ACHIEVING BUY-IN

Pitching Harm Reduction Services in Mental Health and Substance Use Treatment and Care Organizations

June 2024

NATIONAL COUNCIL *for* Mental Wellbeing

Table of Contents

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Commonly Used Acronyms

Acronym	Meaning
BIPOC	Black, Indigenous and people of color
CCBHC	Certified Community Behavioral Health Clinic
EMR	Electronic medical record
FQHC	Federally qualified health center
HIV	Human immunodeficiency virus
MH	Mental health
OEND	Opioid overdose education and naloxone distribution
OPC	Overdose prevention center (may also be known as a safe injection site or safe consumption site)
OUD	Opioid use disorder
PWUD	Person who uses drugs/people who use drugs
SAMHSA	Substance Abuse and Mental Health Services Administration
SSP	Syringe service program (previously known as a syringe exchange program)
SUD	Substance use disorder
TA	Technical assistance

Introduction

The U.S. is grappling with a fatal overdose crisis, but there are effective strategies that can stem the tide. When leveraged to support people who use drugs (PWUD), harm reduction is an approach that has proven to be effective in preventing overdose, reducing infections and connecting people to additional services, including substance use disorder (SUD) treatment.

PWUD often have co-occurring mental health challenges, and therefore behavioral health organizations — including both mental health and substance use treatment and care organizations — are uniquely positioned to offer harm reduction services to existing clients. Yet many behavioral health organizations do not offer harm reduction services. Based on research by the National Council, this gap is due to numerous factors including reimbursement and implementation barriers, as well as organizations' hesitation to implement such services.

Staff reluctance to implement harm reduction services can have various causes, such as a lack of understanding of these services, misconceptions about the supporting evidence, and stigma regarding harm reduction. National Council research also shows that education about harm reduction can help to overcome some of these barriers.

The National Council created this resource to serve as a guide for behavioral health staff who are hoping to implement harm reduction services at their organization, but who may be facing resistance from other team members. This resource combines both peer-reviewed evidence and case studies from behavioral health organizations that have implemented harm reduction services, to offer a comprehensive, peer-informed perspective on best practices for shifting staff perceptions around harm reduction. This guide represents the first step toward implementing harm reduction services at an organization: *achieving team buy-in*. It includes recommended resources to help shepherd organizations through the logistical steps to implement the services once this critical buy-in is in place.

Background

The United States is in the midst of a fatal overdose crisis. Between 1999 and 2021, the rate of fatal overdoses more than quintupled (National Institute on Drug Abuse [NIDA], 2023). This is mainly due to an increase in the use and deadliness of opioids; while opioids were involved in less than half of fatal overdoses in 1999, they were involved in three-quarters of such deaths in 2021 (NIDA, 2023).

Illicit fentanyl has emerged as a key driver of fatal overdose in recent years. Fentanyl is a synthetic opioid that is substantially stronger than both heroin and morphine; even in small doses, fentanyl can be fatal. It may be mixed into numerous different illicit drugs, like heroin, methamphetamine and pills meant to mimic prescription medication (Centers for Disease Control and Prevention [CDC], 2022). The rate of fatal overdoses involving synthetic opioids has grown exponentially over the past six years (NIDA, 2023). From September 2021 to September 2022, there were more than 106,000 drug overdose deaths, with more than 75% of deaths involving synthetic opioids (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). More than half of stimulant-related fatal overdoses involved synthetic opioids, as well as just over two-thirds of all benzodiazepine-related overdoses. Similarly, the risk of fentanyl overdose is not limited to those who use regularly — anyone can overdose on fentanyl, whether it is their first time using illicit drugs or they engage in chronic use (Palamar et al., 2022; Jones et al., 2018).

It is also important to consider how the fatal overdose crisis has intensified existing health disparities. Black, Indigenous and people of color (BIPOC) communities are being disproportionately impacted by the crisis. In 2020, the rate of fatal overdose among Black men ages 45-64 was more than twice that of white men in the same age bracket; among men older than 65, the overdose death rate among Black men was more than six times that among white men. Similarly, while the rate of fatal overdoses rose 22% among white people from 2019-2020, among Black people and American Indians/Alaska Natives the increase in the rate of fatal overdoses was 44% and 39%, respectively (Kariisa et al., 2022). Initiatives to prevent overdose can save lives and begin to undo health disparities.

With the backdrop of this overdose crisis in mind, it is crucial to consider approaches to protect the health of PWUD. Harm reduction is a philosophy and social justice practice built on a belief in and respect for the rights of PWUD. More than just a set of strategies to mitigate problematic drug use, harm reduction promotes individual health and wellbeing by addressing both individual risks associated with drug use and structural issues that cause harm.

In the context of substance use treatment and public health organizations and systems, harm reduction can be defined broadly as a set of practical strategies and ideas aimed at improving health and reducing the negative consequences associated with drug use, while not requiring cessation (National Harm Reduction Coalition [NHRC], n.d.; Marlatt, 1996). Harm reduction includes practical strategies to reduce risk of overdose and improve health and wellbeing. Harm reduction services can include community outreach, syringe distribution, naloxone distribution, drug checking, wound prevention and care, mutual aid, peer support services and referrals to housing and social services.

