

Harm Reduction is Healthcare: Decreasing Risk and Stigma With People Who Use Drugs

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ASAM Annual Conference: Innovations in Addiction Medicine & Science
April 25, 2025

Disclosure Information

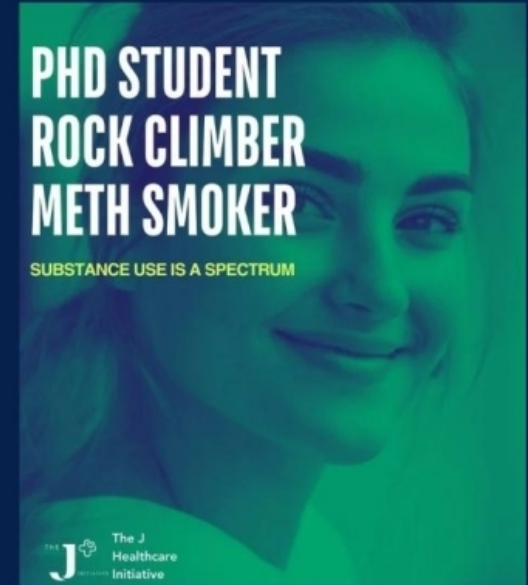
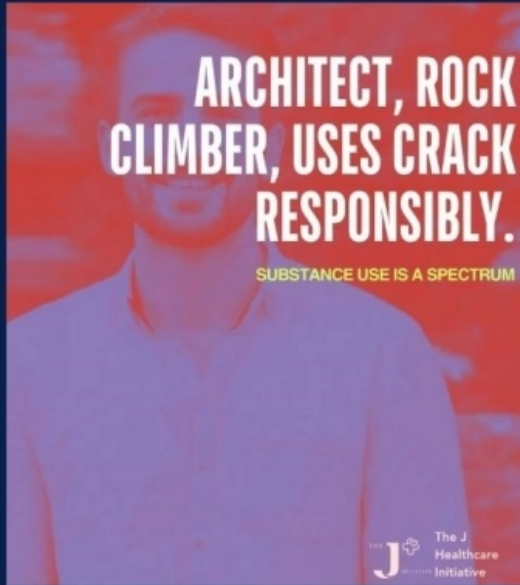
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 - ◆ No Disclosures
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Learning Objectives

1. Summarize the tenets of Harm Reduction and allyship with PWUD through a liberatory lens
2. Describe how harm reduction policy was introduced and expanded in one hospital
3. Develop a safety plan with people who use drugs (PWUD)
4. Evaluate approaches to caring for PWUD in the hospital



Substance Use is a Spectrum



Language is a powerful tool to break down stigma and build solidarity with PWUD.

Taking Our Power Back

Liberatory Harm Reduction (LHR) & Harm Reduction:

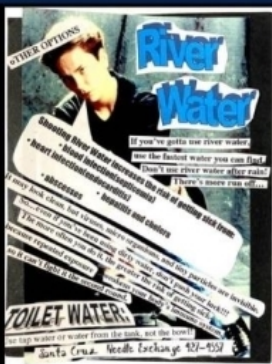
- the WHY matters - do not whitewash HR history
- pay homage to LHR movement leaders & ancestors
- founded by BIPOC, Queer & Trans, Youth, People with disabilities
- led by PWUD, sex workers & unhoused street economists
- total bodily autonomy & self-determination
- philosophical and political movement to shift power & resources



Miss Major Griffin-Gracey, Sylvia Rivera, Marsha P. Johnson

harm reduction

- population disease control
- approach & fundamental belief in how to deliver the services
- risk reduction
- does NOT center the voices of PWUD
- EXCLUDES history, philosophy, the WHY



Solidarity with Drug User Led Movements

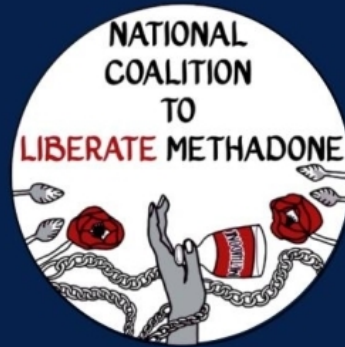
Call-to-Action for Compassionate Overdose

standard naloxone dose: IN 4mg x1-2 or IM 0.4mg **OR LESS**

restore breathing & **minimize withdrawal**

3-5 mins in between doses

Help us keep harmful high-dose naloxone out!



