overview of systematic reviews. *BMC Public Health*, 17, 309. https://doi.org/10.1186/s12889-017-4210-2
- Fischer, L. S., et al. (2025). Effectiveness of naloxone distribution in community settings to reduce opioid overdose deaths among people who use drugs: A systematic review and meta-analysis. *BMC Public Health*, 25(1), 1135. https://doi.org/10.1186/s12889-025-22210-8
- Frost, M. C., et al. (2022). Responding to a surge in overdose deaths: perspectives from US syringe services programs. *Harm Reduction Journal*, 19(1), 79. https://doi.org/10.1186/s12954-022-00664-y
- Gilbert, E. D., et al. (2022). Effective community engagement strategies: The voices of injection drug users. *Journal of Community Engagement and Scholarship*, 10(2), 44–53. https://doi.org/10.54656/TDLM1683

References (4 of 15)

- Gleason-Comstock, J., Calhoun, C. B., Locke, B. J., et al. (2024). People who use drugs engagement in substance use disorder services and harm reduction: Evaluation, challenges and future direction of a community-based intervention. *Substance Abuse Treatment, Prevention, and Policy*, 19, 24. https://doi.org/10.1186/s13011-024-00601-1
- Hagan, H., et al. (2000). Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse Treatment*, 19(3), 247–252. https://doi.org/10.1016/S0740-5472(00)00104-5
- Harris, R., et al. (2025). Redefining low-threshold buprenorphine access in an integrated mobile clinic program: Factors associated with treatment retention. *Journal of Substance Use and Addiction Treatment*, 169, 209586. https://doi.org/10.1016/j.josat.2024.209586
- Harm Reduction International. (2021). What is harm reduction? https://hri.global/what-is-harm-reduction/

References (5 of 15)

- Heimer, R., Black, A. C., Lin, H., Grau, L. E., Fiellin, D. A., Howell, B. A., Hawk, K., D'Onofrio, G., & Becker, W. C. (2024). Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016-17. *Drug and Alcohol Dependence*, 254, 111040. https://doi.org/10.1016/j.drugalcdep.2023.111040
- Jakubowski, A., Fowler, S., & Fox, A. D. (2023). Three decades of research in substance use disorder treatment for syringe services program participants: A scoping review of the literature. *Addiction Science & Clinical Practice*, 18, 40. https://doi.org/10.1186/s13722-023-00394-x
- Jakubowski, A., & Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. *Journal of Addiction Medicine*, 14(2), 95–98. https://doi.org/10.1097/ADM.0000000000000555
- Jakubowski, A., Norton, B. L., Hayes, B. T., Gibson, B. E., Fitzsimmons, C., Stern, L. S., Ramirez, F., Guzman, M., Spratt, S., Marcus, P., & Fox, A. D. (2022). Low-threshold Buprenorphine Treatment in a Syringe Services Program: Program Description and Outcomes. *Journal of Addiction Medicine*, 16(4), 447–453. https://doi.org/10.1097/ADM.0000000000000934

References (6 of 15)

» Johns Hopkins Bloomberg School of Public Health & Bloomberg American Health Initiative. (2018). *Fentanyl overdose reduction checking analysis study (FORECAST).* https://www.naccho.org/uploads/downloadable-resources/MS-fentanyl-overdose-reduction-study-toolkit24.pdf

» Karamouzian, M., Dohoo, C., Forsting, S., McNeil, R., Kerr, T., & Lysyshyn, M. (2018). Evaluation of a fentanyl drug checking service for clients of a supervised injection facility, Vancouver, Canada. *Harm Reduction Journal, 15*, 1–8. https://pubmed.ncbi.nlm.nih.gov/30200991/

» Keane, C., Egan, J. E., & Hawk, M. (2018). Effects of naloxone distribution to likely bystanders: Results of an agent-based model. *The International Journal on Drug Policy*, 55, 61–69. https://doi.org/10.1016/j.drugpo.2018.02.008

» Krawczyk, N., et al. (2023). Strategies to support substance use disorder care transitions from acute-care to community-based settings: A Scoping review and typology. *MEDRXIV : The Preprint Server for Health Sciences,* 2023.04.24.23289042. https://doi.org/10.1101/2023.04.24.23289042

References (7 of 15)