Numerous studies have proven that harm reduction practices are effective in reducing potential harm associated with drug use. The benefits of harm reduction services — such as syringe service programs (SSPs) — include reducing the risk of spreading infections related to substance use (Wilson et al., 2015) (in particular, HIV and hepatitis C [Puzhko et al., 2022]), increasing referrals to SUD treatment (Strathdee et al., 2001; Surratt et al., 2022) and reducing hospital visits (Coye et al., 2021). These interventions are also cost-effective: Investments in harm reduction services reduce health system costs, due to fewer instances

of infectious disease, ambulance calls, emergency department visits, hospital stays and overdose deaths (Ijioma et al., 2021; Cousien et al., 2018; Ritter & Cameron, 2006; Pollack, 2001). Furthermore, harm reduction advances health equity and has the potential to address racial disparities by actively working against inequities in health and access (Vearrier, 2019).

Many PWUD have had negative experiences in clinical or other formal service settings, due to stigma around substance use, complex health and social needs, and other factors. Thus, harm reduction services traditionally have been offered via grassroots organizations that are largely nonclinical and often staffed by people with lived experience.

PWUD often have co-occurring mental health needs, and therefore behavioral health organizations are well positioned to reach clients who may benefit from harm reduction services. As understanding of and respect for PWUD has grown, mental health and substance use treatment and care organizations have started to provide harm reduction services to support their clients.

In May 2022, the National Council project team conducted a survey of mental health and substance use treatment and care organizations to determine the extent to which harm reduction services are currently offered by behavioral health providers. More than 150 organization executives, managers and frontline staff responded to the survey, representing over 80 organizations across 33 states. More than half of respondents indicated that their organization provides at least one type of harm reduction service.[1] Respondents' organizations were more likely to provide recovery support (e.g., peer support, counseling, outreach and engagement, and education services) and were less likely to provide core harm reduction services (e.g., syringe distribution and fentanyl test strips). The least common types of services provided by respondent organizations were low-barrier harm reduction approaches (e.g., harm reduction vending machines, mail-based harm reduction supply distribution and syringe distribution and services), which were provided by fewer than 1 in 10 organizations surveyed (Mace et al., 2022).

Respondents were also given the chance to share their challenges related to adopting harm reduction services. Common themes that emerged included inadequate funding to support harm reduction; a lack of education and training among providers and community members; a lack of resources, including resources to support PWUD; inadequate staff capacity; lack of community support; stigma and discrimination against PWUD and harm reduction; a need for culture change; policy and legal barriers; and a lack of organizational support, particularly among medical providers.

Regarding the need for culture change, several respondents commented on the need for the SUD field to move away from an abstinence-only approach toward acceptance of harm reduction, particularly among law enforcement and criminal justice agencies. Some respondents commented that, for almost all of their clients, treatment was mandated by the courts, probation or parole, which generally have an abstinence-based philosophy.

When asked to identify the areas of technical assistance (TA) that would most benefit their organization's efforts to implement harm reduction services, more than 30% of all respondents identified every option provided in the survey. Reflecting the challenges highlighted above, the most common TA areas identified included securing funding or reimbursement for harm reduction strategies (63%), implementing specific harm reduction practices or services (59%), overcoming stigma and resistance to adopting harm reduction in communities (59%), and developing and planning a harm reduction program (57%) (Mace et al., 2022).

This resource aims to address the third TA area: *overcoming stigma and resistance to adopting harm reduction in communities*. At the end of the document, we recommend additional resources that address the other three commonly identified TA areas.

[1] *For a full list of the harm reduction services included in the survey, including identification of core services, please see Appendix B.*

Embracing Harm Reduction Perspectives as a Behavioral Health Organization

To gain insight on this topic and develop guidance for those on the ground, the National Council conducted interviews with seven behavioral health organizations currently offering harm reduction services. These interviews focused on identifying best practices and strategies for integrating harm reduction approaches into mental health and substance use treatment and care settings. The organizations interviewed for these case studies include both traditional mental health and substance use treatment and care organizations and those that are more exclusively focused on harm reduction.

Four strategies emerged, creating a broad roadmap toward an organizational culture that is open to, and even embraces, implementing harm reduction approaches and services.

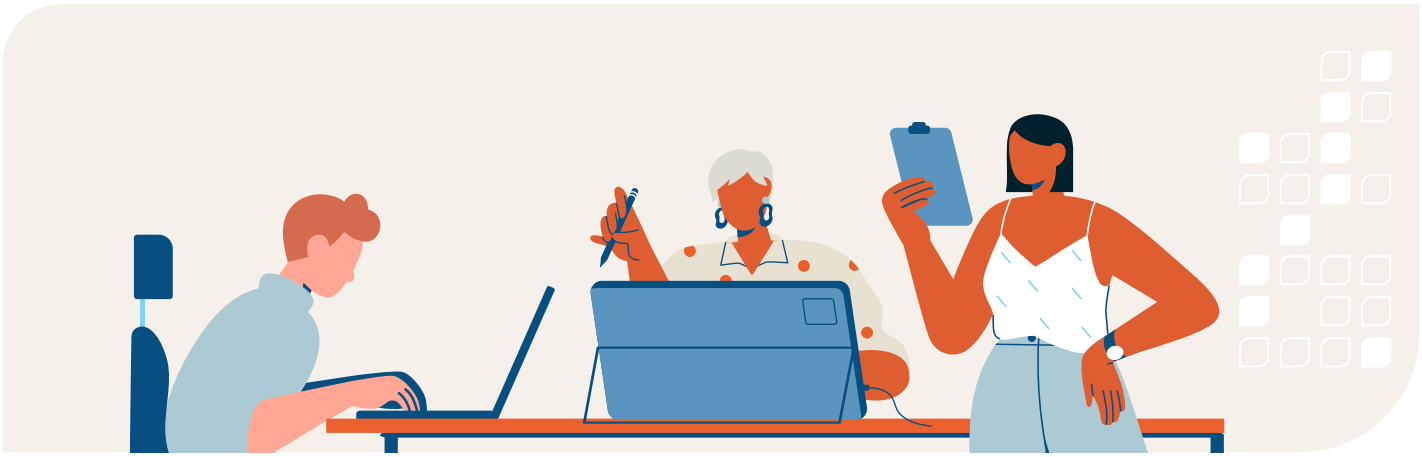
These strategies are meant to serve as a menu of options. While we encourage you to implement all strategies, you can also pick and choose if there are strategies that are less relevant to your organization, or ones that have already been implemented in one form or another.