Safe Supply
Liberate Methadone
pharmaceutical-grade
Iron Law of Prohibition



toxic illicit drug supply



Overdose Prevention Centers

health promotion & community safety

individuals not served by formal healthcare system

OPCs **do not** increase crime

safe consumption = alcohol at bars

decrease OD, public drug use, syringe litter

Peer-led Model and Medical Model

Drop-In Center

Syringe Service Program

Drug Checking / Safe Use Supplies

Overdose Education & Naloxone

Mental Health Services

Clinical Care / MOUD

Case Management / Peer Support

STI Testing and Linkage to Care

Community Garden / Beekeeping

Holistic Services

Art Therapy

Soundbath Healing

Acudetox

Reiki / Massage

Haircuts / Barber Services

Mobile Outreach

Food Pantry / Community Meals

Laundry Services

Community Cleanup Program

Professional Development Services

+ Smoking Room & OPC

75% of participants access
FREE wraparound services

Over \$54 million saved in
2 NYC neighborhoods

OPCs ARE Treatment

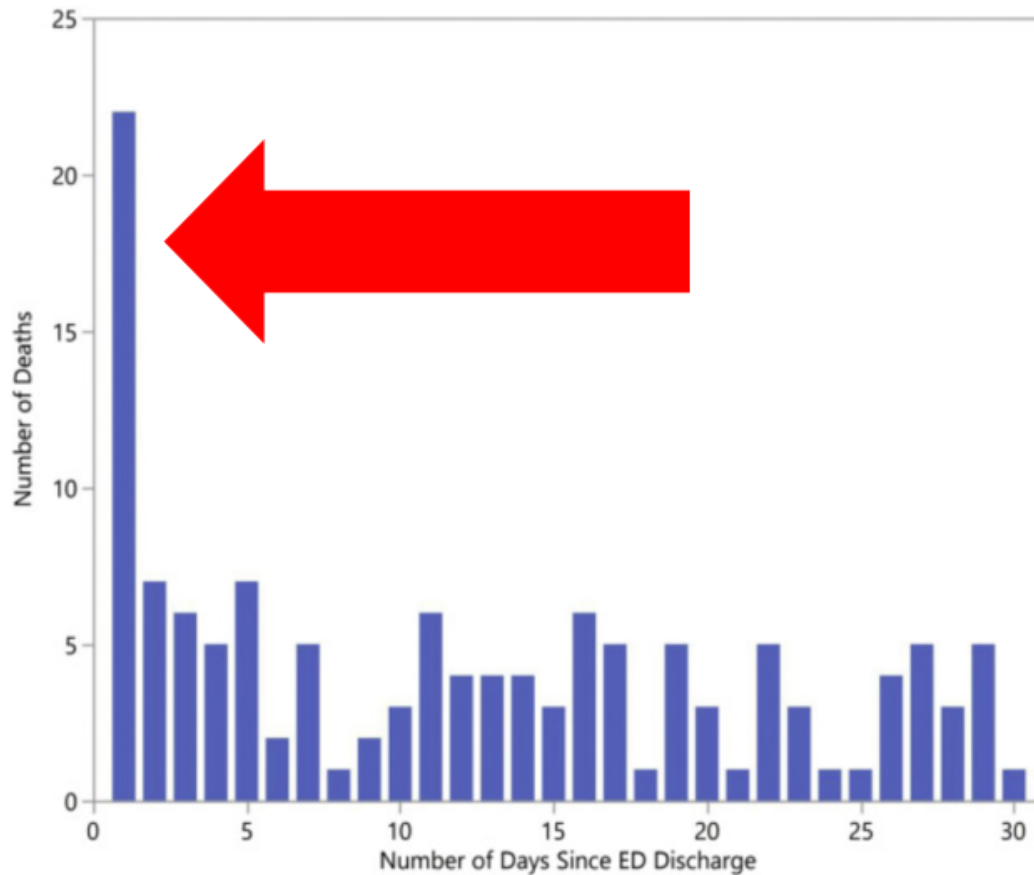


To date OnPoint has:

- **6350** registered patients
- **198,000** utilizations
- **1875 OD** interventions
- **4.5 million units** of hazardous waste
- **Over 83%** of overdoses reversed with O2 alone

OPCs are Health, Safety & Love





Number of Deaths after ED Visit for Non-fatal Overdose

Weiner, Scott G., et al. "One-year mortality of patients after emergency department treatment for nonfatal opioid overdose." *Annals of emergency medicine* 75.1 (2020): 13-17

Formalizing Harm Reduction as Hospital Policy

Policy Change

July 2022: Funding acquired

July-Nov 2022:

- Informal needs assessment
- Implementation plan (MD, RN, pharmacy, IT, operations)