- Krupitsky, E., et al. (2011). Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial. *Lancet* (London, England), 377(9776), 1506–1513. https://doi.org/10.1016/S0140-6736(11)60358-9
- Lambdin, B. H., et al. (2018). Identifying gaps in the implementation of naloxone programs for laypersons in the United States. *The International Journal on Drug Policy*, 52, 52–55. https://doi.org/10.1016/j.drugpo.2017.11.017
- Larochelle, M. R., et al. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of Internal Medicine*, 169(3), 137–145. https://doi.org/10.7326/M17-3107
- Lee, J. D., et al. (2018). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): a multicentre, open-label, randomised controlled trial. *Lancet* (London, England), 391(10118), 309–318. https://doi.org/10.1016/S0140-6736(17)32812-X
- Lobmaier, P., et al. (2008). Sustained-release naltrexone for opioid dependence. *The Cochrane Database of Systematic Reviews*. https://doi.org/10.1002/14651858.CD006140.pub

HMA

References (8 of 15)

» Lutgen-Nieves, L. (2021). *From the general public to America's jails: MAT saves lives*. https://doi.org/10.13140/RG.2.2.30693.88801

» Maghsoudi, N., et al. (2020). Evaluating networked drug checking services in Toronto, Ontario: study protocol and rationale. *Harm Reduction Journal*., 17:1–10 https://pubmed.ncbi.nlm.nih.gov/32204713/

» Marchand, K., et al. (2018). Patient-centred care for addiction treatment: a scoping review protocol. *BMJ Open*, 8(12), e024588. https://doi.org/10.1136/bmjopen-2018-024588

» Marlatt G. A. (1996). Harm reduction: come as you are. *Addictive Behaviors*, 21(6), 779–788. https://doi.org/10.1016/0306-4603(96)00042-1

» Mattick, R. P., et al. (2009). Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *The Cochrane Database of Systematic Reviews*, 2009(3), CD002209. https://doi.org/10.1002/14651858.CD002209.pub2

» Mattick, R. P., et al. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *The Cochrane Database of Systematic Reviews*, 2014(2), CD002207. https://doi.org/10.1002/14651858.CD002207.pub4

HMA

References (9 of 15)

- Maxey, H. L., et al. (2025). Substance use disorder, the workforce, and treatment quality for minoritized populations: a systematic review. *Substance Abuse Treatment, Prevention, and Policy*, 20(1), 26. https://doi.org/10.1186/s13011-025-00656-8
- McKenna, S. (2023). Why naloxone access policy should prioritize people who use drugs. *R Street Institute*. https://www.rstreet.org/wp-content/uploads/2023/05/naloxone-prioritize-PWUD-05-23-FINAL.pdf
- Metzger, D. S., et al. (1993). Human immunodeficiency virus seroconversion among intravenous drug users in- and out-of-treatment: an 18-month prospective follow-up. *Journal of Acquired Immune Deficiency Syndromes*, 6(9), 1049–1056.
- Miler, J. A., et al. (2021). What treatment and services are effective for people who are homeless and use drugs? A systematic 'review of reviews'. *PLOS one*, 16(7), e0254729. https://doi.org/10.1371/journal.pone.0254729
- Murray, T. M., et al. (2024). Considerations for Achieving Health Equity Through Substance Misuse Prevention. *Focus* (American Psychiatric Publishing), 22(4), 458–463. https://doi.org/10.1176/appi.focus.20240021

References (10 of 15)

- National Harm Reduction Coalition. (2020). Principles of harm reduction. https://harmreduction.org/about-us/principles-of-harm-reduction/
- Naumann, R. B., et al. (2019). Impact of a community-based naloxone distribution program on opioid overdose death rates. *Drug and Alcohol Dependence*, 204, 107536. https://doi.org/10.1016/j.drugalcdep.2019.06.038
- Oguya, F. O., et al. (2021). Rapid situational assessment of people who inject drugs (PWID) in Nairobi and coastal regions of Kenya: A respondent-driven sampling survey. *BMC Public Health*, 21, 1549. https://doi.org/10.1186/s12889-021-11373-9
- Patel, S.V., et al. (2023). Optimizing naloxone distribution to prevent opioid overdose fatalities: results from piloting the Systems Analysis and Improvement Approach within syringe service programs. *BMC Health Serv Res 23*, 278. https://doi.org/10.1186/s12913-023-09289-8
- Patterson, A., et al. (2025). Low-Threshold Buprenorphine in Non-Traditional Settings: A Scoping Review. *Substance Use : Research and Treatment*, 19, 29768357251371854. https://doi.org/10.1177/29768357251371854

References (11 of 15)

» Priester, M. A., et al. (2016). Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. *Journal of Substance Abuse Treatment*, 61, 47–59. https://doi.org/10.1016/j.jsat.2015.09.006

