Meeting people “Where they’re at”: Integrating medical care into harm reduction space

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- Aaron Fox, MD, MS
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Learning Objectives

- Describe principles of low-threshold care that incorporate both medical and harm reduction values
- Describe processes of collaboration between medical and harm reduction specialists
- Give successful case examples of integrated care

Overview

- Principles of low-threshold care
- OnPoint NYC
  - Overdose Prevention Centers
  - Drug user Health Hub
- Long-acting injectable buprenorphine implementation in SSPs
- Developing a low-threshold PTSD intervention for SSPs

Converging Harms in Substance Use

- Inherent harms of addiction and drug use
- Harms of living with addiction in our society
- Health care that can be uncomfortable, unacceptable, and inadequate for people who use drugs

→ All these factors disproportionately impact people experiencing overlapping health disparities

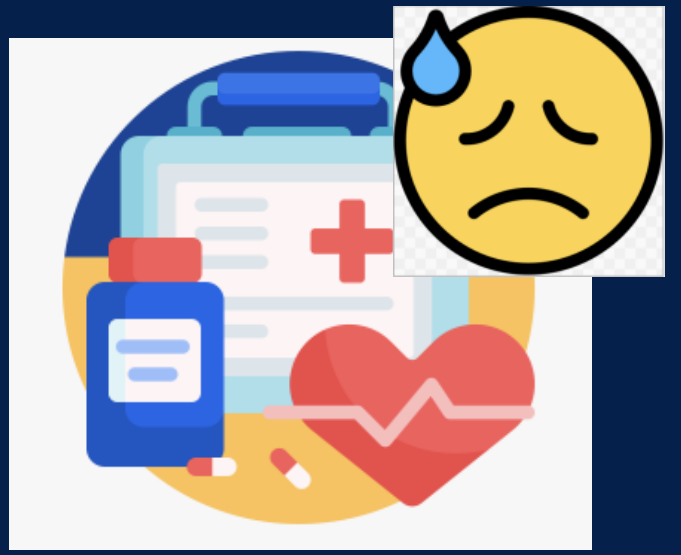
Medical Models Perceived as Harmful

- Hierarchical decision making; physician-centered, their knowledge has supremacy
- Care provided within medical clinics, using phone trees, appointments, security, waiting rooms
- Health viewed as absence of disease, without consideration of non-medical issues
- Assumption that drug use is inherently bad (disordered); abstinence is goal
- Societal norms (stigmas) and policies (criminalization) are assumed legitimate

Heller et al., (2004); Rhodes et al., (2009)

As a consequences, people who use drugs

- Perceive stigma in health care settings
- Don’t trust health systems
- Have trouble accessing care and treatment
- Avoid primary or preventative care
- Frequently use emergency services
- Experience worse medical outcomes



Harm Reduction can Transform Models of Medicine

	Medical Model	Harm Reduction Model
Structural Philosophy	Hierarchical	Inclusive, collaborative, community decisions; Individuals as experts
Framework for understanding drug use	Binary good, bad	Drug/risk, set, setting. Promote safety without mandating abstinence or imposing penalties.
System Design	High threshold access, provider orders/prescriptions, appointments, waiting rooms,	Low-threshold, easily accessible care. Meeting people "where they are at"
Provider Approach to Care	Expert knowledge	Care is tailored and adaptable
Provider Role	Prescribe treatment	Provide information, educate, advocate, and guide
User Role	Accept and comply "doctor's orders!"	Understand options, make choices, implements small changes to reduce harms

Heller et al., (2004); Rhodes et al., (2009)

What does OnPoint NYC do?

- 2 Harm Reduction HUBs in East Harlem and Washington Heights
- 7 vehicles including MMU
- 3 Outreach and Public Safety Teams
- Public Safety Hotline
- Harm Reduction Mental Health Unit
- Drug Checking
- Clinical and Nursing Care
- Holistic Services Program
- Respite and more....

Slide credit: Kailin See

Clinical and Mental Health Care – MDs, RNs, Psych NPs, LMSWs

Food/Hydration

Clothing Store

Pro Dev/Training

Respite Room

Volunteer/Jobs (40+)

Groups/Classes

Laundry/Shower

Barber Shop/Salon

Slide credit: Kailin See

Overdose Prevention Centers (OPCs)

- Spaces for people to consume pre-obtained substances under the supervision of trained staff.

- Over 200 OPCs currently operating in at least 17 countries worldwide.

- Evidence suggests overall health benefits for people who use drugs:
  - Enhanced access to health care services
  - Reduced overdose frequency
  - Reduced risk behaviors associated with HIV and HCV transmission
  - Reduced public drug use and improper syringe disposal
  - Reduced criminalization of people who use drugs
  - Reduced emergency medical services

- Not been found to:
  - Increase drug injecting
  - Increase drug trafficking/selling or crime in surrounding areas

Transform Drug Policy Foundation (2025)

Potier et al., (2014)

First OPCs in the US

- In November 2021, the first two officially sanctioned OPCs in the US opened in Manhattan (in Harlem and Washington Heights).
- In the first 1 year of service:
  - The two OPCs diverted up to 39,000 instances of public drug use
  - 75% of participants accessed other harm reduction, social, and medical services through OnPoint NYC.

McAteer, et al., (2024)


Use Reporting Form


AED


EXIT
THIS SITE SAVES LIVES
ESTE SITIO SALVA VIDAS

Scott Heins/WNYC/Gothamist

Scott Heins/WNYC/Gothamist

Gabrielle Lurie/SF Chronicle

Montefiore-OnPoint Drug User Health Hub

- All services drop-in
- 2 sites, within and alongside the OP
  and drop-in spaces

- Low-threshold medication for opioid
  use disorder
- Wound care
- Hep C Treatment
- HIV Care / Re-entry
- STI testing and treatment
- PrEP/PEP

Magic of Team-based Care

- Clinicians (5 Monte; 1 OnPoint)
- Nurses (OnPoint)
- Patient Navigators (OnPoint)
- HCV Care Coordinator, Peer Navigato (OnPoint)
- Associate Clinical Director (OnPoint)
- Plus OnPoint Case Management, Behavioral Services, outreach, OPC staff, Drop-in Staff

Highly utilized service

Past 12 months:

Service Type	Unique Participants	# of Services
Bupe Screening	87	165
Bupe Initiation	29	32
Bupe Maintenance	70	327
HCV Treatment Visits	36	98
PrEP Screening	20	32
PrEP Prescription	18	27
All Services	450	6075

Providing A Different Philosophy of Care

- Focus on quality of care, not numbers
- Patients have as long as they need
- Walk-in clinic structure
- Nonhierarchical, collaborative practice model

“Our clinic knows no boundaries”

Medical Care Happens Everywhere

- Other locations of care:
  - OPC
  - Drop in center
  - Streetside
  - Parks
- Meeting patients where they are at always→ both philosophically and physically