March 2023: Hospital Policy for Safer Use Equipment Distribution Approved

Stakeholder Engagement and Provider Education

Provider education

- MD & APP

Stakeholder Engagement


- Tabling at RN shift change
- Department-wide Good News email blasts

Patient Engagement

May 2023: Safer Use Equipment distribution started




Equipment stored in the ED and distributed upon discharge

Formalizing Harm Reduction as Hospital Policy



New Orders

Harm Reduction Supplies

-  **nalOXone nasal solution take home kit 4 mg**
4 mg (1 spray), Nasal, Once, today at 1245, For 1 dose
Spray 0.1 mL (1 spray) into one nostril. Repeat with second device into other nostril after 3 minutes if no or minimal response.
-  **nalOXone nasal solution take home kit**
0.1 mL (4 mg total) into each nostril once as needed for up to 2 doses.
Print, Disp-0.2 mL, R-0
Interchange is mandated unless the practitioner indicates 'no substitution' in accordance with the law (105 CMR 721.000). Preferred language Spanish
-  **Harm Reduction Equipment**
STAT, Until Discontinued, today at 1230, For 1 occurrence

Addiction Medicine

- ☐ meTHAdone oral solution (MMTP client or out of treatment use)
- ☐ Naloxone Take Home Kit
- ☒ **Harm Reduction Supplies**
- ☐ ED Consult to Addiction Services

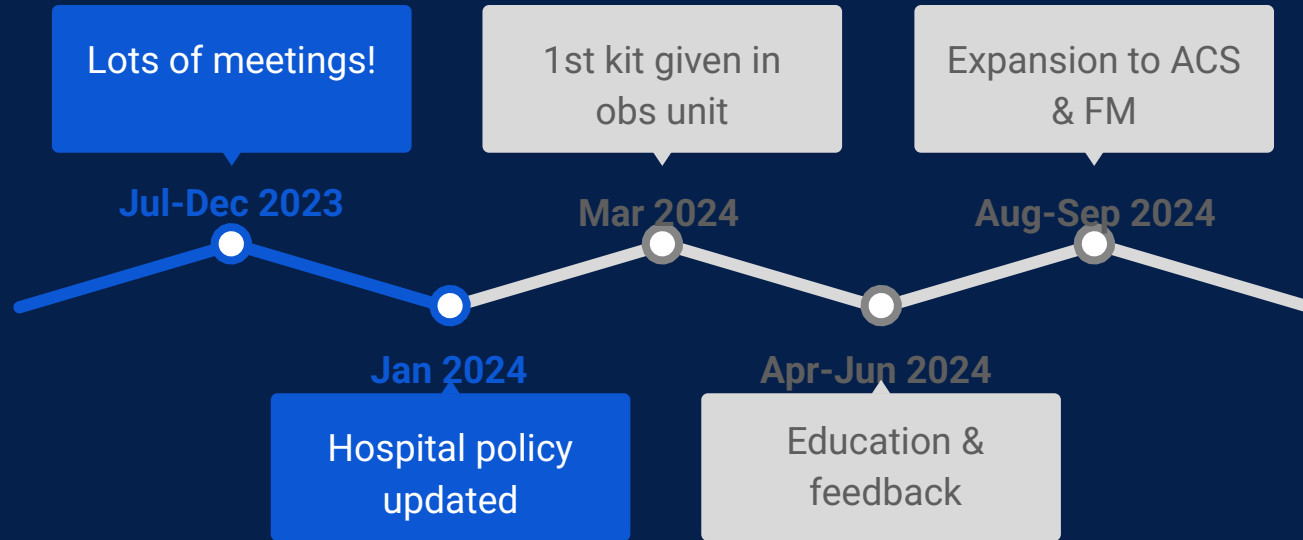
On July 10, 2024, the Massachusetts Board of Registration in Nursing (BORN) published advisory ruling 24-01, “The Role of Nursing in Harm Reduction” clarifying that:

*It is the position of the Board that **nursing practices that are consistent with harm reduction, including the provision of harm reduction supplies and/or services**, do not violate Standards of Conduct found in 244 CMR 9.03(7): “Nurses shall not aid any person in performing any act prohibited by law or regulation” so long as the nurse complies with all organizational policies and procedures. Licensed nurses shall not be subject to professional disciplinary action solely for the provision of harm reduction supplies or services to patients, regardless of setting.*



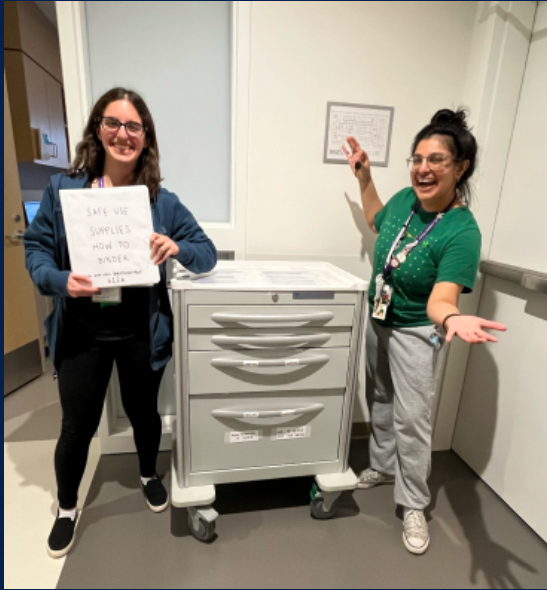
Massachusetts Board of Registration in Nursing. Advisory Ruling on Nursing Practice: The Role of Nursing in Harm Reduction. <https://www.mass.gov/doc/ar-24-01-the-role-of-nursing-in-harm-reduction-pdf/download>

