Redesigning Specialty Substance Use Disorder Systems to Better Reach the 95%

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Disclosure Information

- Presenter 1: Brian Hurley, MD, MBA, FAPA, DFASAM
  - Presenter 1 Disclosures: No Disclosures
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  - Presenter 2 Disclosures: No Disclosures
- Presenter 3: Vanessa Lâm, MPH, MPP
  - Presenter 3 Disclosures: No Disclosures

Agenda

- Background
- Reaching the 95%: Los Angeles County's response to the overdose crisis
- Small group discussion
- Integrating harm reduction and specialty SUD treatment
- Large group discussion
- Q&A

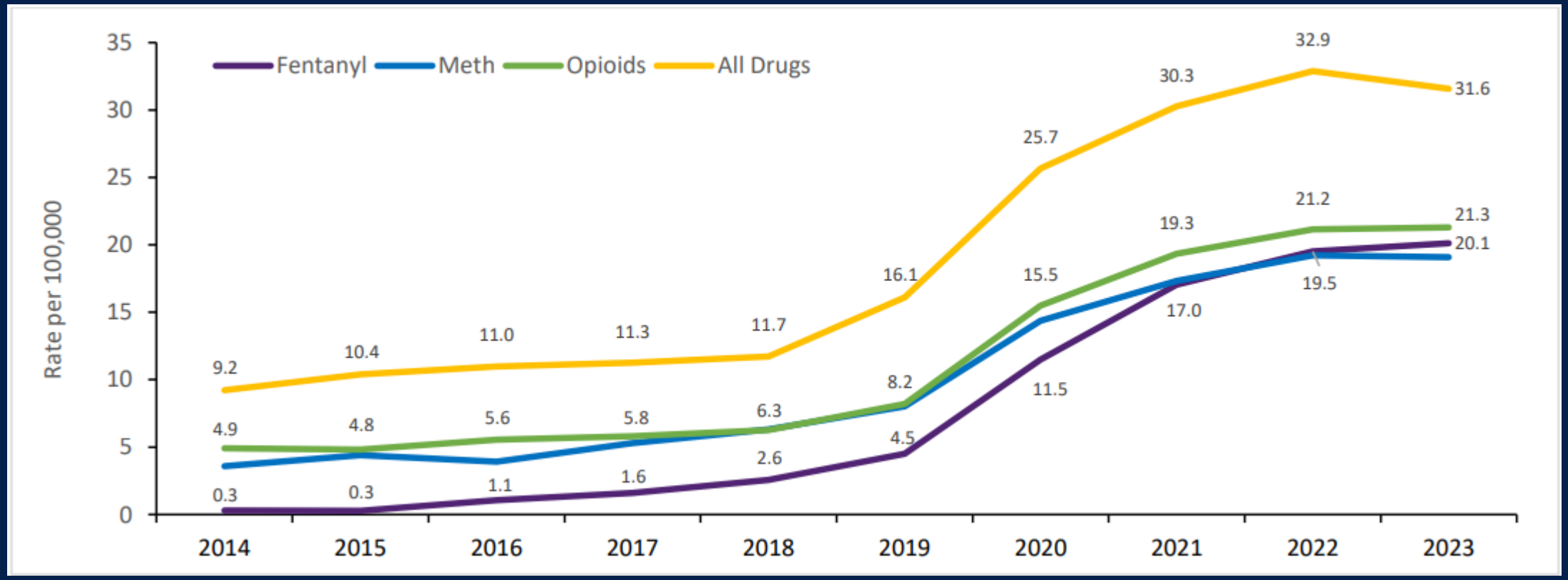
Learning Objectives

- Understand the chronic nature of substance use disorder and apply standard chronic disease management practices to a traditionally unforgiving SUD treatment approach
- Identify barriers to SUD treatment that can be safely lowered to close the treatment gap and retain patients through lapses and relapses
- Critically evaluate current engagement practices of SUD treatment agencies and networks