STRATEGY 1 Understand current perspectives at your organization.

STRATEGY 2 Make the case for harm reduction.

STRATEGY 3 Spread the harm reduction philosophy far and wide.

STRATEGY 4 Recognize and respond to pushback.



Strategy 1

Understand current perspectives at your organization

To understand the existing resistance to harm reduction within your organization, start by conducting an organization-wide survey that assesses staff knowledge of and opinions toward harm reduction. Appendix C contains the Harm Reduction Assessment Scale (HARS), an evidence-based tool that your team can use to survey staff about their attitudes toward harm reduction and PWUD.

> *What's really important, in terms of harm reduction, is understanding where you and your staff are, in terms of your values and person-centered care and being recovery oriented.*
>
> **— Michael D'Amico, Oaks Integrated Care**

It is important to keep this type of survey anonymous, so staff feel comfortable voicing their true opinions. Also, while it is not necessary, it can be helpful to have respondents self-categorize into specific groups — whether by title, department, level, tenure or a combination of these and other traits. This categorization can help you understand if there are trends in knowledge and opinions, and how you may need to tailor your approach accordingly. For instance, if your frontline staff are more accepting of harm reduction approaches and services, they might make effective champions for piloting such services at the ground level.

Case study: Self-assessment at a multisite FQHC

A large network of federally qualified health centers (FQHCs) in the Northeast performed an assessment to better understand staff attitudes and beliefs around drug use and staff's role in supporting patients with their drug use. Organization leads had staff complete an online survey that was anonymous, though staff were asked their department (e.g., nursing, psychiatry, finance) and at which site(s) they were based.

Survey results found important points of discrepancy between attitudes and behaviors among staff. When asked, "Do you feel like talking about overdose is important to people?" most employees answered yes. When asked, "How strongly do you feel talking about overdose is part of your role?" very few employees answered affirmatively. Identifying this discrepancy — employees recognized the importance of discussing overdose risk but few thought it was part of their role — was helpful, as organization leads then were able to more clearly link people's job responsibilities to overdose risk counseling. "This is part of the care that you provide. There might be specialists, but everyone talks about it. It's part of everyone's job. That's the goal. It's not just one person, like, hey Phil's the person who gives out the Narcan kits. The ultimate goal is that this is everybody's job, that it is a part of all existing services," said the director of substance abuse prevention for the network.

If the results of the HARS show that staff are largely supportive of harm reduction, it may be helpful to understand staff attitudes toward specific harm reduction techniques and the relevance of these to your patient or client population. Like the above case study, the following are examples of survey questions to assess perspectives on specific harm reduction techniques and areas of potential cognitive dissonance.

These questions are focused on opioid overdose education and naloxone distribution (OEND), but you can adapt the bracketed language to focus on other forms of harm reduction.

Select the extent to which you agree or disagree with the following statements (No, Maybe, Yes):

1. It is important to screen for risk of [overdose].
2. Talking about [overdose prevention] with patients can decrease their risk of [overdose].
3. I routinely talk about [overdose prevention] with patients who [are prescribed opioids or who have disclosed other substance use].
4. I am confident in my ability to discuss risks of [overdose] with my patients.
5. Patients want to talk about [overdose prevention] with their providers.
6. Patients are not aware of [overdose prevention] strategies.
7. I routinely assist patients in obtaining [naloxone].
8. Patients at risk of [accidental overdose] should be offered [naloxone].
9. I feel confident in my ability to describe the use and benefits of [naloxone] to patients.

Once you have gathered staff responses, examine how staff opinions about the importance of harm reduction techniques (questions 1, 2, 5, 6 and 8) compare to their opinions about their specific role in helping spread information about harm reduction techniques (questions 3, 4, 7 and 9. The discrepancy (or lack thereof) between these sets of opinions can help you identify areas to target with education: Do staff not understand how harm reduction may benefit their participants? Or do they understand but not think of harm reduction as part of their role?

> ***By doing these surveys, you can get a sense of where your organization's [opportunities for attitudinal shifts] are. It's short. It's not involved. And it offers up the opportunity to, in incremental steps, provide targeted education, whether it's about language or about the fact that medication-assisted treatment isn't replacing one addiction with another. You can figure out what the pain points are and provide targeted education to staff that way.***
>
> **— Emma Fabian, Evergreen Health**

Strategy 2

Make the case for harm reduction

Once you understand the attitudes toward harm reduction at your organization, it's time to start changing hearts and minds in favor of harm reduction. A variety of strategies can be used to accomplish this aim, and the organization leaders interviewed for this toolkit offer many examples.