Implementation of Harm Reduction Kits Inpatient



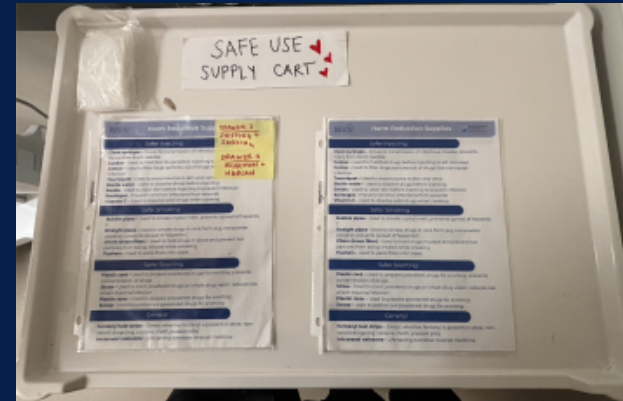
Implementation of Harm Reduction Kits Inpatient

Grab & Go



Labeled Drawers

Kit Contents



DRAWERS

1. Extra supplies
2. Extra supplies
3. Sniffing & Smoking
4. Injection & Naloxone



1



2

PATIENT SAFE SUPPLIES MENU

Can select as many different supplies as you like (can only receive 1 of each type)
Each kit comes with local resource info & fentanyl test strips

INJECTION

- ☐ BIGGIE SMALLS (28 GAUGE)
- ☐ ULTRA FINE (30 GAUGE)
- ☐ ULTRA ULTRA FINE/BEE STINGERS (31 GAUGE)

SMOKING

- ☐ STEM PIPE (COCAINE)
- ☐ BUBBLE PIPE (METH)

☐ SNIFFING

Harm Reduction Saves Lives



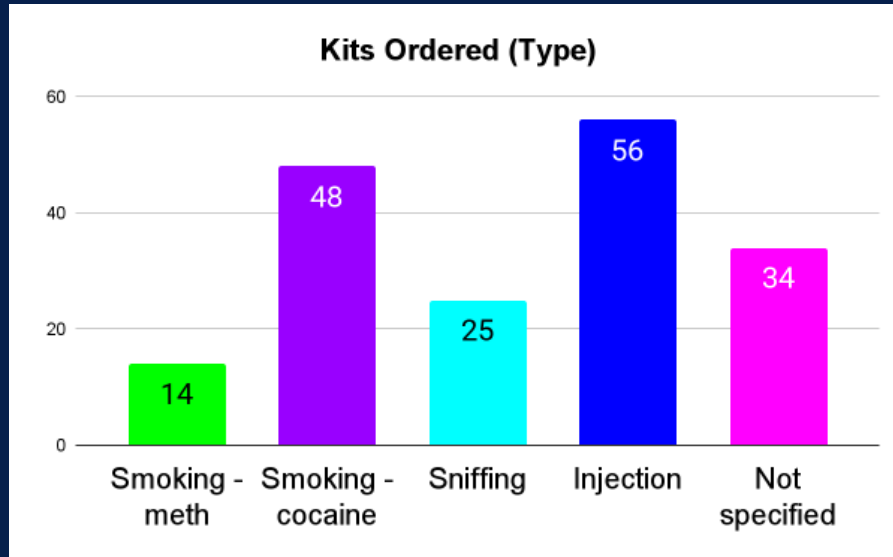
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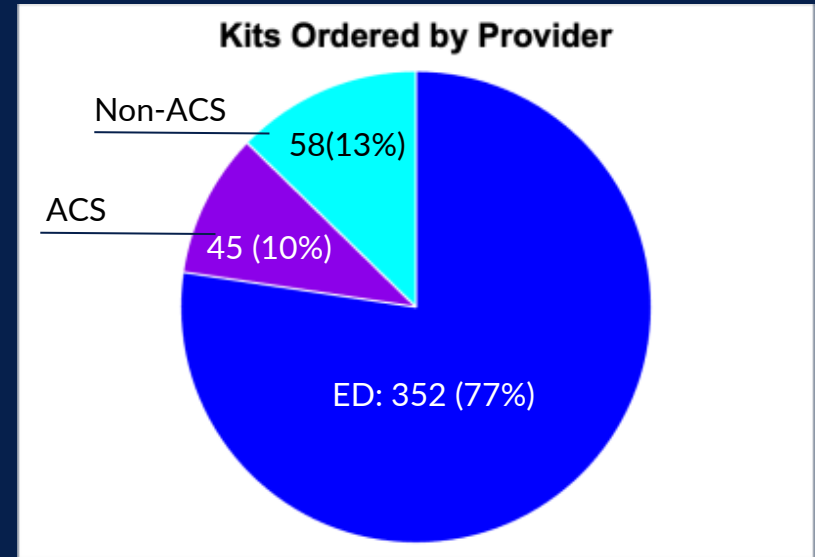
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Implementation of Harm Reduction Kits Inpatient: How It's Going