Health Hub as a home away from home

Sustainability

- **OnPoint infrastructure**: Clinic space, Nurses, Peers, “Registration Staff”, Patient Navigation, Drop-in Center and all the services
- **Montefiore**: EMR, IT, Lab supplies and pick-up, billing
- **Funding:** NYS AIDS Institute Drug User Health Funding: start-up costs for infrastructure, clinic staff.
- **NYS HCV Funding**: NYS AIDS Institute HCV Program- to increase infrastructure, care coordination, incentives, and follow-up
- **Support and training** opportunities with the Addiction Fellowship and Primary Care Residency programs

Long-acting injectable (LAI) buprenorphine implementation in SSPs

Andrea Jakubowski, MD, MS

Presented at ASAM National Conference, April 6, 2025

SSPs are an established venue for buprenorphine services

Jakubowski *et al.*
Addiction Science & Clinical Practice (2023) 18:40
https://doi.org/10.1186/s13722-023-00394-x

Addiction Science & Clinical Practice

RESEARCH Open Access

Three decades of research in substance use disorder treatment for syringe services program participants: a scoping review of the literature

Andrea Jakubowski[1*], Sabrina Fowler[2,3] and Aaron D. Fox[1]

SSPs are an established venue for buprenorphine services

- High acceptability among patients[1]
- 20% of SSPs offer buprenorphine[2]
  - 24% offer buprenorphine initiation via telehealth[3]
- 6-month retention 31-65%[3]

[1]Jakubowski et al., (2023); [2]Behrends et al., (2022); [3]Lambdin et al., (2022)

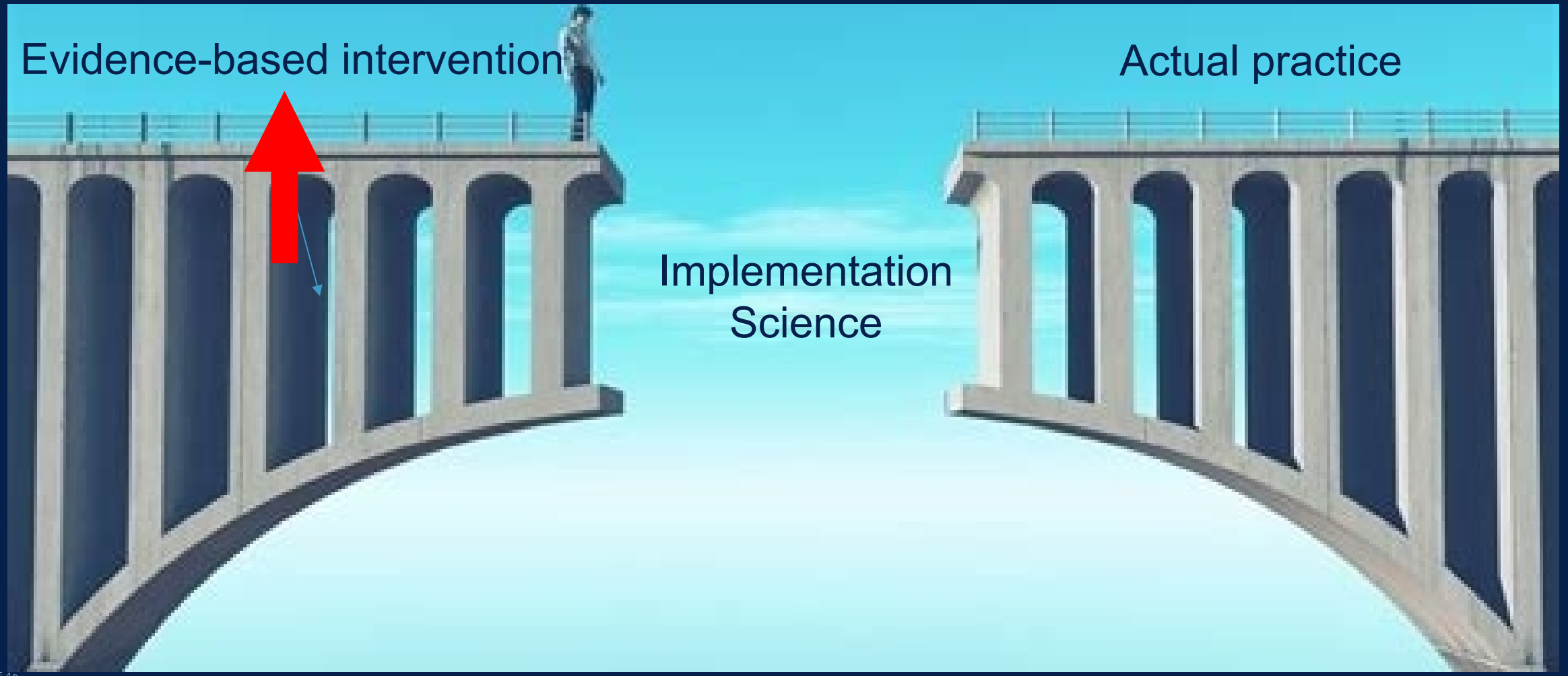
Long-acting injectable buprenorphine

- LAI bupe FDA approved 2017: safe, effective,
  - Weekly and monthly dosing options
  - RCTs show non-inferior[1], superior to SL bupe[2]
  - Promising real-world data[3-4]

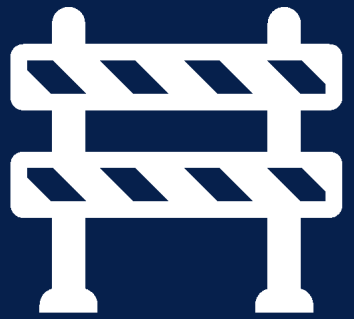
- Actual practice…
  - Percentage of all bupe prescriptions filled by Medicaid recipients: 0.1% LAI bupe in 2018 → 2% in 2022[5]

[1]Lofwall et al., (2018); [2]Mardsen et al., (2023); [3]Heil et al., (2024); [4]Lee et al., 2023; [5]Ross et al., (2024

Implementation science and community-engaged methods in an SSP



Project Aims



1. Examine LAI buprenorphine implementation barriers and facilitators

2. Develop, pilot, and refine LAI-bupe implementation strategies

3. Examine gaps in care following LAI-bupe implementation

Working groups

- Clinic staff
- OnPoint staff (non-clinical)

