Engagement and Retention of Non-Abstinent Patients in Care: Clinical Considerations

ASAM Annual Conference
4/25/25

Workshop Agenda

- Welcome and workshop overview
- Brief overview of substance use disorder trends and interventions
- Brief overview of harm reduction philosophy and strategies
- ASAM Clinical Considerations on Engagement and Retention of Non-Abstinent Patients
- Clinical Considerations intersection with current policies and practices
- Group discussion
- Q & A

Audience Poll

- What role do you play in your organization?
  a. Clinical leadership
  b. Clinical staff
  c. Allied health staff (e.g., peer support, harm reductionist)
  d. Administrator
  e. Other

Audience Poll

- What level of care do you primarily work in?

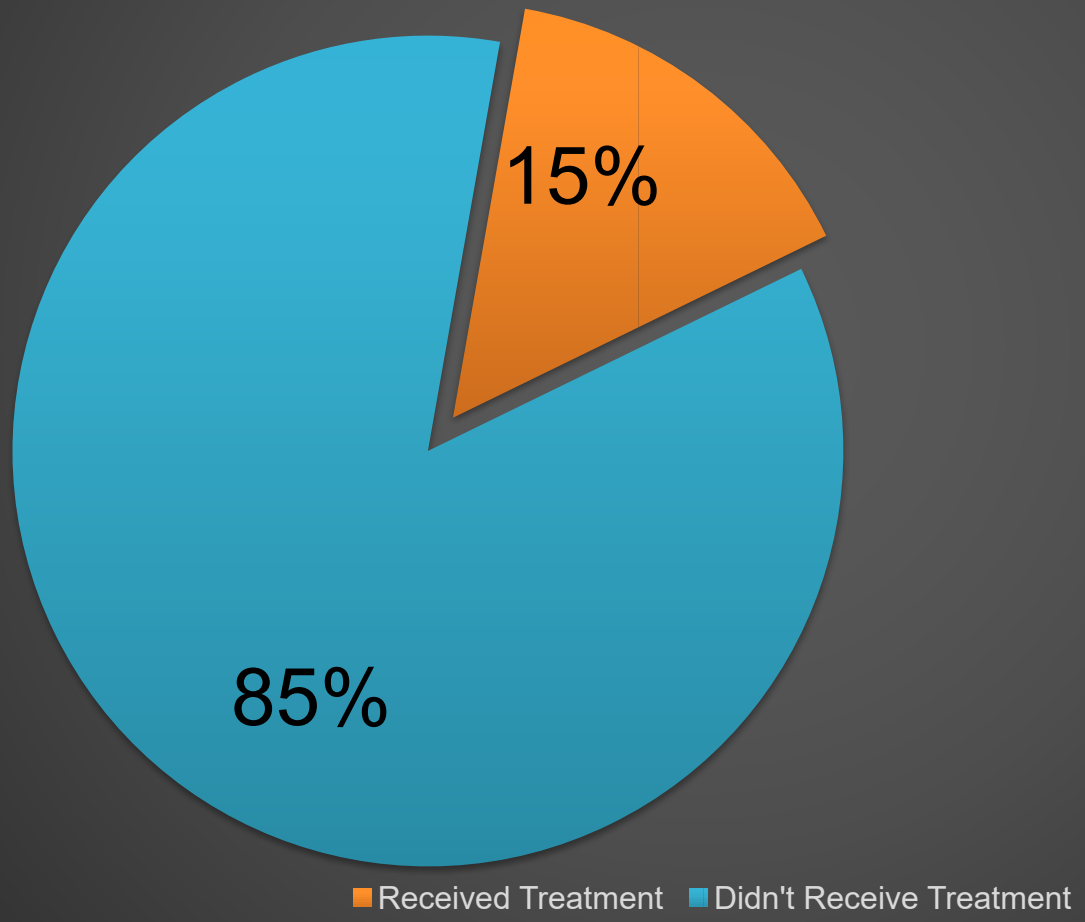
  a. Outpatient
  b. Intensive outpatient (IOP or PHP)
  c. Residential
  d. Inpatient
  e. Harm reduction program
  f. Other community-based program or clinic
  g. Other recovery support service provider