INPATIENT



INPATIENT + ED



Implementation of Harm Reduction Kits Inpatient: Evidence Based!

“When I was offered harm reduction supplies...I didn’t feel like I was being judged harshly, but more understood... **The offer of supplies just really spoke a great deal about compassion.**”
(Patient)

“...it’s actually **very refreshing to know that that’s something that’s available for anyone who comes in.** And that they have a sense of being accepted or welcome where they are.” (Medical and surgical nurse)



Overdose Detection Technology

Source:
<https://www.bostonglobe.com/business/2019/01/15/when-this-ceiling-alarm-sounds-she-becomes-lifesaver/>



When a reverse motion detector sounds, this MD becomes a lifesaver

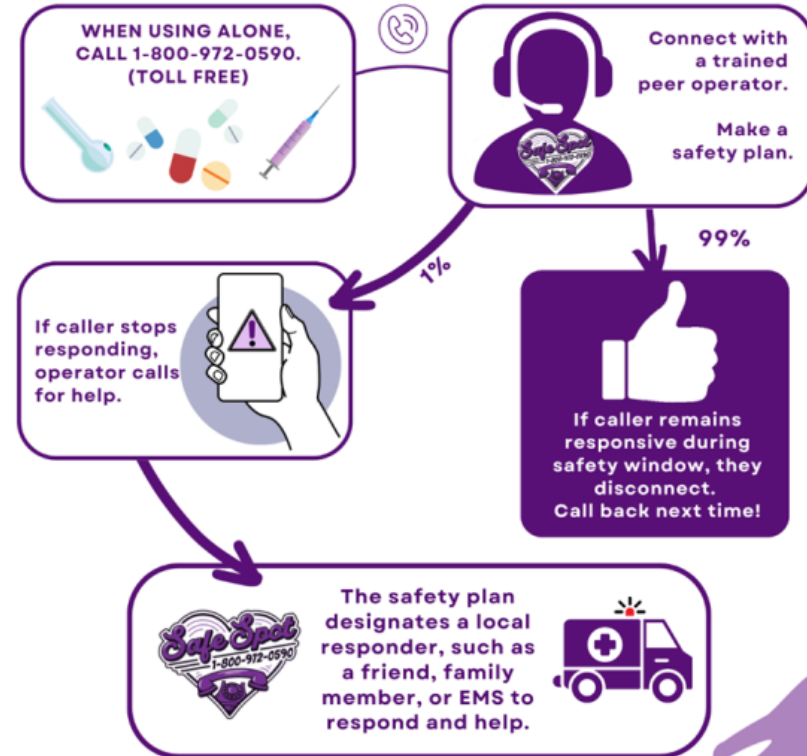
By Felice J. Freyer Globe Staff, January 15, 2019, 8:10 p.m.



A reverse motion detector in a bathroom — set off when a drug user overdoses and stops moving — often summons Dr. Jessie Gaeta. SUZANNE KREITER/GLOBE STAFF

Virtual Spotting via Hotline as a tool

How to Use ?



<https://safe-spot.me>

Do a test call with your participants or patients



Program our number into their phone



Give us a call and say hello!