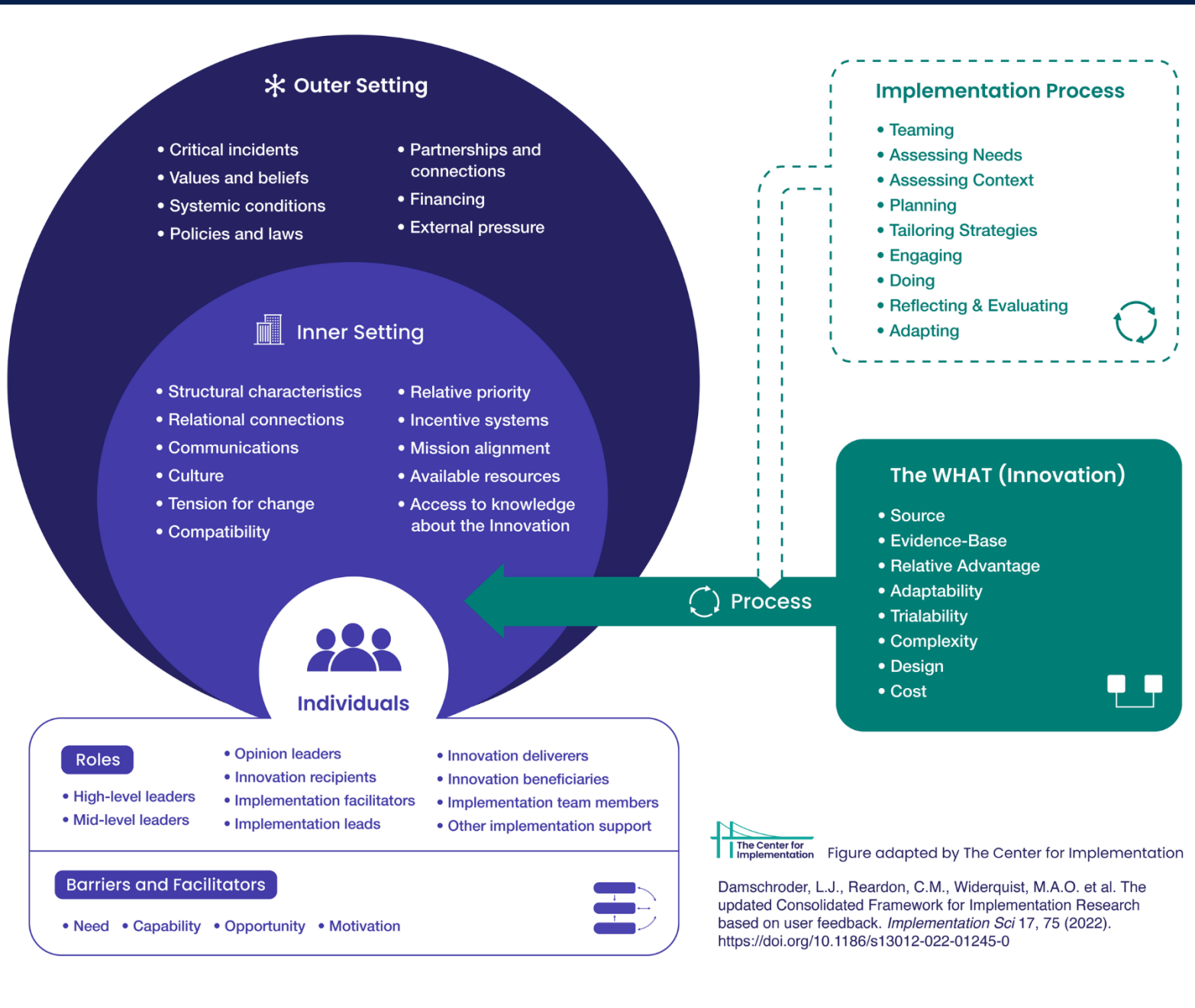
Methods

- Data sources
  - Multidisciplinary working group meeting minutes: November 2023-April 2024
  - Staff focus groups (22 participants)
  - Patient focus groups and interviews (15 participants)
  - Implementation logs
  - Electronic health record data: November 2023-December 2024

Methods

- Analysis of working and focus group data
  - Rapid qualitative analysis guided by the CFIR (Consolidated Framework for Implementation Research)
- Analysis of electronic health record data
  - Simple frequencies
  - Run charts

CFIR (Consolidated Framework for Implementation Research)



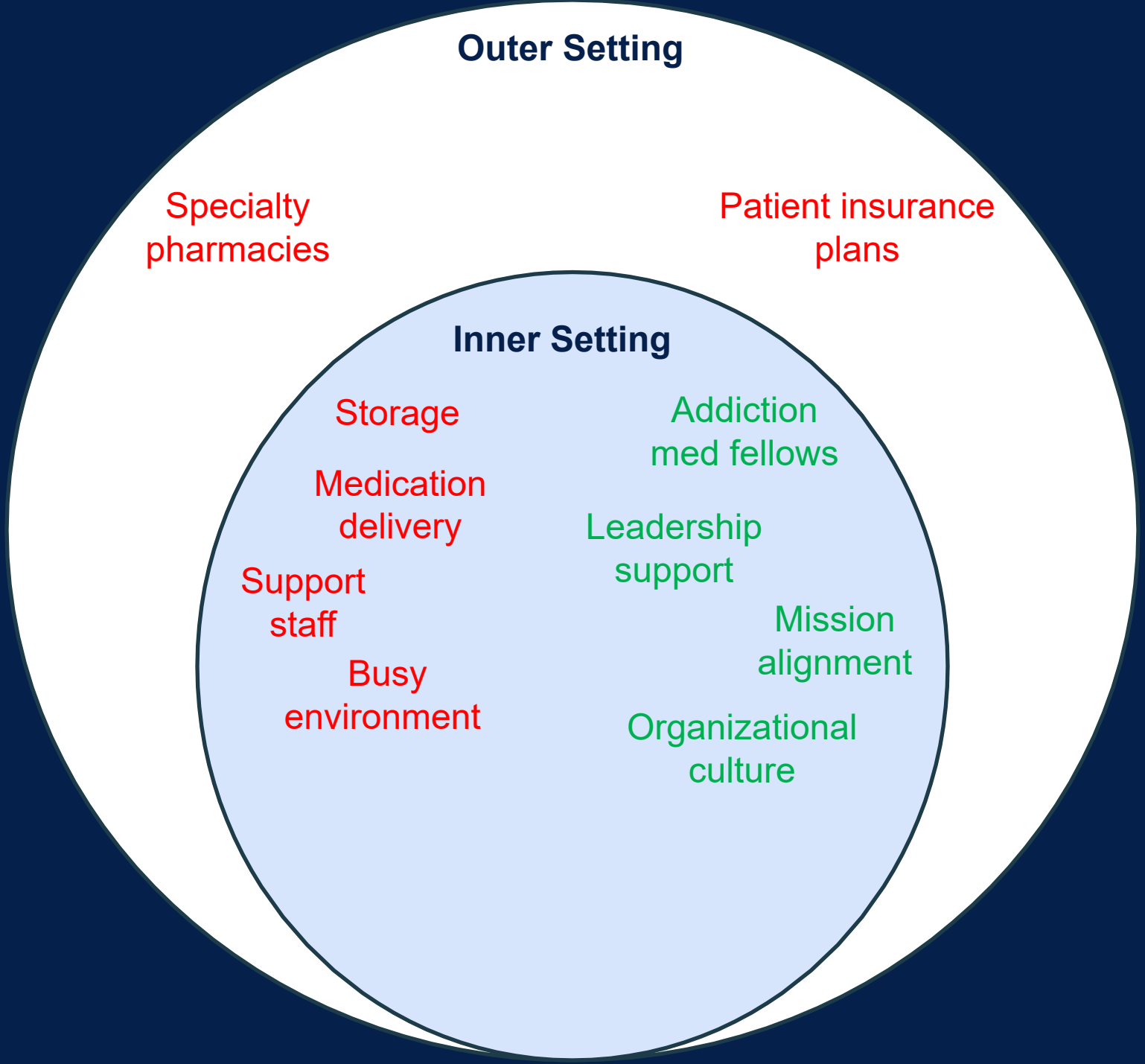
The Center for Implementation Figure adapted by The Center for Implementation