Substance Use Disorder Trends and Interventions

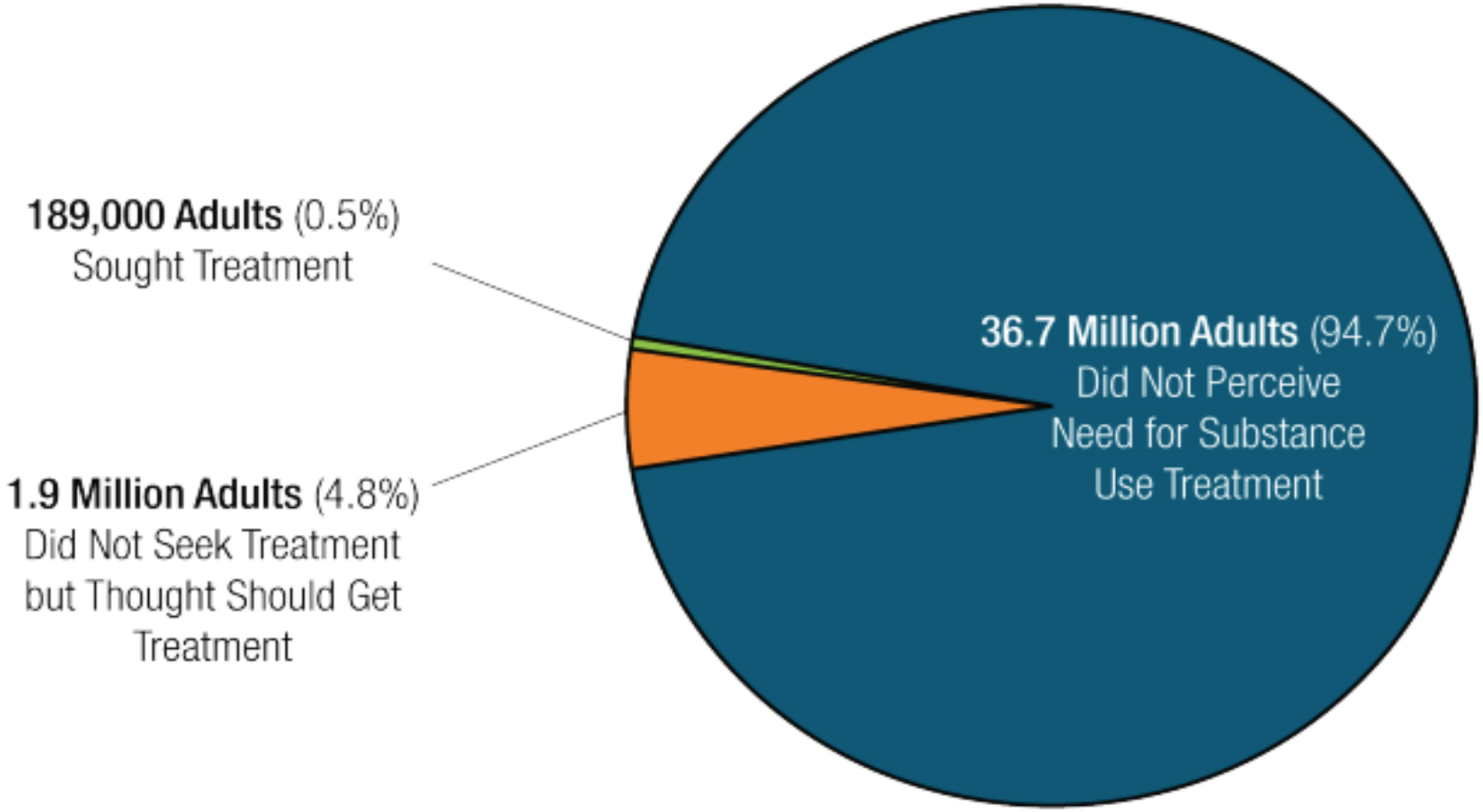
SAMHSA
Substance Abuse and Mental Health Services Administration

NATIONAL SURVEY ON DRUG USE & HEALTH DATA

Receipt of Any Substance Use Treatment Among People with A Past Year SUD



Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report



39.6 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health* (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

What Do We Do for the Majority of PWUD Who Do Not Perceive the Need for Treatment or Did Not Seek Treatment? How Do We Support Them?

personal photos from the Santa Cruz Needle Exchange, mid-1990s

Audience Poll

- What best describes your primary treatment setting?
  a. Abstinence-based
  b. Harm reduction-focused
  c. Somewhere in between

Audience Question

How do you define harm reduction? What does it mean in practice?

What Is Harm Reduction?

- What most people think the entirety of harm reduction is: Harm reduction refers to ***strategies***, policies, programs, and practices that aim to minimize the negative health, social and legal impacts associated with substance use, drug policies, and drug laws.
- What most people don't know is at the heart of harm reduction: *Harm reduction is grounded in social justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using substances as a precondition of support.*

What is Harm Reduction? - Harm Reduction International (hri.global)

Why Is Social Justice at the Heart of What Harm Reduction Is?