» Santo, T., et al. (2021). Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry*, 78(9), 979–993. https://doi.org/10.1001/jamapsychiatry.2021.0976

» Schaub, M. P., Uchtenhagen, A., & EQUS Expert Group (2013). Building a European consensus on minimum quality standards for drug treatment, rehabilitation and harm reduction. *European Addiction Research*, 19(6), 314–324. https://doi.org/10.1159/000350740

» Seal, K. H., et al. (2003). Attitudes about prescribing take-home naloxone to injection drug users for the management of heroin overdose: a survey of street-recruited injectors in the San Francisco Bay Area. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 80(2), 291–301. https://doi.org/10.1093/jurban/jtg032

References (12 of 15)

- Siegler, Anne, et al. (2017). *Why naloxone access policy should prioritize people who use drugs.* R Street Explainer. https://www.rstreet.org/wp-content/uploads/2023/05/naloxone-prioritize-PWUD-05-23-FINAL.pdf
- Stiggelbout, A. M., et al. (2012). Shared decision making: really putting patients at the centre of healthcare. *BMJ* (Clinical research ed.), 344, e256. https://doi.org/10.1136/bmj.e256
- Taylor, J. L., et al. (2021). Integrating harm reduction into outpatient opioid use disorder treatment settings. *Journal of General Internal Medicine*, 36(12), 3810–3819. https://doi.org/10.1007/s11606-021-06904-4
- The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. (2020). *Journal of Addiction Medicine*, 14(2S Suppl 1), 1–91. https://doi.org/10.1097/ADM.0000000000000633
- Tobin, K. E., et al. (2009). Evaluation of the Staying Alive programme: training injection drug users to properly administer naloxone and save lives. *The International Journal on Drug Policy*, 20(2), 131–136. https://doi.org/10.1016/j.drugpo.2008.03.002

References (13 of 15)

- Tsui, J. I., et al. (2014). Association of opioid agonist therapy with lower incidence of hepatitis C virus infection in young adult injection drug users. *JAMA Internal Medicine*, 174(12), 1974–1981. https://doi.org/10.1001/jamainternmed.2014.5416
- Urmanche, A. A., & Harocopos, A. (2023). Experiences Administering Naloxone Among People in Different Social Roles: People Who Use Opioids and Family Members and Friends. *Journal of Drug Issues*, 53(3), 475–489. https://doi.org/10.1177/00220426221133024
- Wakeman, S. E., et al. (2020). Comparative effectiveness of different treatment pathways for opioid use disorder. *JAMA Network Open*, 3(2), e1920622. https://doi.org/10.1001/jamanetworkopen.2019.20622
- Wallace, B., van Roode, T., Pagan, F., Hore, D., & Pauly, B. (2021). The potential impacts of community drug checking within the overdose crisis: Qualitative study exploring the perspective of prospective service users. *BMC Public Health, 21*(1), Article 1156. https://doi.org/10.1186/s12889-021-11243-4 [link.springer.com]

References (14 of 15)

- Walley, A. Y., Xuan, Z., Hackman, H. H., Quinn, E., Doe-Simkins, M., Sorensen-Alawad, A., Ruiz, S., & Ozonoff, A. (2013). Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ (Clinical research ed.),* 346, f174. https://doi.org/10.1136/bmj.f174
- Wenger, L. D., Doe-Simkins, M., Wheeler, E., Ongais, L., Morris, T., Bluthenthal, R. N., Kral, A. H., & Lambdin, B. H. (2022). Best practices for community-based overdose education and naloxone distribution programs: Results from using the Delphi approach. *Harm Reduction Journal, 19*(1), Article 55. https://doi.org/10.1186/s12954-022-00639-z [link.springer.com]
- Wheeler, E., Jones, T. S., Gilbert, M. K., & Davidson, P. J. (2015). Opioid overdose prevention programs providing naloxone to laypersons—United States, 2014. *Morbidity and Mortality Weekly Report, 64*(23), 631–635. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm [cdc.gov]
- Wiessing, L., Ferri, M., Běláčková, V., et al. (2017). Monitoring quality and coverage of harm reduction services for people who use drugs: A consensus study. *Harm Reduction Journal, 14*, Article 19. https://doi.org/10.1186/s12954-017-0141-6 [emro.who.int]

References (15 of 15)

» World Health Organization Regional Office for the Eastern Mediterranean. (2022). *Drug-related harm reduction*. https://www.emro.who.int/asd/health-topics/drug-related-harm-reduction.html [emro.who.int]