Understand the evidence. There is a wealth of scientific evidence pointing to the effectiveness of harm reduction. Outcomes studied include infectious disease prevention, overdose fatality reduction, access to and continuation of care — including access to drug treatment — and cost effectiveness. Many staff, even those who may have heard of harm reduction, may not be familiar with this literature. For a good summary of the evidence, with links to scientific manuscripts, check out the "Supporting Principles" (starting on page 10) in SAMHSA's Harm Reduction Framework (SAMHSA, 2023).

Need examples of harm reduction evidence to share with your staff? Feel free to use one or more of the below!

Did you know?

Among other benefits, harm reduction practices have been shown to:

- Reduce risk of hepatitis C by **approximately 50%** (Platt et al., 2017).
- Result in a net savings for funders (or self-funded organizations) of **more than $400** per HIV infection prevented or **more than $1,000** by improving quality of life (Kim et al., 2014).
- Reduce likelihood of substance use by **25%** (Perry et al., 2013).
- Reduce likelihood of justice involvement by **33%** (Perry et al., 2013).
- Reduce risk of mortality by **more than 25%** (Gibson et al., 2008).

> *When I was talking to my chiefs, I talked about how [harm reduction] increases access to treatment, and how folks are four times more likely [to enter treatment if they've received services from a syringe access program]. If we want to increase access to treatment, we have to be really innovative and meet people where they are. You need to be kept alive to be able to seek treatment.*
>
> **— Helena Likaj, Odyssey House**

> *We had the old-school abstinence model. And even when I got here, it was still like that. But as more research comes out on harm reduction, our CEO has said we need to make this change. We're working towards abstinence, but the harm reduction model has a place in recovery. And so it took a lot of time. ... It's really a lot of education. Some people don't react to numbers. Data, I react to data.*
>
> **— Director, Certified Community Behavioral Health Clinic (CCBHC)**

Resource: "All About the Evidence for Harm Reduction" This eLearning course, available online for a small fee, offers a good overview of the evidence for harm reduction and links to resources where you can read more. The 90-minute, self-paced course is available through In The Works at www.intheworkshub.com/courses/theevidence.

Relate back to the mission. Harm reduction is about "meeting people where they are," which aligns with the missions of many behavioral health organizations. Person-centered care, for example, means much the same thing: Instead of applying a one-size-fits-all treatment plan to all patients, start with where each patient is and what they currently need, and develop a treatment plan that fits that individual.

> *A lot of individuals were not exactly resistant, but just inquisitive … like, 'How does a syringe access program and fentanyl testing strips and Narcan fit into what we do every day?' Being able to speak about our mission and vision — to serve our community members in need. So, keeping folks alive, reducing risk of HIV and hep C makes sense as part of our mission and vision. And then they were like, 'Yeah, it does, OK.' It's just a great asset and it feeds right into our continuum of care very seamlessly.*
>
> **— Helena Likaj, Odyssey House**

Put another way, some interviewees framed harm reduction as a component of the continuum of care. Harm reduction, as one person stated, is just as much a part of the continuum as treatment, recovery support or prevention. As with any other chronic condition, if a patient came in and said they were not willing to stop a behavior that led to poor health outcomes, the provider could not respond with, "All right, well, we're just not going to talk about that." Particularly with the growth of the overdose crisis and the ubiquity of fentanyl, it is critical for providers to address urgent, lifesaving measures first.

> *It continues to be an evolving process. What are the things that are on the forefront, and what should be changing? How should we be adapting? We started with a person-centered recovery orientation. That guided us when we were implementing something new. We were trying to take the approach of, 'How does this apply [to our mission], and how can we ensure that this is person centered?' It happened over the course of time. But it started with that ideological piece.*
>
> **— Michael D'Amico, Oaks Integrated Care**

Recognize harm reduction services that can easily complement existing offerings. Several behavioral health organizations that have successfully integrated harm reduction began by taking small steps to add harm reduction services where they smoothly and easily complemented existing services. Evergreen Health, for example, had a strong internal referral process already in place, which enabled staff to send referrals seamlessly to other departments within their organization. When they brought harm reduction staff on board, Evergreen leadership incorporated harm reduction referrals into the existing referral process. As Emma Fabian shared, "Our [harm reduction] staff are good at talking about treatment options and are really nonjudgmental. So, we often get a referral if a staff member elsewhere in the organization feels like their patient is sharing that they have a challenge with substance use and they want to talk more about that. That's when somebody refers them over to us."

Examples of harm reduction services that can be implemented alongside existing offerings may include:

- Reaching out to community organizations to provide naloxone or naloxone trainings to patients.
- Including guidance on risk reduction practices for alcohol or drug use when giving patients information following an appointment.
- Referring patients who do or may use drugs to local syringe service, drug testing and OEND programs.
- Identifying staff or peers with lived experience of substance use who may be comfortable talking with patients who disclose their own substance use.
- Posting flyers, graphics or cards about safer use and risk reduction in public areas and waiting rooms.

Case study: Referrals and inreach at a multisite treatment provider

Odyssey House, the largest treatment provider in Louisiana, found that patients were referred to their harm reduction services not only from their street outreach department, but also via *inreach* — referrals from their inpatient and outpatient treatment programs.

As Helena Likaj, the director of prevention, clinics and pharmacy departments, stated, "Not only do we provide harm reduction services to general community members, we also recognize that sometimes our clients relapse. Relapse is part of recovery. And so we make sure that our clients, as they're leaving our treatment programs, are also equipped with Narcan for themselves, for other individuals in their lives."