Background

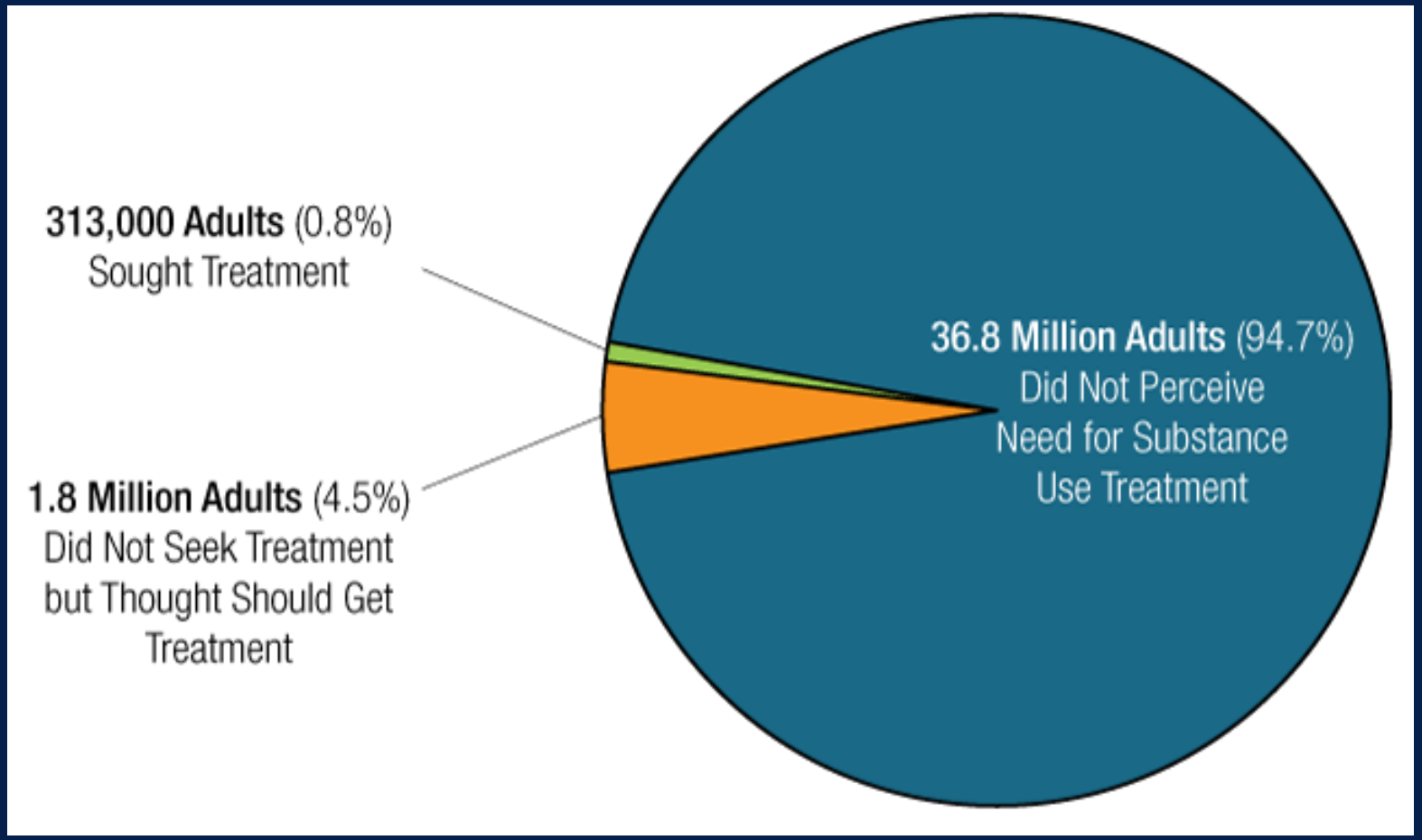
We're facing the worst overdose crisis in national history – and in Los Angeles County

- Drug overdose deaths in LA County per 100,000



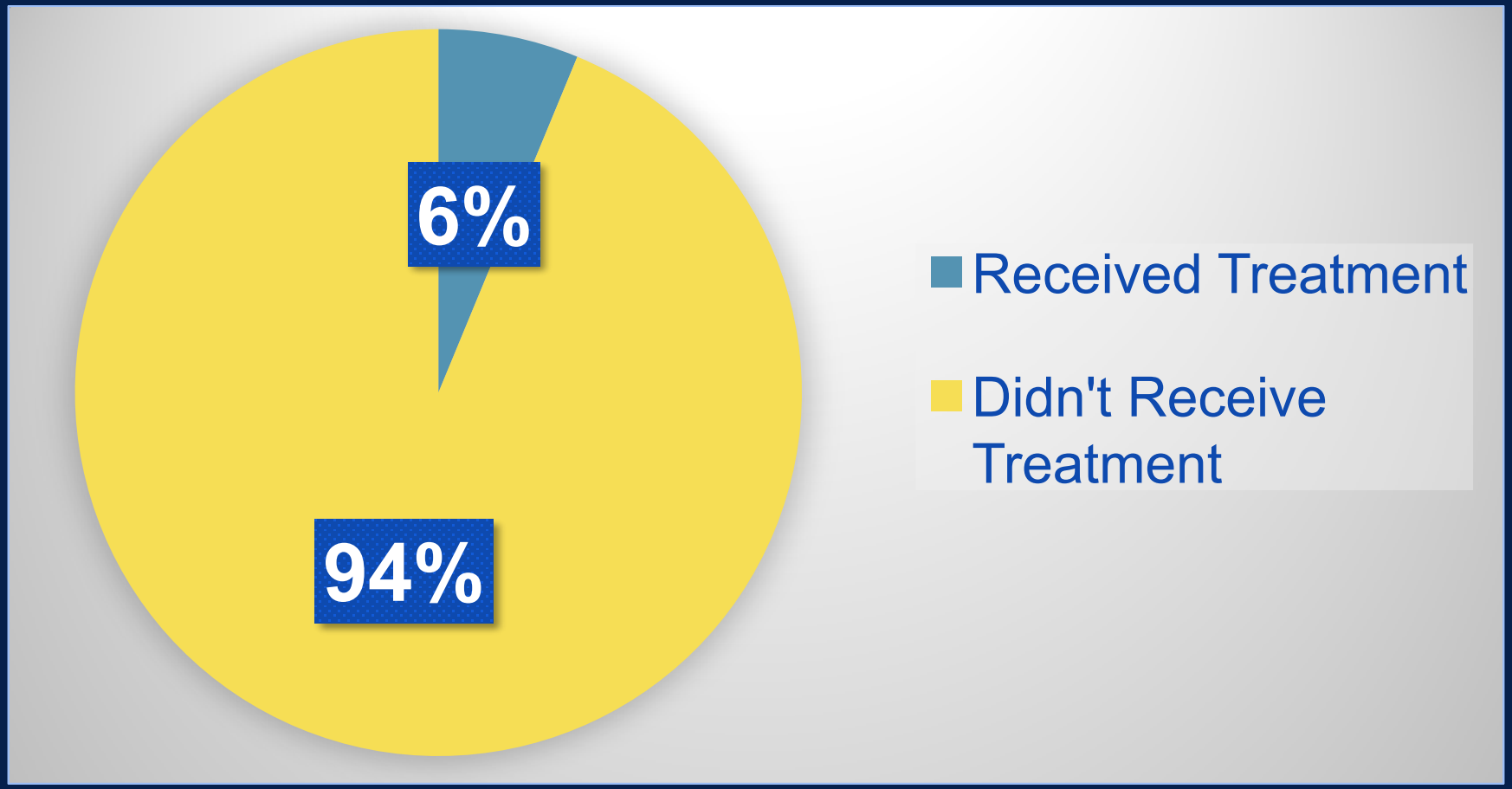
Data Report: Fentanyl Overdoses in Los Angeles County. Health Outcomes and Data Analytics Branch, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, July 2024.