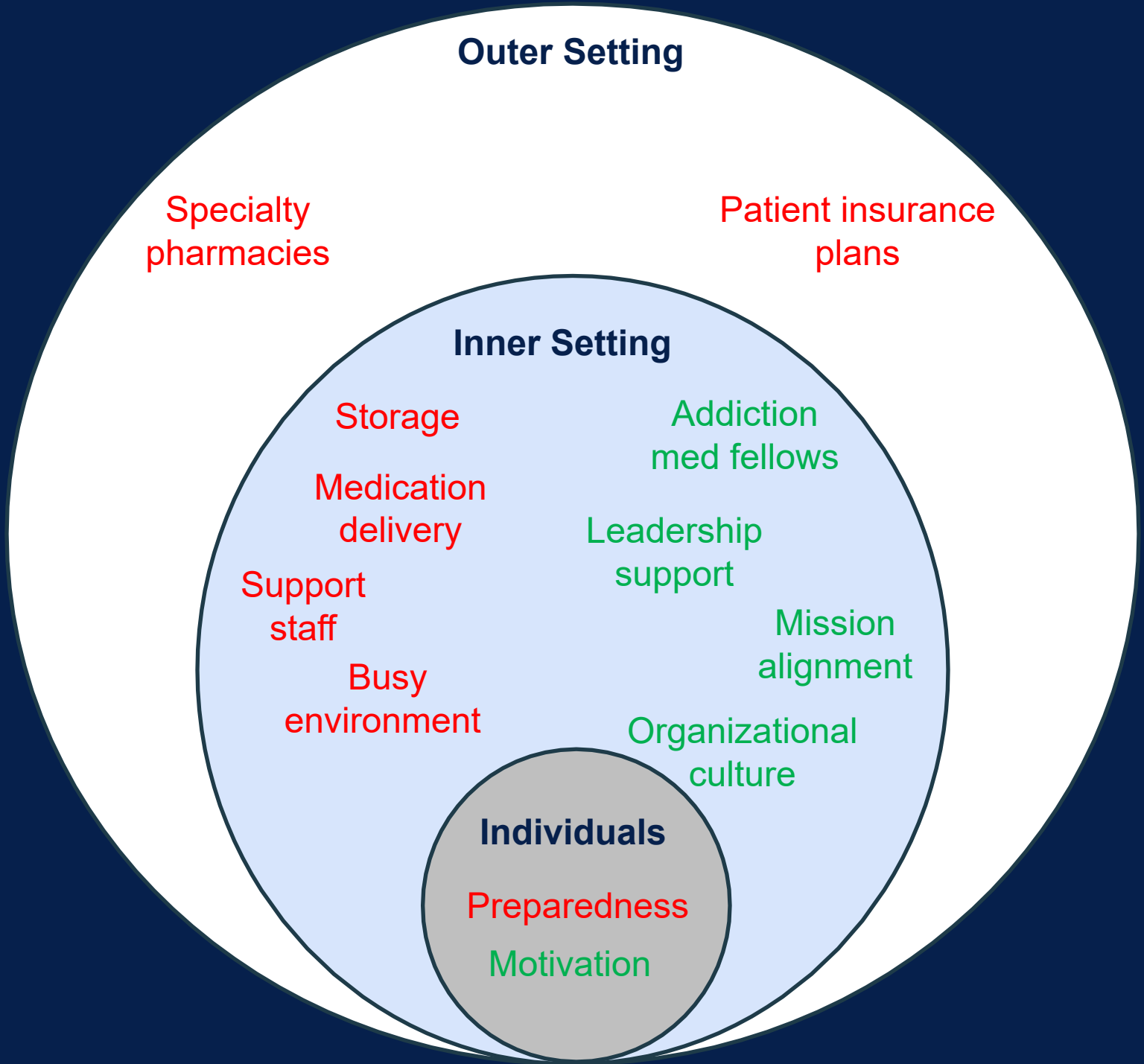
Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Sci* 17, 75 (2022). https://doi.org/10.1186/s13012-022-01245-0

Outer Setting

Specialty pharmacies

Patient insurance plans


Outer Setting
Specialty pharmacies
Patient insurance plans
Inner Setting
Storage
Medication delivery
Support staff
Busy environment
Addiction med fellows
Leadership support
Mission alignment
Organizational culture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Individuals
Preparedness
Motivation

Outer Setting

Specialty pharmacies

Patient insurance plans

Inner Setting

Storage

Medication delivery

Support staff

Busy environment

Addiction med fellows

Leadership support

Mission alignment

Organizational culture

Individuals

Preparedness

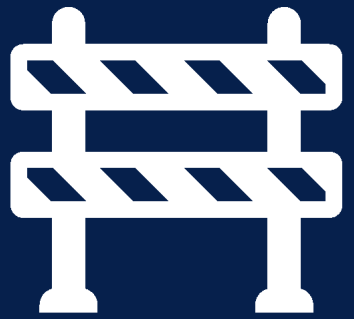
Motivation

Patients

What and how do patients want to learn about LAI bupe?

- What:
  - *Detailed* withdrawal experience
  - Is it going to hold me?
  - Side effects, medication interactions
  - Pregnancy and fertility
  - Equivalency to sublingual
- How:
  - Importance of peer messenger
  - Not put off by discussion of bupe in SSP

Project Aims



1. Examine LAI buprenorphine implementation barriers and facilitators

2. Develop, pilot, and refine LAI-bupe implementation strategies

3. Examine gaps in care following LAI-bupe implementation

Development of resources on medications for OUD for OnPoint

Medication for Opioid Use Management (MOUM)

MOUM	What it is	How it works	Starting it	How often you go to the program	Where you can get it
 **Methadone**	• **Full opioid** • Liquid/tablet	• Treats withdrawal • Cuts cravings	• Start any time • Start at low dose • Increase over 1-2 weeks	1x daily at first, then depends	Methadone program
 **Buprenorphine by mouth "Bupe"/"Suboxone®"**	• **Part opioid** • Film or tablet • "Suboxone®" = Bupe + Naloxone (only absorbed if injected) • "Subutex®" = just bupe	• Treats withdrawal • Cuts cravings	• Wait 24-48 hours after last opioid use to take bupe • "Microdosing"/Low-dose: talk to a staff member to learn more	1x weekly, then 1x monthly	• **OnPoint Health Hub!** • Primary care office • Outpatient treatment program • Methadone program
 **Buprenorphine injection "Bupe shot"**	• **Part opioid** • Monthly shot (Sublocade®, Brixadi®) • Weekly shot (Brixadi®)	• Treats withdrawal • Cuts cravings • Slowly released	• Start 0-6 hours after last opioid use • Weekly shot first, then monthly shot • Some withdrawal 24 hours after shot	1x monthly or 1x weekly (depending on injection)	• **OnPoint Health Hub!** • Primary care office • Outpatient treatment program • Methadone program
 **Naltrexone injection "Vivitrol®"**	• **Opioid blocker** • Monthly shot	• Cuts cravings • Slowly released	• No opioids for 7 days • Often started in hospital or detox	1x monthly	• Primary care office • Outpatient treatment program • Methadone program