Similarly, Oaks Integrated Care, a large, multisite, New Jersey-based CCBHC, was seeing people in inpatient care who had just overdosed. With support from a state opioid response grant, they were able to add peer-delivered "bedside intervention," where peers help patients get access to treatment and recovery. "We had not done addictions work prior to that, besides some co-occurring programs. But we wanted to be able to treat the whole person and began finding opportunities to do that," said Vice President Michael D'Amico.

Such support may also include offering people who have overdosed access to any social or medical services they identify as important, engaging them in discussions about overdose safety planning, and giving them naloxone and other safer use supplies.

Strategy 3

Spread the harm reduction philosophy far and wide

Interviewees for this guide unequivocally found that, to successfully integrate harm reduction into behavioral health operations, there must be buy-in from *all* staff.

- **Senior management** must truly understand and believe in the approach. Leadership sets the tone at an organization and has the power to influence if and how employees carry out harm reduction work.
- **Direct service or front-facing staff** must understand and enforce harm reduction policies effectively and with fidelity. As the people whom participants interact with most, frontline staff are the ones who will operationalize a harm reduction philosophy day to day, in big and small ways, including in the services they refer participants to and the language they use.
- Even **board members and donors** need to be comfortable with and embrace the messaging.

One organization, highlighted in the case study below, learned the importance of including all staff in the rollout of a harm reduction policy. The institution passed a policy explicitly naming harm reduction, leadership championed the policy, and clinical and nonclinical staff were brought on board through formal training. But because security officers — the very first people that clients or participants encounter — were not included in this ethos change, the policy failed. Only after systematically ensuring every staff member was included in the change was the policy successfully operationalized to benefit participants.

Case study: An urban harm reduction organization's approach to gaining buy-in

Exponents, a hybrid drug treatment, HIV prevention and harm reduction organization based in New York City, was enlisted to help drug treatment programs and homeless shelters effectively implement harm reduction programming. Organization staff found that getting buy-in at all levels of the organization is critical to programming success. "You have to have buy-in from senior management, and that buy-in has to be actual. Because if they have any doubts and they're cynical about it, that attitude will trickle down to staff and it's not going to work out," said Samantha Lopez, executive vice president and chief operating officer. "They're the people who will have the ability to create and modify policy in order to keep up with these new practices we're putting in."

Equally important is gaining buy-in from all client-facing staff, both clinical and nonclinical. "We trained the whole staff [on a new harm reduction practice] at a homeless shelter. The security guards weren't there. So, they've changed their policy formally in terms of what people could bring in, including fentanyl test strips, syringes... But nobody told the security guard. So, he's snatching all those supplies up as contraband. That's an example — you have to remember to hit it from every level.

Strategy 4

Recognize and respond to pushback

Resistance was a theme that came up in many of the interviews with organizations that had implemented harm reduction methods. Particularly in substance use treatment, where staff who are in recovery may privilege the method by which they recovered, resistance can be well-intended and deeply felt, making it difficult to counter. Interviewees articulated a variety of strategies to handle resistance.

- **Personal stories that humanize harm reduction.** Many interviewees described how data and numbers worked to convince some staff, while humanizing personal stories or experiences were more effective for others. Videos, anecdotes, books and personal experiences all powerfully swayed some staff's resistance.

  This video from the Canadian Drug Policy Coalition shows how harm reduction can give someone the support they need to find stability and community (Canadian Drug Policy Coalition, 2021).

- **Frequent conversations and trainings.** Staff from senior leadership to frontline outreach workers benefit when they hear information multiple times and in different ways from various people. "Our CEO is very involved, and as she heard more about harm reduction, first on a national level, then on a state level, I think it got a lot easier to digest," one interviewee said. Interviewees also noted that education is often most successful when conducted by peers: Physicians respond to physicians, administrators respond to administrators, social workers respond to social workers. Additionally, some people may be more responsive when addressed individually, rather than in a group setting, using questions like "What are your thoughts? What are your concerns about it? Have you heard from clients about this?" Regardless of the format, talk about it frequently. As another interviewee said, "If it's not something we're doing regularly, we kind of stop thinking about it."

  How to do it — Possible ways to increase harm reduction messaging in your facility:

  - Incorporate a link about new harm reduction research into the organizational newsletter.
  - Forward staff a personal interest story that features a harm reduction methodology.
  - During a staff meeting, highlight a local harm reduction program as a place for potential referrals
  - Suggest a book club discussion around a book that uses harm reduction (e.g., "The Big Fix," "In the Realm of Hungry Ghosts," "Unbroken Brain")
  - Offer staff professional development opportunities focused on harm reduction (such as a naloxone how-to lunch-and-learn)

- **Allow people to give feedback, and validate their experience**, but also recognize that other people have valid experiences, too. Interviewees expressed, "There are a lot of different ways to get to the same goal," and "People have difficulty with change, and that's OK."
  - » It may be helpful to say something like, "I appreciate you sharing that with me. That experience sounds incredibly difficult, and I'm sorry you had to go through that. Harm reduction services are a way we could help reduce the number of others who are forced to face the same thing."
  - » Similarly, you may be able to tap into feedback your organization has received recently to help demonstrate how harm reduction can help your clients and participants. You may say something like, "I know you've told me before that clients have said they don't feel heard by our staff when they say it's hard to quit using. Maybe working with peers with lived experience and a harm reduction approach could help them feel more comfortable."