39.7 M adults with a SUD did not receive SUD treatment in the past year



Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

Only 6% of people with a SUD received specialty SUD treatment in the past year



Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

LA County's Specialty SUD System

About SAPC

- The Department of Public Health's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) oversees the most diverse and comprehensive continuum of SUD services in California.

SUBSTANCE ABUSE SERVICE HELPLINE
24/7 1.844.804.7500

CENS
Client Engagement and Navigation Services

COREcenter
Connecting to Opportunities for Recovery and Engagement

- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention**, **harm reduction**, **treatment**, and **recovery services**.

DPH-SAPC Contracted Provider Network*

Prevention	Treatment	Harm Reduction	Recovery Bridge Housing
29 provider agencies	**86** provider agencies	**12** provider agencies	**26** provider agencies
133 site locations	**394** site locations	**17** site locations	**143** site locations
69,552 served	**33,800** served	**35,000** served	**4,123** served

*For persons served, all numbers are annual

SAPC Website: ph.lacounty.gov/sapc/ | SAPC Strategic Plan - 2023-2028: ph.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf

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Reaching the 95%

- Launched in 2023

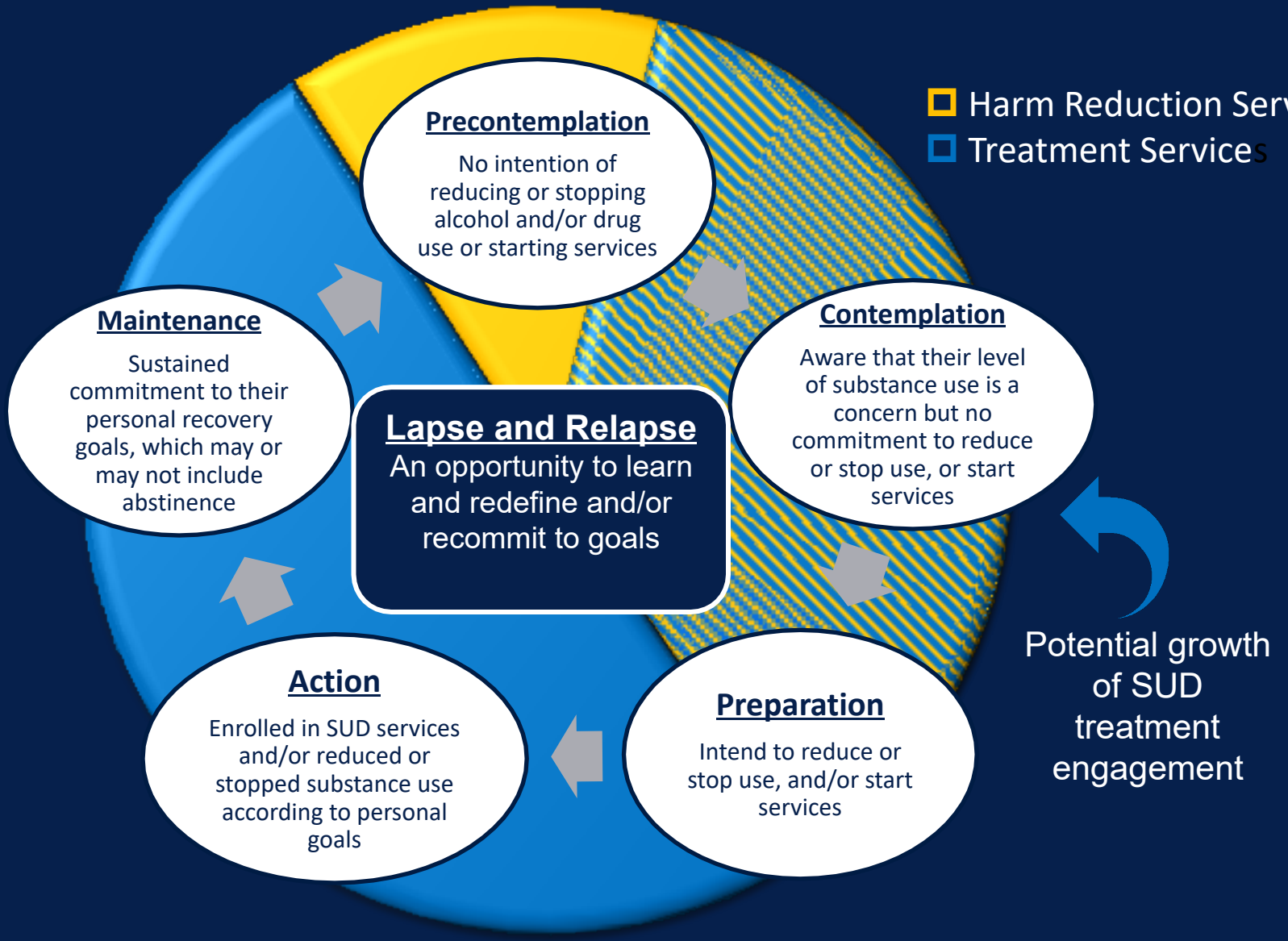
Fundamental R95 Goals:

- Design specialty SUD systems to engage the ~95% of people with SUDs not accessing treatment.
- Lower barriers by **disconnecting** readiness for treatment from abstinence.
- Show people with SUD they worthy of our time, attention, and **compassion**, no matter where they are in their recovery journey.