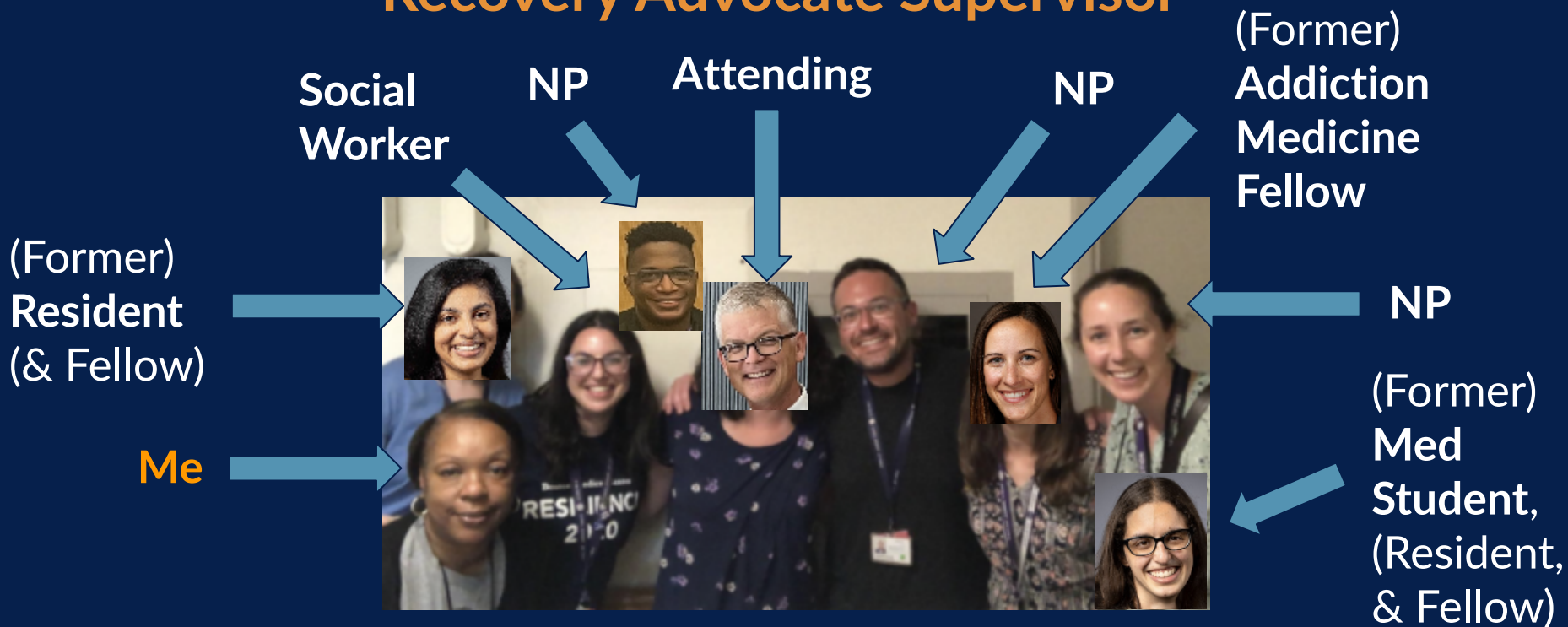


We will happily explain the service and get to know your participant to break the ice



You can do this 24 hours a day!

Addiction Medicine Consult Service Wellness & Recovery Advocate Supervisor



*When patients won't talk to the providers, they come to **me***

Approach to Caring for PWUD Inpatient: Best Practices

“Worst case scenario isn’t patients having euphoria, it’s worst case scenario is patients leaving the hospital & overdosing or leaving the hospital with incomplete treatment”

- Dr. Natalie Stahl MASAM 2023 “Helping Hospitals Do Less Harm”

Recovery vs Sobriety

- ◆ After putting any addictive substance down, what do you do with the person who shows up?
- ◆ The work begins...
- ◆ What do we do in a system that doesn't work?



NY Harm Recovery Alliance

How can we do better?

BREAK OUT SESSION

ROTATE THRU 3 TABLES

10 MINS @ TABLE #1



1 MIN SWITCH



10 MINS @ TABLE #2



1 MIN SWITCH



10 MINS @ TABLE #3

Implementing Harm
Reduction
Interventions in the
Hospital

Emergency Harm
Reduction: From
Hotline to the ED

Compassionate
Overdose Response
& Harm Reduction
Supplies

Impact of a Wellness
& Recovery
Advocate Supervisor
on ACS

Final Takeaways

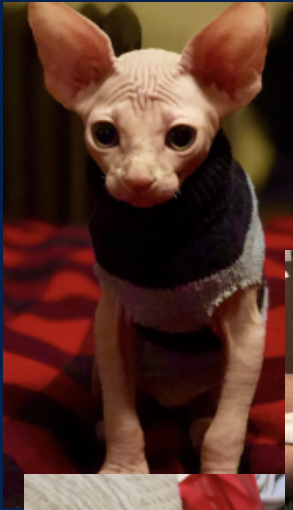
Meeting PWUD no matter where they are in life & partnering

There are multiple pathways to Harm Reduction

Listening for touchpoints from the individual

Being empathetic and unapologetically you 

Questions?