MOUM	Stopping	Can I use while on MOUM?		Reduces OD?	Common side effects
 **Methadone**	Gradual taper ↘	✓	Yes. Will feel it more on lower methadone doses.	✓	Constipation (15-50%), drowsiness, nausea, sweating, sexual problems, weight gain (less frequent)
 **Buprenorphine by mouth "Bupe"/"Suboxone®"**	Gradual taper ↘	✓	Yes, but harder to feel it. Can stop bupe for 1-2 days to feel it more.	✓	Nausea, headache, insomnia (1-10%)
 **Buprenorphine injection "Bupe shot"**	Tapers on its own STOP	✓	Yes, but harder to feel it. Choose lower injection dose to feel it more.	✓	Injection area pain and redness, fatigue after 1st injection, nausea, headache, insomnia (1-10%)
 **Naltrexone injection "Vivitrol®"**	No withdrawal STOP	✗	Yes, but will be unlikely to feel at all	?	Injection pain, insomnia, nausea & diarrhea (1-10%)

Ways to be more comfortable when starting Bupe

Medications
- Clonidine
- Anti-nausea medicines
- Painkillers
- Anti-diarrheal medicines
- Benzos
- Stool softeners

Other ways
- Talk therapy
- Listen to music
- Healthy distraction (e.g. watching movies)
- Holistic services available at OnPoint (acupuncture, acupressure, massage)

Medication for opioid use management (MOUM)

Can I use while on MOUM?

Not everyone wants to stop completely

Methadone
Yes. Will feel it more on lower doses.

Bupe (Suboxone®)
Yes, but harder to feel it. Can stop bupe for 1-2 days to feel it more.

Bupe shot
Yes, but harder to feel it. Choose lower injection dose to feel it more.

Vivitrol®
Yes, but will likely not feel it at all.

Ways to be more comfortable when starting bupe

Prescribed medications:

- Clonidine
- Anti-nausea meds
- Painkillers
- Anti-diarrheal meds
- Benzodiazepines

Other ways:

- Talk therapy
- Listen to music
- Healthy distraction (watching movies)
- Holistic services available at OnPoint (acupuncture, ear beads, massage)

Check out OnPoint holistics for acupuncture, Reiki, acupressure, and much more!

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WASHINGTON HEIGHTS CORNER PROJECT & NEW YORK HARM REDUCTION EDUCATORS

ONPOINT NYC

Serving NYC since 1992

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New York, NY 10033

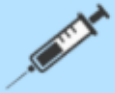
Main Phone Number

(212) 828-8464

Hub Clinic Phone Number

(929) 314-1147

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

MOUM	How it's taken	Brand names	Cuts cravings?	Treats withdrawal?	How often you go to the program	Stopping
Methadone 			✓	✓	1x daily at first, then depends	Gradual taper ↘
Buprenorphine by mouth ("bupe") 		"Suboxone®" = bupe + naloxone **(naloxone only absorbed if injected!)** "Subutex®" = just bupe	✓	✓	1x weekly, then 1x monthly	Gradual taper ↘
Buprenorphine injection ("bupe shot") 		Sublocade®= monthly shot Brixadi®= monthly and weekly shot	✓	✓	1x monthly or 1x weekly (depending on injection)	Tapers on its own Withdrawal unlikely STOP
Naltrexone injection 		"Vivitrol®"	✓	✗	1x monthly	No withdrawal STOP

What are possible effects?

Methadone

Constipation

Sweating

Nausea

Weight gain

Drowsiness

Sexual problems

Bupe (Suboxone®)

Nausea

Headache

Insomnia

Bupe shot

Pain/Redness

Fatigue

Nausea

Headache

Insomnia

Vivitrol®

Pain/Redness

Insomnia

Nausea

Diarrhea

How do I start?

Methadone
- Start any time
- Start at low dose, then increase in 1+ week

Bupe (Suboxone®)
- Wait **24-48 hours** after last use to take bupe
- **"Microdosing"**: talk to a staff member to learn more

Bupe shot:
- Start **6-12 hours** after last opioid use
- Weekly shot/monthly shot
- Some withdrawal 24 hours after shot

Vivitrol®
- No opioids for 7 days before
- Usually started at hospital or detox

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Medications for opioid use management

How they work on opioid receptors

Methadone

Full opioid

- Fully sits inside the opioid receptor
- Can still feel other opioids, especially on lower doses
- Treats withdrawal
- Cuts cravings

Buprenorphine

(aka "Suboxone®", "Subutex®", "Bupe")

Part opioid

- Sits inside the opioid receptor but not a perfect fit
- Blocks other opioids
- Kicks other opioids off the opioid receptor
- Treats withdrawal
- Cuts cravings

Naltrexone

(aka "Vivitrol®")

Opioid blocker

- Not an opioid
- Completely blocks the opioid receptor
- Kicks other opioids off the opioid receptor
- Cuts cravings

Bupe & Opioid withdrawal

BUPE OPTIONS	HOW FAST CAN I START??
Bupe strips/"Suboxone®": Regular start	24-48 hours and most symptoms below
Bupe strips/"Suboxone®": Microdosing	0 hours
Bupe shot	0-6 hours and usually some symptoms below

However you start, your doctor is there to help!
Medications to help you be more comfortable: Benzos, Clonidine, Nausea, Diarrhea and Pain medications