Reaching the 95%

Aligning services with readiness is essential

- Addiction is chronic and recurrent, and not all people are at the same stage of readiness to change.
- Only focusing on individuals in some stages of change as opposed to ALL stages of change limits service reach and impact . We need the widest service net possible



Increasing Outreach & Engagement

How do we engage more people in need of services?

- Expand **field-** and **street-based** services
- Increase efforts to interface with other areas of **health** and **social systems**
- Expand **low barrier** and **low judgement** services such as harm reduction
- Expand offerings of **Addiction Medications** (Medications for Addiction Treatment [MAT])
- Optimize **reimbursable** outreach and engagement services for people prior to formal diagnoses or assessments

How do we make access more people-centered?

Lowering Thresholds to SUD Care

- Perform **customer experience assessments** at the SUD provider level to focus on implementing strategies to make the care environment more inviting
- Lower the bar of admissions policies to **expand the spectrum of readiness levels** of people admitted into SUD treatment
- Raise the bar of discharge policies so that there are more **nuanced considerations** before someone is discharged from treatment because of relapse, which is a **symptom of addiction**
- Strengthen bidirectional referrals between **harm reduction** and SUD treatment agencies

Design admission and service delivery **around the person** to encourage engagement

Service design

- Streamline admission processes and make every effort to meet interest in services with same day admission
- Individualized medication plans and medication at fist visit when appropriate
- Do not require a toxicology test for admission
- Offer language interpretation services
- Don’t place patients on wait lists, require prior authorizations, or require other programmatic complexities that delay treatment. Same day treatment improves treatment uptake and patient confidence in the program.[1,2]
- Inflexible programs that disrupt patient’s outside obligations (work, family, etc.) can deter patients from starting or sticking to treatment.[3]
- Offering treatment in non-traditional settings, such as at homeless health care sites, has demonstrated positive treatment outcomes.[1,4]

1. Jakubowski A, Fox A. Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. doi : 10.1097/ADM.0000000000000555. PMID: 31567596; PMCID: PMC7075734.
2. Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic, Journal of Substance Abuse Treatment, Volume 107, 1 - 7
3. Martin SA, Chiodo LM, Bosse JD, Wilson A. The Next Stage of Buprenorphine Care for Opioid Use Disorder. Ann Intern Med. 2018;169(9):628.
4. Alford DP, LaBelle CT, Richardson JM, O’Connell JJ, Hohl CA, Cheng DM, et al. Treating homeless opioid dependent patients with buprenorphine in an office-based setting. J Gen Intern Med. 2007;22(2):171–6.

Don't require **abstinence** or **abstinence-focused** goals at admission

Abstinence status & goals

- Lapses and relapses are part of the recovery journey. Requiring abstinence can be unnecessarily restrictive and serve more as a barrier than a facilitator to SUD care.
- 65.2% of adults in self-identified recovery reported alcohol or other drug use in the past month.[1] Therefore, many people who report being in recovery are actually not completely abstinent from all substances.
- People with AUD with non-abstinent goals prior to engaging in treatment are still likely to achieve clinically significant reductions in consumption[2]
- Although not as impactful as full abstinence, a reduction in use or use of lower risk substances still results in significant health and wellness benefits.[3]

1. Pasman, Emily & Evans-Polce, Rebecca & Schepis, Ty & Engstrom, Curtiss & McCabe, Vita & Drazdowski, Tess & McCabe, Sean. (2024). Nonabstinence among US Adults in Recovery from an Alcohol or Other Drug Problem. Journal of Addiction Medicine. 10.1097/ADM.0000000000001408.

2. Dunn KE, Strain EC. Pretreatment alcohol drinking goals are associated with treatment outcomes. Alcohol Clin Exp Res 20131;37(10):1745-1752.

3. Mitchell HM, Park G, Hammond CJ. Are non-abstinent reductions in World Health Organization drinking risk level a valid treatment target for alcohol use disorders in adolescents with ADHD? Addict Behav Rep. 2020 Nov 5;12:100312. doi: 10.1016/j.abrep.2020.100312. PMID: 33364320; PMCID: PMC7752731.

Reframe patient perspective on **toxicology testing** as a clinical data collection tool

Toxicology testing

- Toxicology results are helpful in establishing a plan for the use of addiction medications and for appropriately managing withdrawal in the clinical treatment setting.
- A patient's toxicology result is only one component of the patient's recovery journey and should be treated as such. It is an informative tool to spur discussions between patient and treatment team about any necessary adjustments to the treatment plan to best meet the patient where they are at with readiness.
- Lapses while in SUD treatment are common. 75% of surveyed treatment clients reported using non-prescribed drugs, and 25% reported using opiods.[1]
- Patients appreciate compassion when they lapse, reporting a therapeutic experience and an overall feeling of no judgement and unconditional acceptance.[2]

1. Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.
2. Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. Journal of Substance Abuse Treatment, Volume 107, 1 - 7