- Harm reduction is about social justice because drug policies and laws, criminalization of people who use drugs (PWUD), and prohibition provide a pretext for denial of services and denial of human rights.

- The war on drugs has operated more effectively as a system of racial control than as a mechanism for combating the use and trafficking of substances. It has disproportionately targeted Black and Brown persons and disregarded the massive costs to the dignity, humanity, and freedom of individuals.

thanks to Jerry Otero, St. Ann's Corner of Harm Reduction, Bronx, NY

Harm Reduction Principles

- **Respecting the rights of PWUD:**
- Harm reduction is fundamentally grounded in principles that aim to protect human rights and improve public health. Treating PWUD, along with their families and communities, with compassion and dignity is integral to harm reduction. The use of substances does not mean people forfeit their human rights; everyone remains entitled to the right to life, to social services, to privacy, to freedom from arbitrary detention, and to freedom from cruel, inhumane, and degrading treatment.

What is Harm Reduction? - Harm Reduction International (hri.global)

Harm Reduction Principles

- **A commitment to social justice and collaborating with networks of PWUD:**
- Harm reduction is rooted in a commitment to addressing discrimination and ensuring that nobody is excluded from the health and human services they may need because of their substance use, their race, their gender, their gender identity, their sexual orientation, their choice of work, or their economic status. People should be able to access services without having to overcome unnecessary barriers, including burdensome, discriminatory regulations. Further, the meaningful involvement of PWUD in designing, implementing, and evaluating programs and policies that serve them is central to harm reduction.

What is Harm Reduction? - Harm Reduction International (hri.global)

Harm Reduction Principles

- **The avoidance of stigma:**
- Harm reduction practitioners accept PWUD as they are and are committed to meeting them where they are in their lives without judgment. Terminology and language should always convey respect and avoid stigmatizing terms or divisions between “good” and “bad” substances. Stigmatizing language perpetuates harmful stereotypes and creates barriers to health and social services.

What is Harm Reduction? - Harm Reduction International (hri.global)

Harm Reduction Principles

- **A commitment to evidence:**
- Harm reduction policies and practices are informed by a strong body of evidence that shows interventions to be practical, feasible, effective, safe, and cost effective in diverse social, cultural, and economic settings. Most harm reduction interventions are inexpensive and easy to implement and have a strong positive impact on individual and community health.

What is Harm Reduction? - Harm Reduction International (hri.global)

Evidence for Harm Reduction Services

- The body of evidence regarding the efficacy of harm reduction strategies spans more than 30 years.
- Harm reduction services save lives, are cost-saving, and do not increase drug use or crime.
- Syringe services programs reduce HIV and HCV transmission rates by 50%
  - When combined with medications that treat opioid use disorder: there is a ⅔ reduction in HIV and HCV transmission
- People using syringe services programs are:
  - 5x more likely to participate in substance use treatment
  - 3x more likely to reduce or stop injecting

- http://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html

Harm Reduction Is Radical Empathy and Positive Regard

- Empathy is lending yourself without judgment.
- It is a deliberate and mindful choice to pay attention without the preconceived intent to direct or fix someone.
- Empathy isn't passive; it advocates for changes.
- It is about being open and feeling with someone yet staying grounded so as not to lose yourself.

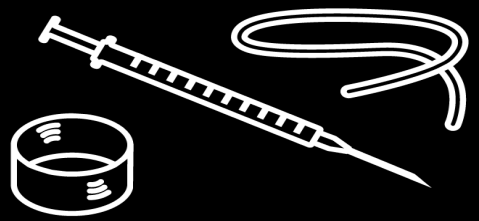
Adapted by Aimee Mendez

Harm Reduction Is a Way of *Being* With Someone

- Listening, really listening (this takes time)
- Giving space (and time) to someone so they can share their story
- Building self-efficacy and resilience in PWUD
- Being truly non-judgmental (not playing lip service to being non-judgmental)
- Focusing on whatever the person wants to focus on (this may have nothing to do with their substance use)
- Being with them on their journey, not leading them or defining their journey for them
- Being an advocate; fighting discrimination against PWUD