References

Compiled by Rita Chaney and William White (with assistance from Dr. Joe Gerstein, Dr. F. Michler Bishop, Dr. Tom Horvath, & Shari Allwood)

Deo, Vaishali S., Manreet K. Bhullar, Thomas P. Gilson, Daniel J. Flannery, and Sarah E. Fulton. 2024. "The Need to Rethink Harm Reduction for People Using Drugs Alone to Reduce Overdose Fatalities." *Substance Use & Misuse* 59(3): 450–58. doi:[10.1080/10826084.2023.2280534](https://doi.org/10.1080/10826084.2023.2280534).

Erin Russell, Mary Hawk, Joanne Neale, Alex S. Bennett, Corey Davis, Lucas G. Hill, Rachel Winograd, Lauren Kestner, Amy Lieberman, Alice Bell, Tim Santamour, Stephen Murray, Kristin E. Schneider, Alexander Y. Walley, T. Stephen Jones, A call for compassionate opioid overdose response, *International Journal of Drug Policy*, Volume 133, 2024, 104587, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2024.104587>.

<https://www.sciencedirect.com/science/article/pii/S0955395924002718>

Fraimow-Wong, L, Martin M, Thomas L, et al. Patient and Staff Perspectives on the Impacts and Challenges of Hospital-Based Harm Reduction. *JAMA Netw Open*. 2024;7(2):e240229. doi: 10.1001/jamanetworkopen.2024.0229

JHealthcare Initiative. (2025). <https://www.j-initiative.org/>

National Human Trafficking Resource Center: (888) 373-7888. you can also text HELP to BeFree (233733). Hotline staff can help you figure out whether you have seen a victim of human trafficking and can suggest local resources.

OnPointNYC. (2025). <https://onpointnyc.org/>

Weiner, Scott G., et al. "One-year mortality of patients after emergency department treatment for nonfatal opioid overdose." *Annals of emergency medicine* 75.1 (2020): 13-17

www.smartrecovery.org

A Tribute to Our Loved Ones We Have Lost in Denver to the ~~Overdose~~ Prohibition Crisis

In 2020 227 (only opiates)/1477 (all substances) lives. In 2021 520/3358 lives. In 2022 761/5157 lives



2021



2024

ALL of these deaths were preventable.

OUR BELIEFS

- 1** No one needs to die of an overdose: We have access to life-saving, evidence-based solutions. It's time to use them.
- 2** Public health crises demand public health solutions: When it comes to the safety and wellbeing of our communities, decision makers must implement health solutions guided by science, not stigma.
- 3** Criminalization is the crisis: Criminalization is fueling the overdose crisis by driving an unstable, potent drug supply.
- 4** Overdose deaths are a racial injustice: Disproportionate overdose death rates in Black, Latine, and Indigenous communities are a direct result of the racist drug war.
- 5** All people are worthy of care: People are not more or less worthy of care because of the drugs they use, their access to housing, or their socioeconomic status.
- 6** Overdose prevention centers benefit all community members: Overdose prevention centers bring health, safety, community, and love to our neighborhoods, and connect participants with the resources they need.
- 7** People over profit: The health and safety of our communities always comes first.



Overdose Prevention Centers National Solidarity Week
COLORADO
August 26th-31st

OUR DEMANDS

- 1** State and city leaders must respond to the overdose crisis with the outrage, urgency, and action demanded by a public health emergency.
- 2** State and city leaders must use their authority to clear a legal pathway to authorize and expand overdose prevention centers, especially in areas with the highest rate of overdose.
- 3** State leaders must use opioid settlement funds to sustain and expand essential harm reduction services, including overdose prevention centers.
- 4** Policymakers must work to end, and never increase, the criminalization and punishment of people who use drugs.



Overdose Prevention Centers National Solidarity Week
COLORADO
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Using Alone is an Overdose Risk Factor

Table 2. Socio-demographics, toxicology, injury characteristics, and naloxone administration, compared between decedents 'using alone' and decedents 'using with others'- Unintentional adult overdose deaths at Cuyahoga County Medical examiner's Office, 2016–2020.

	Using Alone	Using with Others	<i>p</i> -value ^a
Number of patients	2205	237	
Dead at the scene = Yes (%)	1474 (66.8)	119 (50.2)	<0.001

Deo, Vaishali S., Manreet K. Bhullar, Thomas P. Gilson, Daniel J. Flannery, and Sarah E. Fulton. 2024. "The Need to Rethink Harm Reduction for People Using Drugs Alone to Reduce Overdose Fatalities." *Substance Use & Misuse* 59(3): 450–58. doi:[10.1080/10826084.2023.2280534](https://doi.org/10.1080/10826084.2023.2280534).

Overdose Prevention Centers: also evidence-based!