Do not automatically discharge for a **return to substance use**

Discharges

- Automatically discharging patients due to return to SUD symptoms (lapse) goes against chronic treatment structure and removes their system of support at a time they may need it most.
- There will be times where an involuntary discharge is appropriate, and these should be evaluated for clinical appropriateness and consider the whole person and their engagement to that point.
- Longer retention in treatment is associated with better outcomes.[1]
- Being involuntarily discharged (typically as an administrative discharge) can negatively impact a patient's perception of the entire treatment system, deter them from reengaging, and send them back to environments where they are more likely to relapse or engage in dangerous/criminal activities.[2,3]
- Recovery is a personal journey and includes a "positive change in the whole person," beyond only abstinence.[4]
- Cessation from alcohol or opioids can on average take more than 10 attempts. The number of "quit attempts" needed to achieve substance use cessation increases with the years of use and the age of first use.[5]

1. Jackson TR. Treatment practice and research issues in improving opioid treatment outcomes. Sci Pract Perspect. 2002 Jul;1(1):22-8. doi: 10.1151/spp021122. PMID: 18567961; PMCID: PMC2851066.
2. Walton MT. Administrative Discharges in Addiction Treatment: Bringing Practice in Line with Ethics and Evidence. Soc Work. 2018 Jan 1;63(1):85-90. doi: 10.1093/sw/swx054. PMID: 29140509.
3. Williams IL. Moving Clinical Deliberations on Administrative Discharge in Drug Addiction Treatment Beyond Moral Rhetoric to Empirical Ethics. J Clin Ethics. 2016 Spring;27(1):71-5. PMID: 27045311.
4. Substance Abuse and Mental Health Services Administration (US). Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 5, RECOVERY: THE MANY PATHS TO WELLNESS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK424846/
5. Fontes RM, Tegge AN, Freitas-Lemos R, Cabral D, Bickel WK. Beyond the first try: How many quit attempts are necessary to achieve substance use cessation?. (2024). doi: 10.1016/j.drugalcdep.2024.112525

Treatment Provider's Experience with R95

Baldomero "Junie" Gonzalez, MPA, CADC-III

CRI-Help

Miracles Happen Here

Small Group Discussion

- Introduce yourselves
- Discuss your experiences with interventions and system changes to extend treatment services to those that may not be seeking or accessing care (8 min)
- Report out (7 min)

R95 Provider Insights

Integrating Harm Reduction and Treatment

SUD care is a continuum of interventions

Youth Development & Health Promotion

- Programs at school- and community-level

Drug Use Prevention

- Universal, selected, and indicated prevention

Harm Reduction → Currently largely serves people who are using drugs and not yet interested in SUD treatment

- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

SUD Treatment & Recovery → Currently largely serves people who are ready for abstinence

- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

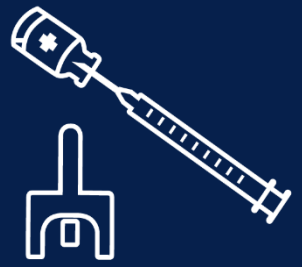
Surveillance of drug use and its community impact