OPIOID WITHDRAWAL SYMPTOMS


YAWNING


RUNNY NOSE


WATERY EYES


CHILLS/HOT & COLD FLASHES


BODY ACHES


STOMACH UPSET


SWEATING


CAN'T SIT STILL


SHAKING

MOUM material staff training

MOUM material evaluation

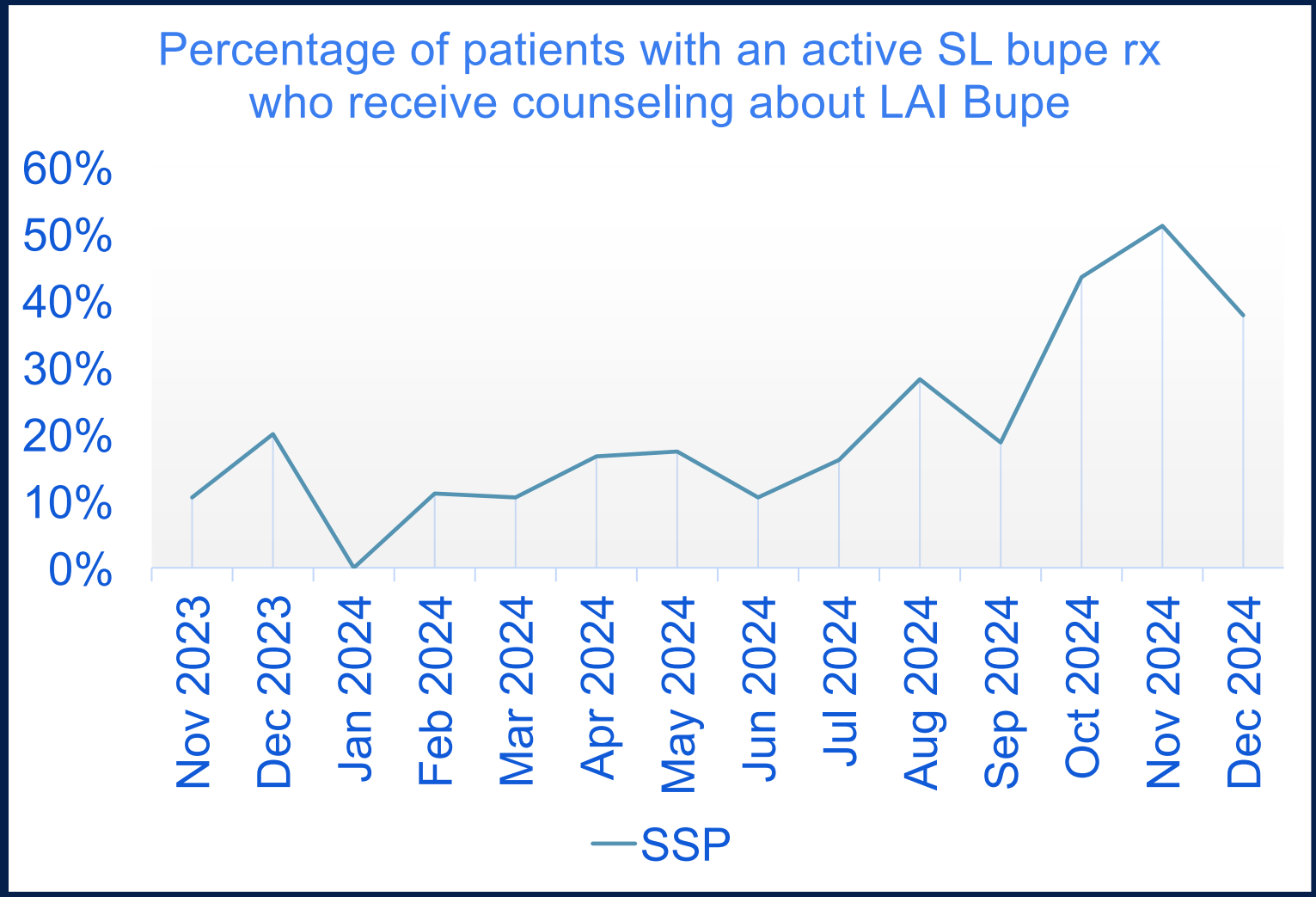
Electronic documentation

Staff focus groups

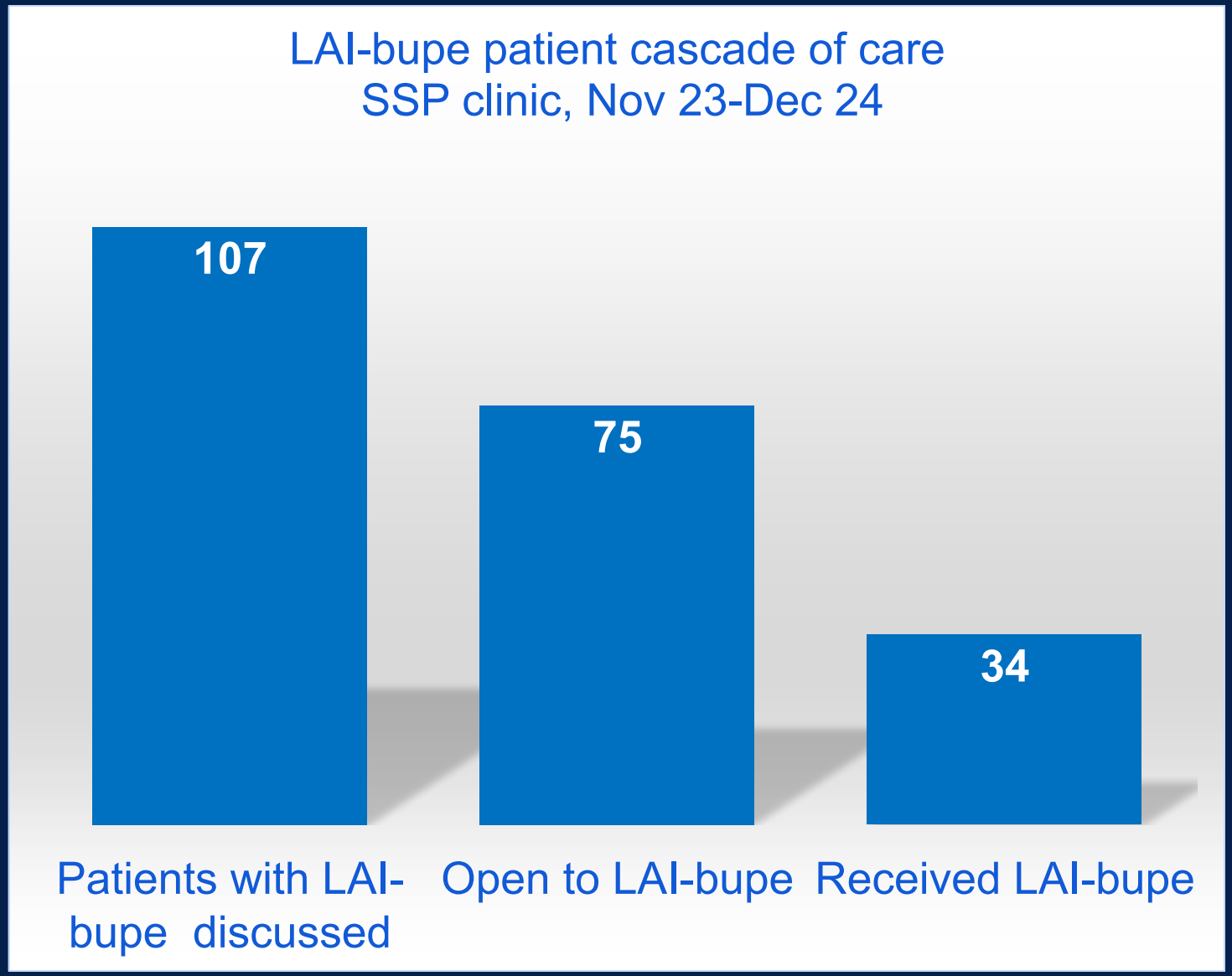
Observation

EHR data

Patient receipt of counseling about LAI bupe has increased



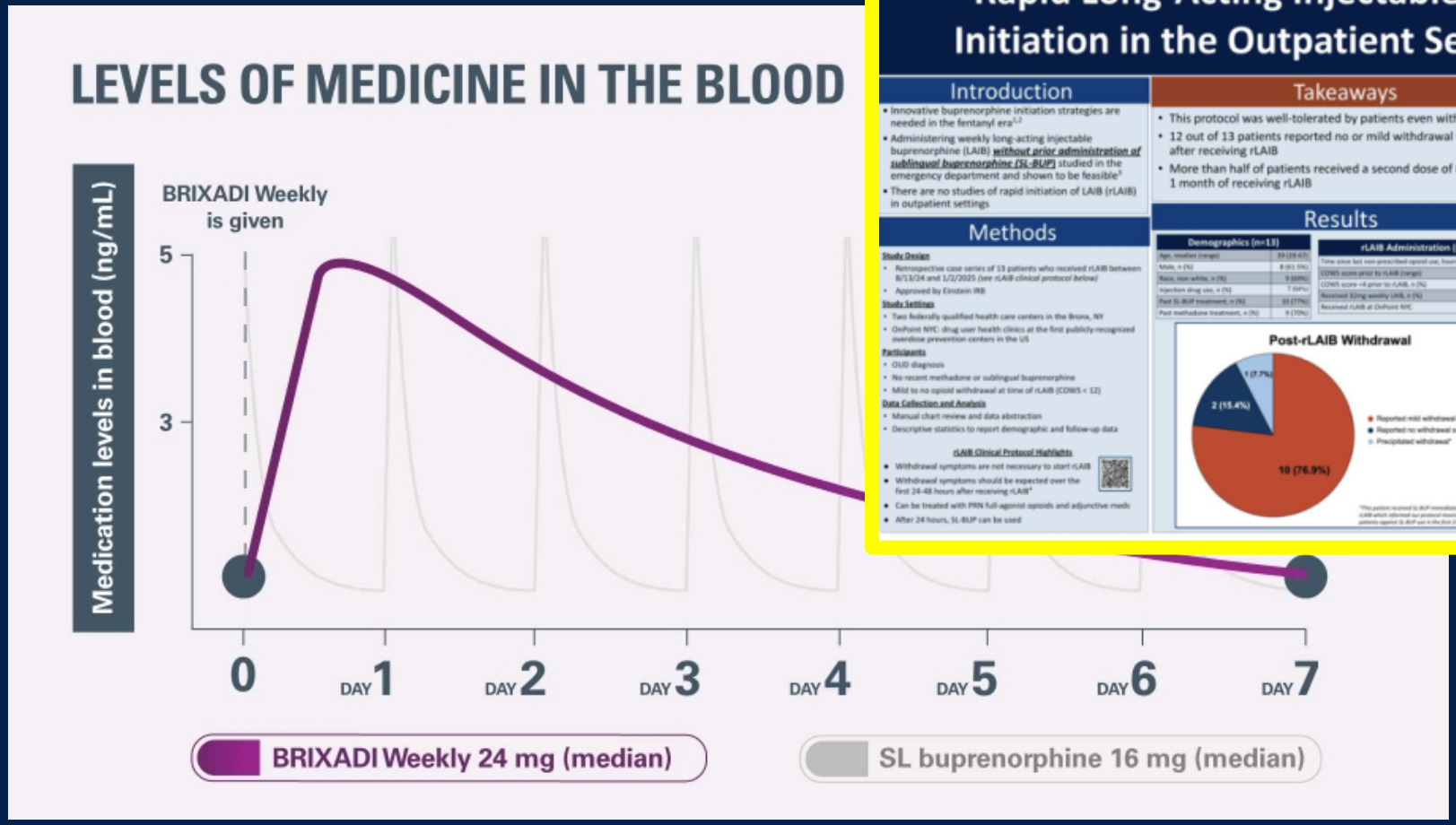
Preliminary patient outcomes



LAI bupe has provided new low-threshold mode of initiation

- Slow onset of action over 24 hours = Less withdrawal

#129



Clinical Case: LAI Buprenorphine

Harm reduction meets mental health care: Developing a low-threshold PTSD intervention for syringe services programs

Teresa López-Castro, PhD

ASAM 2025 April 2025

Who OnPoint serves

- Serves over 10,000 participants each year
- Nearly 75% of participants unstably housed and have extremely low income. Over one third are street homeless.
- Over 80% report histories of trauma, and more than half meet the criteria for co-occurring SUD and mental health condition.
- Over 75% of participants are Hispanic/Latino (55%) or Black/African American (22%), close to 15% identify as LGBTQIA+, and approximately 70% are men.

Corso, S. (2025)

What is low threshold mental health care?

A co-location model of care —