- ◆ 2 US state-sanctioned overdose prevention centers, OnPoint NYC, opened Nov 2021

Table 2. Associations Between Opening OPCs and Public Safety and Disorder in Their Immediate Vicinity^a

	Crime		Law enforcement			Calls for service		
	Violent ^b	Property ^c	Weapons arrests ^d	Drug arrests ^e	Criminal summons	Crime 911 calls ^f	Medical 911 calls ^g	Nuisance calls ^h
Treatment × postintervention coefficient (SE) ⁱ	-0.08 (0.11)	0.02 (0.11)	-0.83 (0.38) ^j	-1.76 (0.27) ^k	-2.11 (0.20) ^k	-0.34 (0.33)	-0.61 (0.40)	0.02 (0.20)
Change (95% CI), % ^l	-7.8 (-25.8 to 14.5)	2.1 (-17.0 to 25.6)	-56.5 (-79.4 to -8.1)	-82.7 (-89.9 to -70.4)	-87.9 (-91.9 to -81.9)	-28.5 (-62.3 to 35.6)	-45.9 (-75.2 to 18.1)	2.5 (-30.1 to 50.3)
Preintervention crime count, mean (SD)	7.7 (5.6)	3.1 (2.3)	1.0 (1.5)	17.9 (22.6)	4.9 (8.0)	152.0 (85.2)	90.4 (66.0)	26.0 (16.8)
No. of observations	912	912	912	912	912	912	912	912

Table 3. Associations Between Opening OPCs and Public Safety and Disorder in Their Wider Neighborhoods^a

	Crime		Law enforcement			Calls for service		
	Violent ^b	Property ^c	Weapons arrests ^d	Drug arrests ^e	Criminal summons	Crime 911 calls ^f	Medical 911 calls ^g	Nuisance calls ^h
Treatment × postintervention coefficient (SE) ⁱ	-0.24 (0.15)	-0.12 (0.09)	-1.21 (0.29) ^j	-1.37 (0.34) ^j	-0.91 (0.22) ^j	-0.17 (0.06) ^k	-0.41 (0.18) ^l	-0.18 (0.24)
Change (95% CI), % ^m	-21.4 (-41.3 to 5.2)	-11.1 (-26.1 to 6.9)	-70.2 (-83.0 to -47.5)	-74.5 (-87.0 to -50.0)	-59.7 (-73.8 to -38.0)	-15.9% (-25.1 to -5.6)	-33.4 (-53.0 to -5.5)	-16.6 (-47.7 to 33.1)
Preintervention crime count, mean (SD)	4.9 (4.8)	2.3 (2.1)	0.8 (1.4)	9.0 (17.0)	2.7 (5.6)	141.1 (105.0)	69.6 (78.5)	31.4 (37.0)
No. of observations	2736	2736	2544	2736	2736	2736	2736	2736

Overdose Prevention Centers: evidence-based!

- ◆ A study in Vancouver, Canada found at 2 year f/up of OPC opening:
 - ◆ Overdose mortality rates decreased by 67% in 9 neighborhoods that implemented OPCs
 - ◆ Overdose mortality rates did not significantly decrease in neighborhoods that did not implement OPCs

	ODs occurring in blocks within 500 m of the SIF*		ODs occurring in blocks farther than 500 m of the SIF*	
	Pre-SIF	Post-SIF	Pre-SIF	Post-SIF
Number of overdoses	56	33	113	88
Person-years at risk	22 066	19 991	1 479 792	1 271 246
Overdose rate (95% CI)*	253.8 (187.3–320.3)	165.1 (108.8–221.4)	7.6 (6.2–9.0)	6.9 (5.5–8.4)
Rate difference (95% CI)*	88.7 (1.6–175.8); p=0.048		0.7 (-1.3–2.7); p=0.490	
Percentage reduction (95% CI)	35.0% (0.0%–57.7%)		9.3% (-19.8% to 31.4%)	

SIF=supervised injection facility. Pre-SIF period=Jan 1, 2001, to Sept 20, 2003. Post-SIF period=Sept 21, 2003, to Dec 31, 2005. *Expressed in units of per 100 000 person-years.

Table 2: Overdose mortality rate in Vancouver between Jan 1, 2001, and Dec 31, 2005 (n=290), stratified by proximity to the SIF

Rammohan, Indhu, Tommi Gaines, Aydem Scheim, Ahmed Bayoumi, Dan Werb. 2024. “Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis.” *The Lancet Public Health* 9(2).

?In-Hospital Substance Use

What to do

- ◆ Have a conversation first
- ◆ Before taking syringes/supplies, tell patient that we will prescribe/provide new set on discharge and resources for more



Legal Basis

- ◆ Americans with Disabilities Act prohibits discrimination against people with a disability (i.e. SUD) in any setting including hospital
- ◆ Cannot deny healthcare based on someone's use
 - ◆ Not grounds for an administrative discharge

Legal Action Center MOUD Advocacy
Toolkit

Resources if You Face Discrimination in Health Care Settings