Slide Credit: Adapted from Agència de Salut Pública de Barcelona

Harm reduction meets people where they are, both figuratively and literally

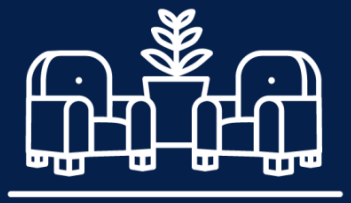
Harm Reduction Supplies Access

Syringe Exchange & Disposal



Naloxone and Test Strips

Medications for Addiction Treatment



Drop-In Centers

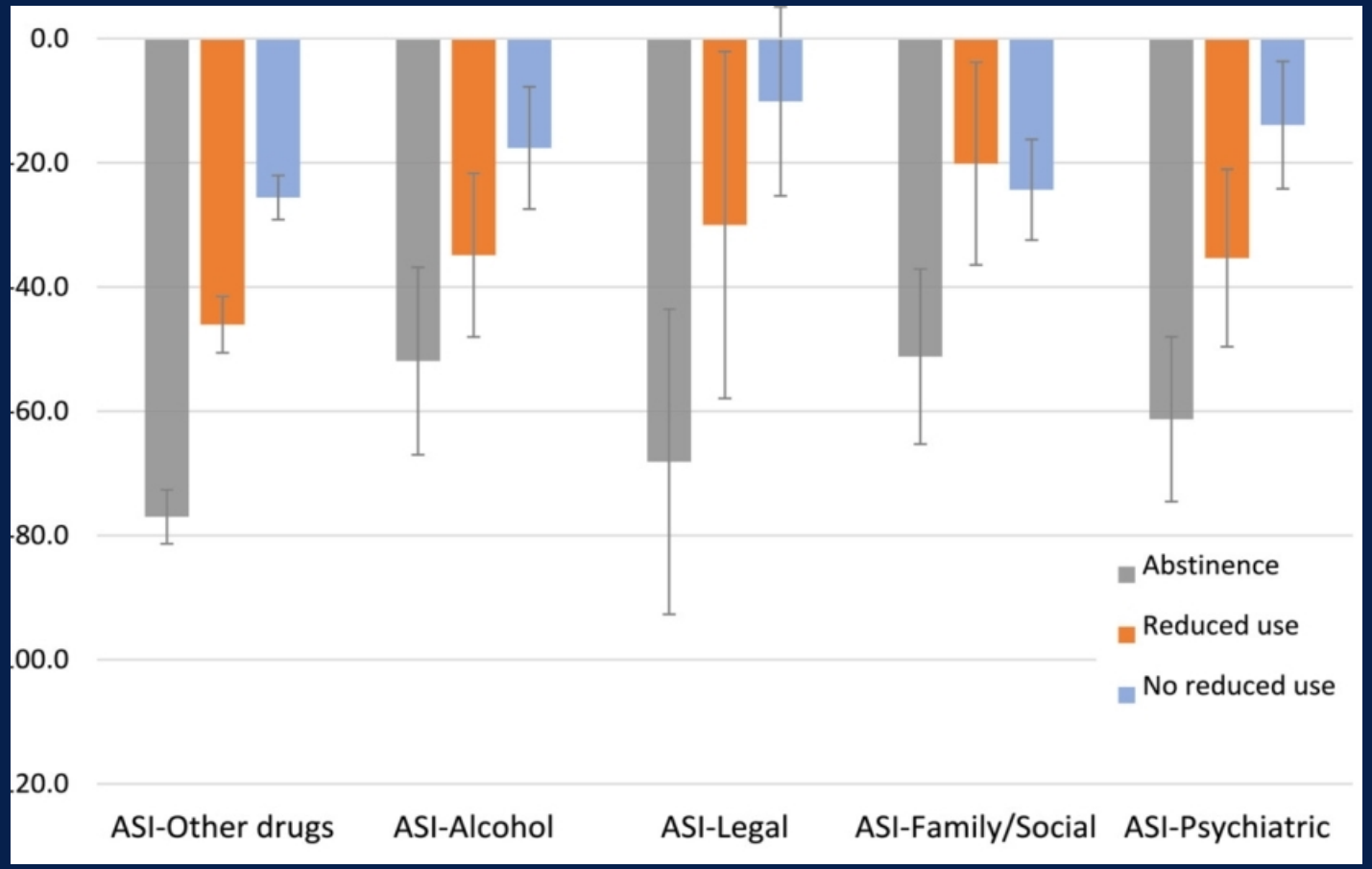
Linkage to Housing Services

Pharmacy Access

Referrals for Needed Services

- While brick and mortar locations are needed, mobile services that go out to people who are unlikely to go to brick and mortar locations are also needed

Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials



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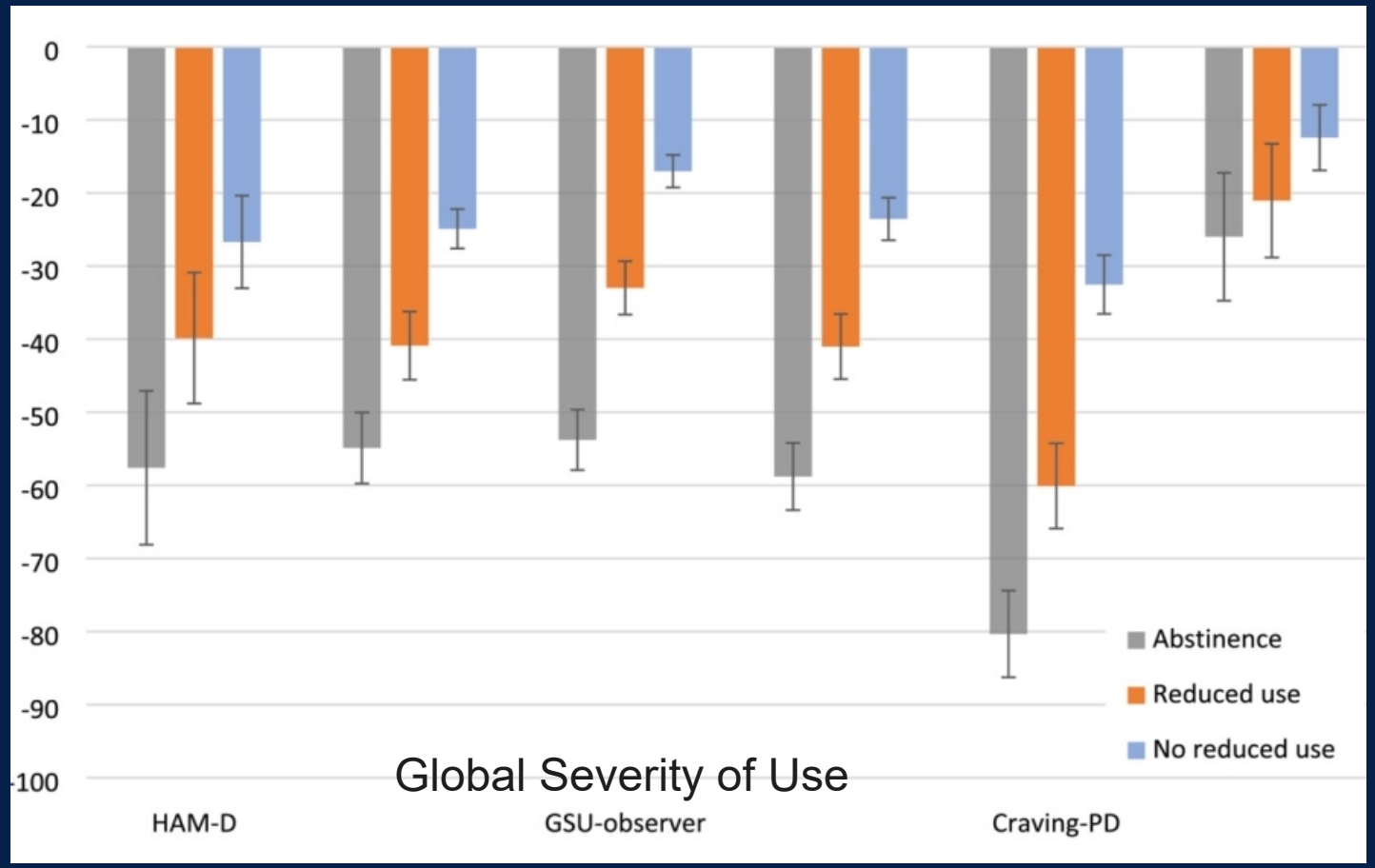

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Bidirectional referrals between harm reduction and treatment agencies

Key Considerations

- Harm reduction and treatment agencies serve much of the same population.
- A seamless experience through the spectrum of care will keep people with SUDs engaged and give them access to life-saving services.