"Ever since I was young, I've had a lot of trauma. I've been arrested 33 times… since I've been here I feel way better about certain things. Not only did I stop getting arrested but things in this center helped me so much from acupuncture to chiropractor to even the food services. The showers, I'm in a shelter now so nobody wants to go outside smelling dirty or anything… the laundry services help a lot and the staff, they treat you like a human being. Besides the booth, the smoke room and every other service, just hanging out here with good people watching TV, something like that, just the smallest things you know could make a big difference to somebody."

– Steven, OnPoint NYC participant

Corso, S. (2025)

What does low threshold mental health care *look like* in a harm reduction setting?

- Non-clinical interactions
- Clinicians modeling support seeking behaviors
- Holding sessions in nontraditional settings
- Prioritizing immediate needs
- Conducting sessions with clients under the influence
- Clinicians facilitating group activities
- Team-based care & coordination with psychiatric services

Corso, S. (2025)

PTSD is deadly in people who inject drugs.

- **PTSD in the context of injection drug use:**
  - Intensifies non-prescribed opioid use[2]
  - Doubles the risk of overdose[3]
  - Increases HIV/HCV infection risk[4]
- PTSD diminishes retention to medications for OUD (MOUDs)[5,6]

[2]Kidorf et al.,(2018). [3]Lee et al., (2020). [4]Plotzker et al., (2007). [5]Goytan et al., (2021). [6]Peirce et al., (2016).

Harm reduction programs care for many with PTSD.