- **Model and reinforce the philosophy.** For some people, just seeing others in their organization model harm reduction practices and reinforce openness and nonjudgmental thinking can be helpful. Modeling can come from leadership, but it can also come from other places. "When you have certain people, like informal leaders, that can put the message out, that's sometimes more beneficial than official [messages]," one interviewee said. A good place to start is with organizational leadership changing their language — saying "clients" or "participants," instead of "addicts" or "druggies," demonstrates that people are more than their medical needs or their struggles.

- **Be patient; organizational culture changes slowly.** Organizational culture doesn't change overnight. "It's very ingrained. It takes a lot of time to change," one interviewee said. Phase in programs or policies slowly, and pilot them in a small number of sites initially, if possible. Highlight success stories along the way.

Perfecting the Pitch

When seeking to convince others, it is helpful to create an "elevator pitch" that you can use to both convey the value of harm reduction and proactively address pushback. This elevator pitch should be composed of a few key components and tailored to resonate appropriately with your audience, whether that be providers, peers, senior leadership or others.

Keep it conversational.

Combine data with stories.

Demonstrate that harm reduction is widely accepted.

Keep it conversational. Your audience likely will not want to hear an entire presentation on harm reduction (or at least not until they have been convinced of its benefits), or why you are right about harm reduction and they are wrong to not embrace it. Rather than lecturing colleagues or using condescending language, start at the level of skepticism people currently have, and help them to see both how harm reduction works and how it could work for your organization. You can do so by:

- Avoiding overly complex terms — mirror the language your audience uses.
- Presenting data as a story rather than a graph or chart.
- Not shutting down your audience at any point in the conversation.

Combine data with stories. Begin by familiarizing yourself with the evidence of harm reduction's effectiveness — both in terms of what the data shows and what participants at your organization or others have experienced. In communities where harm reduction services and/or sites are present, research has demonstrated that:

Harm reduction does...	Harm reduction does not...
☑ Increase referrals to treatment for those who use drugs.	☒ Cause more people to use drugs.
☑ Reduce the spread of infectious diseases.	☒ Increase public waste from substance use.
☑ Reduce fatal overdoses.	☒ "Enable" those who are using drugs so that they are less interested in treatment.
☑ Reduce public waste from substance use (such as used syringes).	
☑ Reduce ambulance calls, emergency department visits and hospitalizations related to substance use.	
☑ Reduce cost due to the above.	

When crafting your pitch, you may want to start by selecting two or three of the facts above and focus on communicating these to your audience. For instance, if your community has seen many people experiencing multiple ambulance calls, emergency room visits or hospitalizations related to their substance use, you may want to highlight that harm reduction can help to reduce these health care emergencies by helping PWUD care for themselves and prevent intense medical needs.

Once you have the evidence in mind, make it clear how the value of this improvement goes beyond the numbers. Combine the data point with stories that humanize the need for or impact of harm reduction for your audience. For instance, if talking about ambulance calls or hospitalizations, you could say something like, "Remember when one of our clients kept being sent to the ER for abscesses? We could've helped prevent that by giving him sterile syringes and supplies to clean himself before injecting."

Demonstrate that harm reduction is widely accepted. It may be easier for coworkers in your organization to ignore your push for harm reduction if they think that harm reduction services are just an idea coming from staff members. You can disprove this by passing along evidence and supportive policies about harm reduction as news comes out — this shows your colleagues that harm reduction is not some sort of renegade idea but is instead widely accepted. "[It works best] when people hear it from multiple places like county and state health depts, SAMHSA, peer-reviewed literature, conferences," one interviewee noted.

Pass along news, research, resources and more about harm reduction to your colleagues. This could be more subtle, such as an email saying, *"I saw this article about naloxone effectiveness and thought of our conversation last week about offering naloxone kits,"* or you may want to be more straightforward, such as an email saying, *"I know you mentioned wanting to see evidence of harm reduction's effectiveness. Please see below a list of research articles supporting its effectiveness."* It may also be helpful to cite respected institutions who have embraced and promoted harm reduction. Beyond technical groups like the National Council, SAMHSA has openly supported and promoted harm reduction, as have the American Medical Association and the National Institutes of Health, to name a few.

Tailoring your message to your audience

When making the case for harm reduction in your organization or community, it is important to use the language and framing that will most resonate with your audience. For example, messaging that convinces frontline workers of the importance of harm reduction likely will be very different from messaging that sways senior leadership.

Physicians. When talking to physicians, it may be helpful to use evidence in favor of harm reduction. "Providers are persuaded by evidence [of] efficacy and safety," an interviewee said.

Frontline staff. The frontline staff (e.g., social workers, nurses, outreach specialists) at your organization likely have faced several challenges when working with clients in need, and therefore may be skeptical of both the work required to implement harm reduction services and how it may complicate their interactions with clients or participants. It may be helpful to talk to this audience about harm reduction in a way that frames its potential benefits for clients and frontline staff alike. By being able to meet clients where they are, harm reduction allows frontline staff to support clients in their current state of change, rather than requiring clients to meet certain standards for sobriety (or other substance-related metrics) before getting help.

Board members or funders. While they care deeply about the issues your organization addresses, board members and funders generally are far removed from the day-to-day realities your clients face. Therefore, it may be helpful to use humanizing stories when discussing harm reduction with this audience. For instance, you may want to talk about how harm reduction services have shown positive impacts on people in your community or state. Alternatively, you may want to share case studies of clients who have been, or could have been, helped by certain harm reduction services.

For example, one organization used the local impact of the overdose epidemic as a way of communicating the value of harm reduction to those who may have been skeptical. In their small community there were 12 overdoses in 24 hours — a number that piqued public concern. It hit home; nearly everyone in the community knew at least one person touched by the overdoses.