Evidence

- Harm reduction can prevent overdoses, prevent and treat infection, provide safer injection supplies and education on technique, and engage discussion with clients to prepare them to enter treatment.[1]
- Clients of syringe service programs are five times more likely engage in treatment than someone who does not access syringe service programs.[2]

Taylor JL, Johnson S, Cruz R, Gray JR, Schiff D, Bagley SM. Integrating Harm Reduction into Outpatient Opioid Use Disorder Treatment Settings : Harm Reduction in Outpatient Addiction Treatment. J Gen Intern Med. 2021 Dec;36(12):3810-3819. doi: 10.1007/s11606-021-06904-4. Epub 2021 Jun 22. PMID: 34159545; PMCID: PMC8218967.

Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.

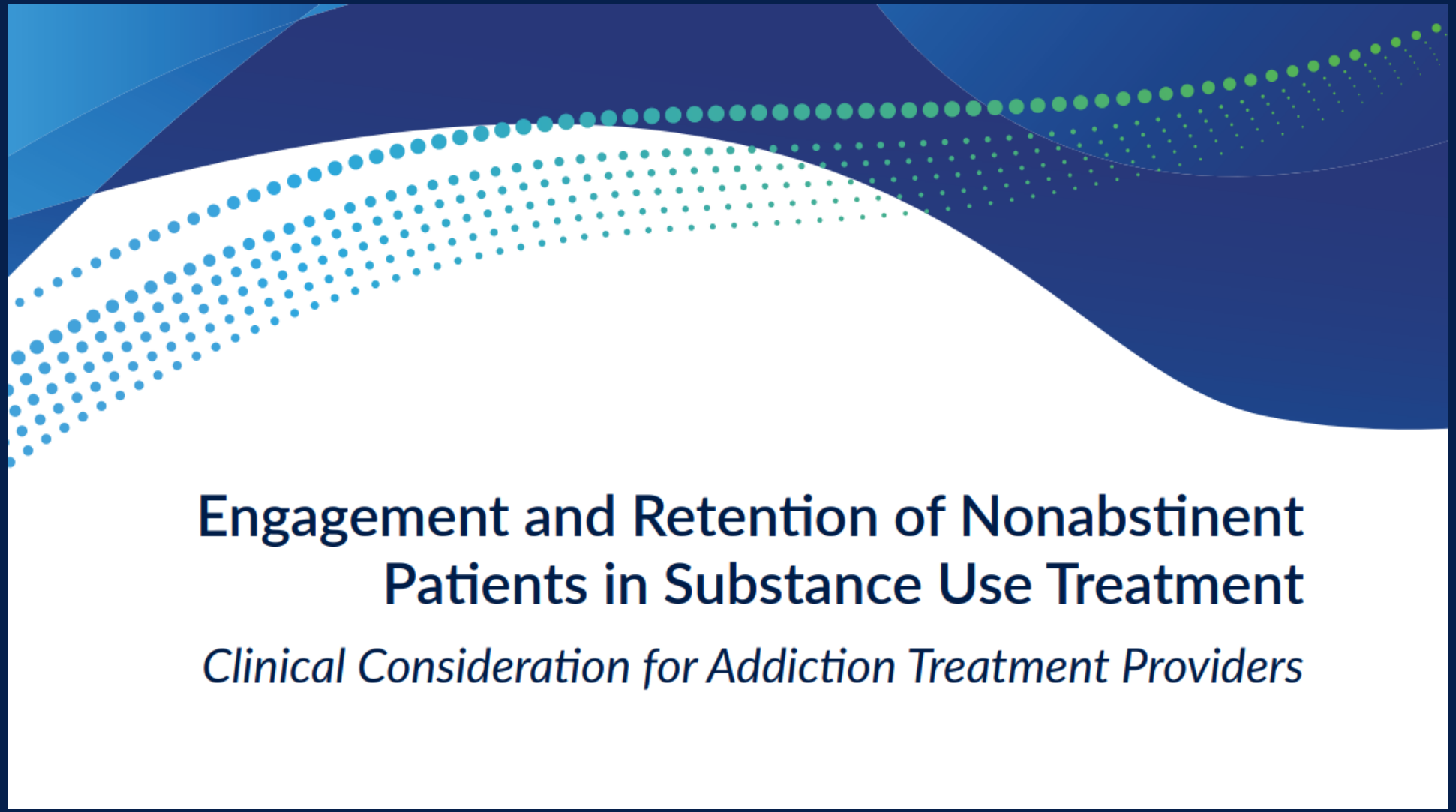
Better blending treatment and harm reduction

- We know recovery is a continuum, but the **separation and programmatic divide between treatment and harm reduction services** is often wide and needs to be addressed to better match the continuum of SUD services with client experience.

- Better integrating treatment and harm reduction services within agencies is both a **cultural** and **operational** issue, with the cultural issue being the more challenging to address.