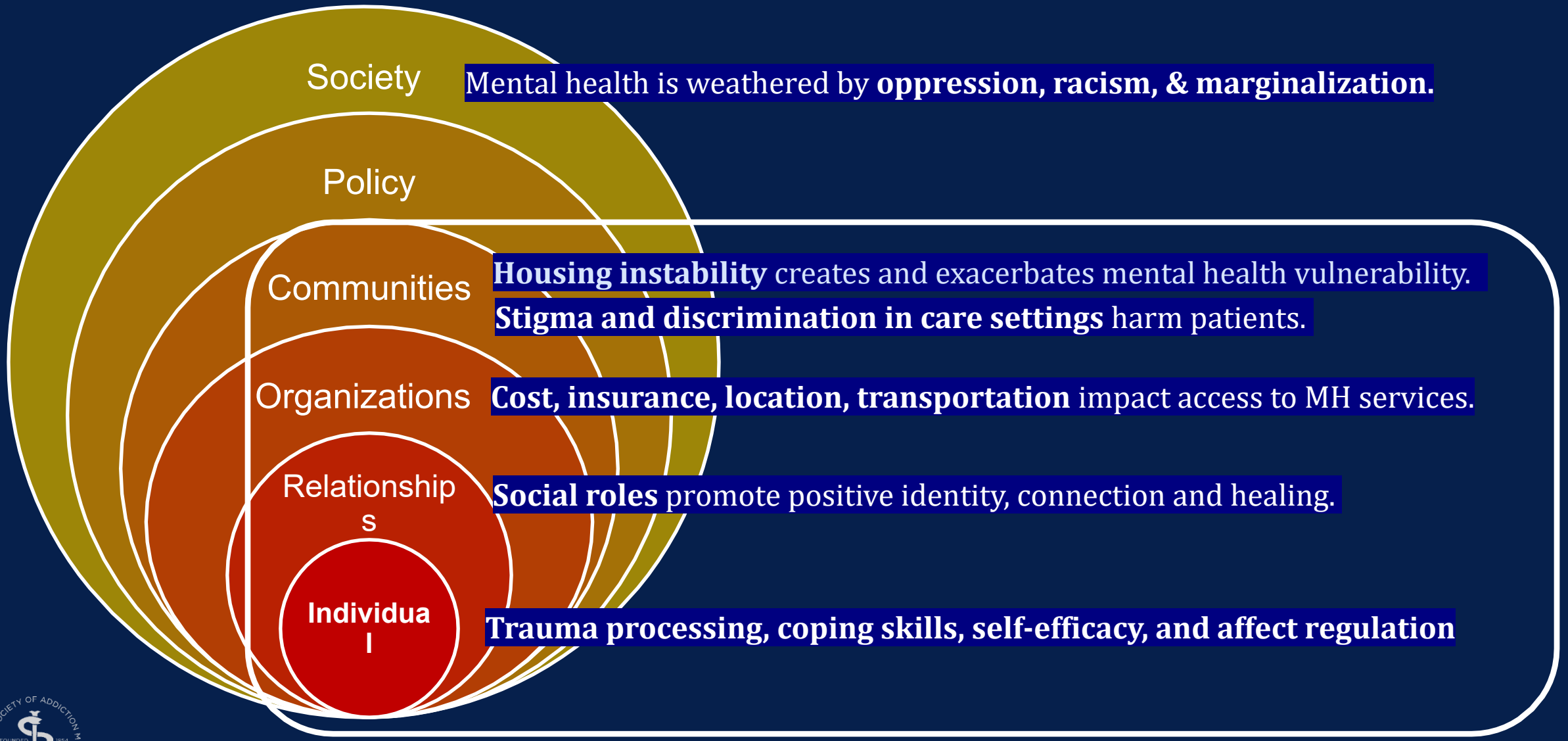
- Surveyed N = 139 registered clients (over 18) of syringe services programs (SSPs) in New York City[7]
- Those with probable PTSD (57%)[a]:
  - Experienced more overdoses (86%*)
  - Many were prescribed MOUD in past 30 days (60%, n=42).
  - Almost all were visiting SSP *at least* once weekly (95.6%, n=65).

[a]PCL-5 score of > 31, n=79

*N=52, 85.8% versus N=29, 49.2%, $p<0.05$

[7]López-Castro et al. (2024).

Evidence-based PTSD interventions privilege the individual level.



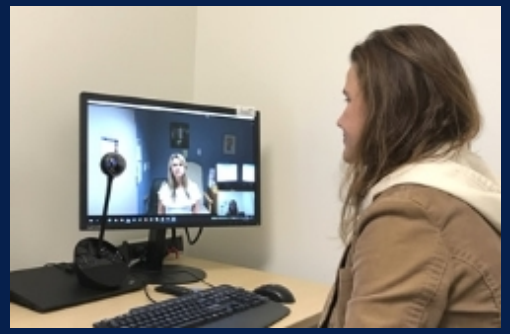
Bronfenbrenner (1977). Allen et al. (2014)

A candidate for low-threshold PTSD care: Cognitive Processing Therapy (CPT)

Reduces PTSD

Works in high conflict / low-resource settings

CPT in Democratic Republic of Congo



Flexibility in amount & timing

Effective CPT telehealth version

Resick et al. (2016). Chard (2005). Galovski et al. (2012). Bass et al. (2013). Fortney et al. (2021)

How do we “nest” CPT within harm reduction care?

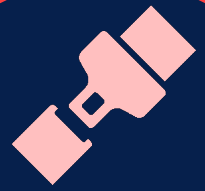
- Stakeholder-engaged methods
  - Advisory Board
  - Qualitative research with SSP staff and participants
  - Community partnerships
- Systematic and iterative adaptation process

McKleroy et al. (2006).

What might a low-threshold, harm reduction version of CPT look like?

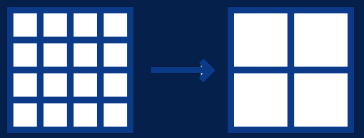
Coaches support practice between sessions.

Session 1 focuses on relationship, harm reduction, & goals



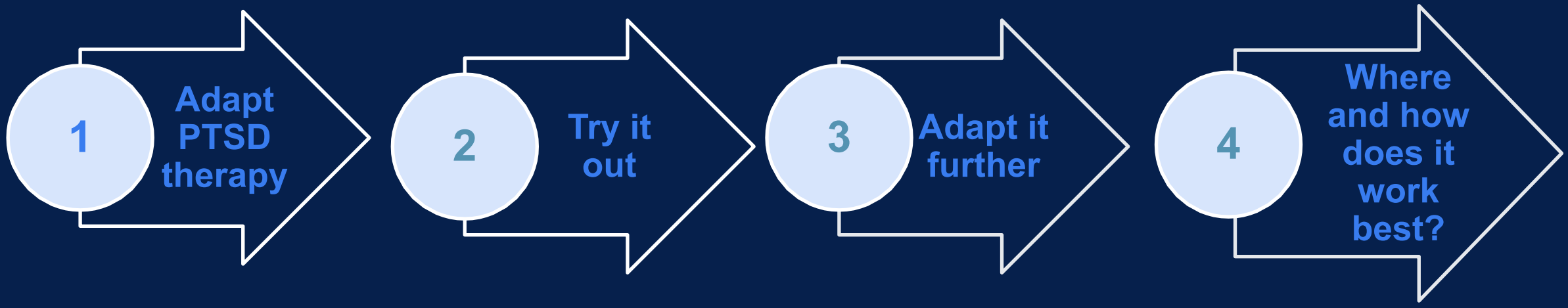
Harm reduction plan comes before trauma work.

Pared down CPT with fewer skills to learn.



CPT worksheets simplified.

Next steps: Building the evidence



- Board input
- Focus groups
- Harm reduction frame
- SSP coaches

- Open trial
- New York City
- 15 participants

- Board approval
- Statewide partnerships

- Randomized multisite trial
- 3 NY State locations
- 250 participants
- CPT vs. wait list control
- Implementation outcomes

Final Takeaways

- Low threshold mental health care is
  - co-located and integrated;
  - responsive to social drivers of health;
  - client-led and empowering.

- Co-produced adaptations of evidence-based mental health interventions are a next critical step.

Summary

- Low-threshold care:
  - Embraces harm reduction
  - Is team-based
  - Is flexible and accessible
  - Recognizes individuals as experts in their own health
- Harm reduction organizations are optimal locations to provide wrap-around, low-threshold drug-user health services
- Successful academic/harm reduction partnerships can be built to implement and study innovative treatments

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