All audiences. There are some framing techniques that resonate across audiences:

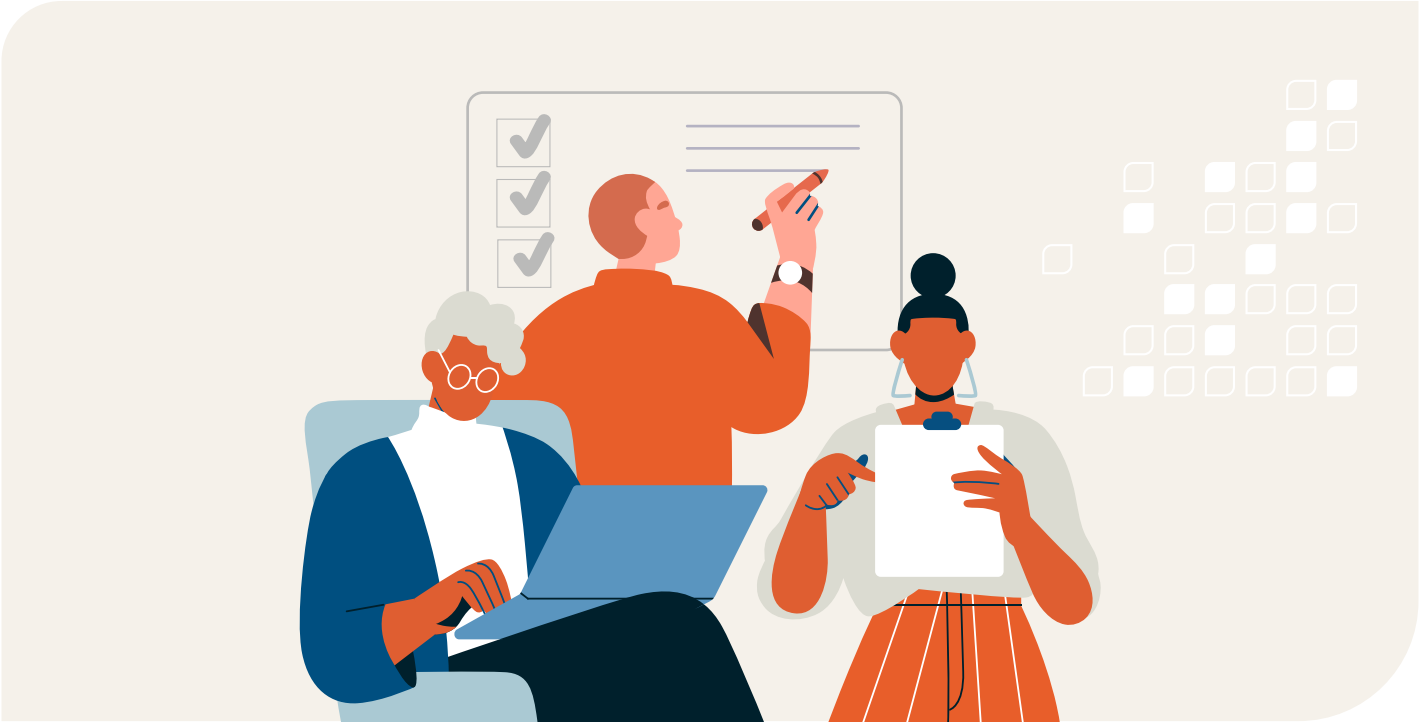
Pragmatic statements	Humanizing stories
Demonstrate how harm reduction reflects fundamental truths or practices that your audience knows well.	*Help your audience connect on a human level with those most impacted by harm reduction.*
» Compare harm reduction to practical strategies people already use. For instance, people are required to use seatbelts when driving — this doesn't make people any more or less likely to drive, but it does help keep them safe in the event of a crash. » For those who are skeptical about the administrative or financial side of harm reduction services, focus on the fact that, by keeping people alive, you are helping them get the care they need, including the services your organization provides. While some aspects of harm reduction may not be a billable service, when clients are connected to treatment, care coordination or other services, these can then be billed.	» Help your audience understand why people may choose to use drugs, and therefore why drug use does not make them any less deserving of care. » Show your audience the breadth and variety of paths to recovery. For people who believe that PWUD must "hit rock bottom" before getting better, demonstrate the different evidence-based ways people can recover from or live stably with substance use. This may include highlighting examples of people using MAT, engaging in moderate alcohol use or getting treatment without hitting rock bottom. » Ask people who have personally benefited from harm reduction to share their stories with others in your organization.

Next Steps Once Your Organization Is on Board

This resource guides you through the first step in implementing harm reduction services and perspectives at your organization: securing organizational buy-in.

Once you have this buy-in, the more detailed logistical work of implementation begins. We recommend that you use the tools and resources in Appendix C to guide you through the process of implementing harm reduction services, from developing relationships with communities and local partners, to addressing stigma toward harm reduction in medical and/or community settings, to securing funding to finance these services. At that time, it may also make sense to connect with other organizations in your area or beyond who currently offer harm reduction services, so that you can learn from their successes and challenges and support one another.

We recognize that, in the process of gaining buy-in within your organization — whether from all staff or even just one or two — you will almost certainly encounter resistance. Similar to those in the "precontemplation" stage of the Stages of Change Model used in harm reduction work, many staff may require significant time and effort to move them to the action stage, or even just preparation. Gaining buy-in across your organization does not happen overnight — for some organizations, this is a one- or two-year process! However, just as we know individuals can change their perspectives over time, so too can organizational cultures change. We hope that this resource and its key informants will serve as a guiding light as you move your organization's mindset forward, and we encourage you to find supporters and champions along the way.