Ingredients for culture change

1. Opening the door for discussions to explore staff thoughts/feelings around this topic --> **ESSENTIAL FOCUS!**
2. Leadership making the end goal clear
3. Evaluating progress – How do we know when treatment and harm reduction service are more integrated?
4. Adjusting approaches as needed



American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Summary of Recommended Strategies

1. Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment.
2. Do not require abstinence as a condition of treatment initiation or retention.
3. Optimize clinical interventions to promote patient engagement and retention.
4. Only administratively discharge patients from treatment as a last resort.
5. Seek to re-engage individuals who disengage from care.
6. Build connections to people with SUD who are not currently seeking treatment.
7. Cultivate staff acceptance and support.
8. Prioritize retention of front-line staff.
9. Align program policies and procedures with the commitment to improve engagement and retention of all patients, including nonabstinent patients.
10. Measure progress and strive for continuous improvement of engagement and retention.

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

SAMHSA Six Pillars of Harm Reduction

- Led by people who use drugs and with lived experience of drug use
- Embraces the inherent value of people
- Commits to deep community engagement and community building
- Promotes equity, rights, and reparative social justice
- Offers most accessible and noncoercive support
- Focuses on any positive change, as defined by the person

http://www.samhsa.gov/find-help/harm-reduction/framework

Large Group Discussion

- What reflections do you have?
- How could parts of this work with the communities you serve? (10 min)
- Report out (7 min)

Final Takeaways/Summary

- Amid the worst overdose crisis in national history, the time is now to reevaluate how we structure specialty SUD treatment to support people with SUD
- Only 6% of people with a SUD received specialty SUD treatment
- SUD treatment needs to be person-centered and understanding of the chronic and cyclical nature of SUD, engaging and supporting people at all levels of readiness
- Lower barrier care and enhanced engagement to better connect with your communities

References

1. Data Report: Fentanyl Overdoses in Los Angeles County. Health Outcomes and Data Analytics Branch, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health, July 2024.
2. Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report
3. Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
4. Jakubowski A, Fox A. Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. doi: 10.1097/ADM.0000000000000555. PMID: 31567596; PMCID: PMC7075734.
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6. Martin SA, Chiodo LM, Bosse JD, Wilson A. The Next Stage of Buprenorphine Care for Opioid Use Disorder. Ann Intern Med. 2018;169(9):628.
7. Alford DP, LaBelle CT, Richardson JM, O'Connell JJ, Hohl CA, Cheng DM, et al. Treating homeless opioid dependent patients with buprenorphine in an office-based setting. J Gen Intern Med. 2007;22(2):171–6.
8. 1. Pasman, Emily & Evans-Polce, Rebecca & Schepis, Ty & Engstrom, Curtiss & McCabe, Vita & Drazdowski, Tess & McCabe, Sean. (2024). Nonabstinence among US Adults in Recovery from an Alcohol or Other Drug Problem. Journal of Addiction Medicine. 10.1097/ADM.0000000000001408.
9. 2. Dunn KE, Strain EC. Pretreatment alcohol drinking goals are associated with treatment outcomes. Alcohol Clin Exp Res 20131;37(10):1745-1752.
10. 3. Mitchell HM, Park G, Hammond CJ. Are non-abstinent reductions in World Health Organization drinking risk level a valid treatment target for alcohol use disorders in adolescents with ADHD? Addict Behav Rep. 2020 Nov 5;12:100312. doi: 10.1016/j.abrep.2020.100312. PMID: 33364320; PMCID: PMC7752731.
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12. Snow, Rachel L. et al. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. Journal of Substance Abuse Treatment, Volume 107, 1 - 7
13. Jackson TR. Treatment practice and research issues in improving opioid treatment outcomes. Sci Pract Perspect. 2002 Jul;1(1):22-8. doi: 10.1151/spp021122. PMID: 18567961; PMCID: PMC2851066.
14. Walton MT. Administrative Discharges in Addiction Treatment: Bringing Practice in Line with Ethics and Evidence. Soc Work. 2018 Jan 1;63(1):85-90. doi: 10.1093/sw/swx054. PMID: 29140509.
15. Williams IL. Moving Clinical Deliberations on Administrative Discharge in Drug Addiction Treatment Beyond Moral Rhetoric to Empirical Ethics. J Clin Ethics. 2016 Spring;27(1):71-5. PMID: 27045311.
16. Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 5, RECOVERY: THE MANY PATHS TO WELLNESS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK424846/
17. Fontes RM, Tegge AN, Freitas-Lemos R, Cabral D, Bickel WK, Beyond the first try: How many quit attempts are necessary to achieve substance use cessation?. (2024). doi: 10.1016/j.drugalcdep.2024.112525
18. Amin-Esmaeili M, Farokhnia M, Susukida R, Leggio L, Johnson RM, Crum RM, Mojtabai R. Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials. Addiction. 2024 May;119(5):833-843. doi: 10.1111/add.16409. Epub 2024 Jan 10. Erratum in: Addiction. 2024 Oct;119(10):1849-1852. doi: 10.1111/add.16590. PMID: 38197836; PMCID: PMC11009085. http://pubmed.ncbi.nlm.nih.gov/38197836
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20. Krawczyk N, Allen ST, Schneider KE, Solomon K, Shah H, Morris M, Harris SJ, Sherman SG, Saloner B. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. Harm Reduct J. 2022 Aug 24;19(1):95. doi: 10.1186/s12954-022-00676-8. PMID: 36002850; PMCID: PMC9400571.
21. American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. https://www.asam.org/quality-care/clinical-recommendations/asam-clinicalconsiderations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment
22. SAMHSA. Harm Reduction Framework. http://www.samhsa.gov/find-help/harm-reduction/framework