Appendix A. Key Informants

Name	Organization	Title
Michael D'Amico, MSW, LCSW	Oaks Integrated Care	Vice President
Emma Fabian, MSW	Evergreen Health	Associate Vice President of Harm Reduction
Timothy Kelly, MA	Integrated Services of Kalamazoo	Program Manager for Evidence-based Practices
Helena Likaj, MPH	Odyssey House Louisiana	Director of Prevention, Clinic and Pharmacy Departments
Samantha Lopez	Exponents	Executive Vice President/COO
Thomas McCarry, LMHC	Institute for Family Health	Director of Substance Abuse Prevention
Joseph Turner, JD	Exponents	President/CEO
San San Weber, MA	Berks Counseling Center	Clinical Program Director

Appendix B. Harm Reduction Services

- Community outreach to and engagement of people who use drugs
- Community outreach to and engagement of people who trade sex
- Overdose prevention education*
- Naloxone distribution*
- Medication or substance storage bag or lockbox distribution
- Information and education on safer injection practices*
- Syringe distribution and services*
- Needs-based syringe distribution*
- Encouragement of secondary syringe distribution*
- Skin and soft tissue wound prevention and care*
- Information and education about safer smoking and inhalation practices
- Safer smoking kits or supplies distribution*
- Fentanyl test strips distribution*
- Other drug checking services (e.g., mass spectrometry)
- Safer sex kits or supplies
- Mobile harm reduction services*
- Mail-based harm reduction supplies distribution
- Low-threshold buprenorphine prescribing*
- Telehealth-based buprenorphine treatment
- Mobile buprenorphine treatment
- Mobile methadone treatment
- Take-home methadone
- Telehealth-based methadone treatment
- Contingency management*
- Reproductive health services
- Primary care services
- Infectious disease testing (e.g., HIV, hepatitis)*
- Harm reduction vending machines
- Safer use hotlines
- Individual or group counseling
- Peer support services
- Mutual aid
- Food distribution
- Housing services
- Legal services
- Employment services
- Education services
- Spiritual and emotional wellness services

**Core harm reduction service*

Appendix C. Implementation Tools and Resources

Type of resource	Title	Source	Date	Description
Guidance on getting started with harm reduction services				
Survey	Harm Reduction Assessment Scale	Perilou Goddard	2003	Scale for assessing attitudes toward harm reduction approaches.
Toolkit	Supporting and Sustaining Access to Harm Reduction Services for People Who Use Drugs	National Governors Association	2022	Toolkit with guidance and resources on the three phases of establishing, sustaining and enhancing SSPs and other harm reduction strategies.
Manual	Harm Reduction and SSP Planning and Resource Manual	Oregon Health Authority	2019	Detailed manual and online resource library designed to support the development of local harm reduction and syringe service programs. *Please take into account that harm reduction legislation likely will differ if you are looking to develop harm reduction programming outside of Oregon.*
Guide	Start a Harm Reduction Program	National Harm Reduction Coalition	N.d.	Concise guide on the steps and considerations for starting a naloxone distribution program or SSP in your community.
Training	It's Our Backyard Too: Building Community-centered Support for Harm Reduction	National Harm Reduction Coalition	2023	A six-module course focused on identifying community values, putting values into practice and supporting harm reduction in communities.

Financing harm reduction services

Template	Mapping Out Your Organization's (Potentially) Billable Services	National Harm Reduction Coalition	2022	Template to help your organization map out what directly billable services you currently offer and what harm reduction services you could potentially offer with additional funding.
Guide	How to Bill for Brief Substance and Alcohol Abuse Services	American Psychological Association	2022	Guide to how psychologists can bill for brief substance and alcohol services (including risk reduction counseling).
List	Funding for Harm Reduction	Rural Community Toolbox	Continu-ously updated	List of current and past funding opportunities for harm reduction programs, pilots or partnerships.

Reference materials

Brief	Summary of Information on the Safety and Effectiveness of Syringe Services Programs	CDC	2023	Brief summarizing existing evidence on the effectiveness of SSPs for preventing infectious disease, linking to care, maintaining public safety and more.
Report	Legal Interventions to Reduce Overdose Mortality: Naloxone Access Laws	The Network for Public Health Law	2023	Detailed report on the status of naloxone access laws throughout the United States, including the District of Columbia, as of August 2023.
Report	Syringe Services Programs: Summary of State Laws	Legislative Analysis and Public Policy Association	2022	Detailed report on the status of SSP laws throughout the United States, including the District of Columbia and all U.S. territories, as of June 2022. Includes citations to applicable statutes and/or regulations, whether the state allows SSPs by statute, whether there are any municipal or county ordinances or regulations in place within the state, program components, miscellaneous provisions and information on any pending legislation.
Brief	Syringe Access Landscape	National Harm Reduction Coalition	2021	Brief summarizing syringe criminalization and SSP authorization policies of each state.
Report	Harm Reduction Framework	SAMHSA	2023	Report outlining the role of harm reduction within SAMHSA and HHS, including key findings from the Harm Reduction Summit: Definition of harm reduction, pillars and principles that support, and core practices.
eLearning course	All About the Evidence for Harm Reduction	In The Works	2023	A 90-minute, eight-module eLearning course that reviews the scientific evidence for harm reduction, key findings and resources.

Appendix D. References

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