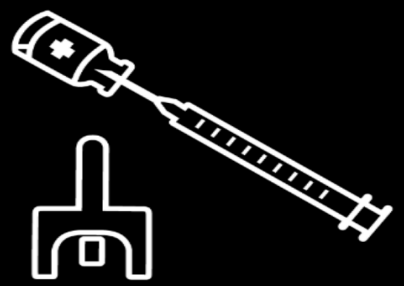
Photo by Annie Spratt on Unsplash

Harm Reduction Services

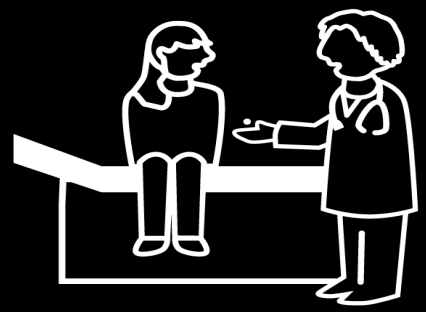


harm reduction supplies access (smoking supplies, injection supplies, sniffing supplies)

syringe exchange, disposal, and pick-up



naloxone, test strips, and drug checking services



low threshold access to medications for addiction treatment or MAT

drop-in centers: showers, laundry, food, clothing, and care management

linkage to housing services

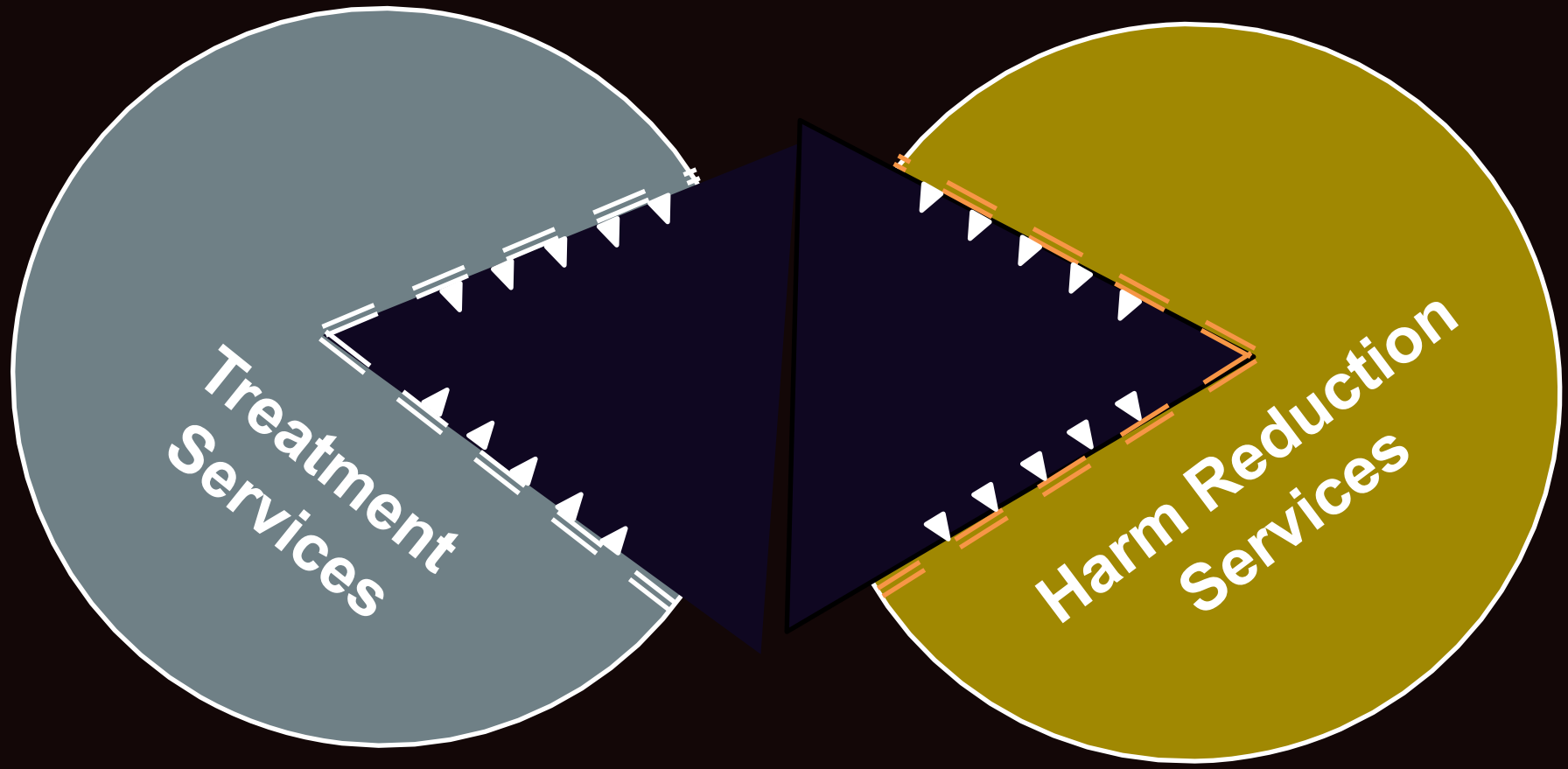
pharmacy access

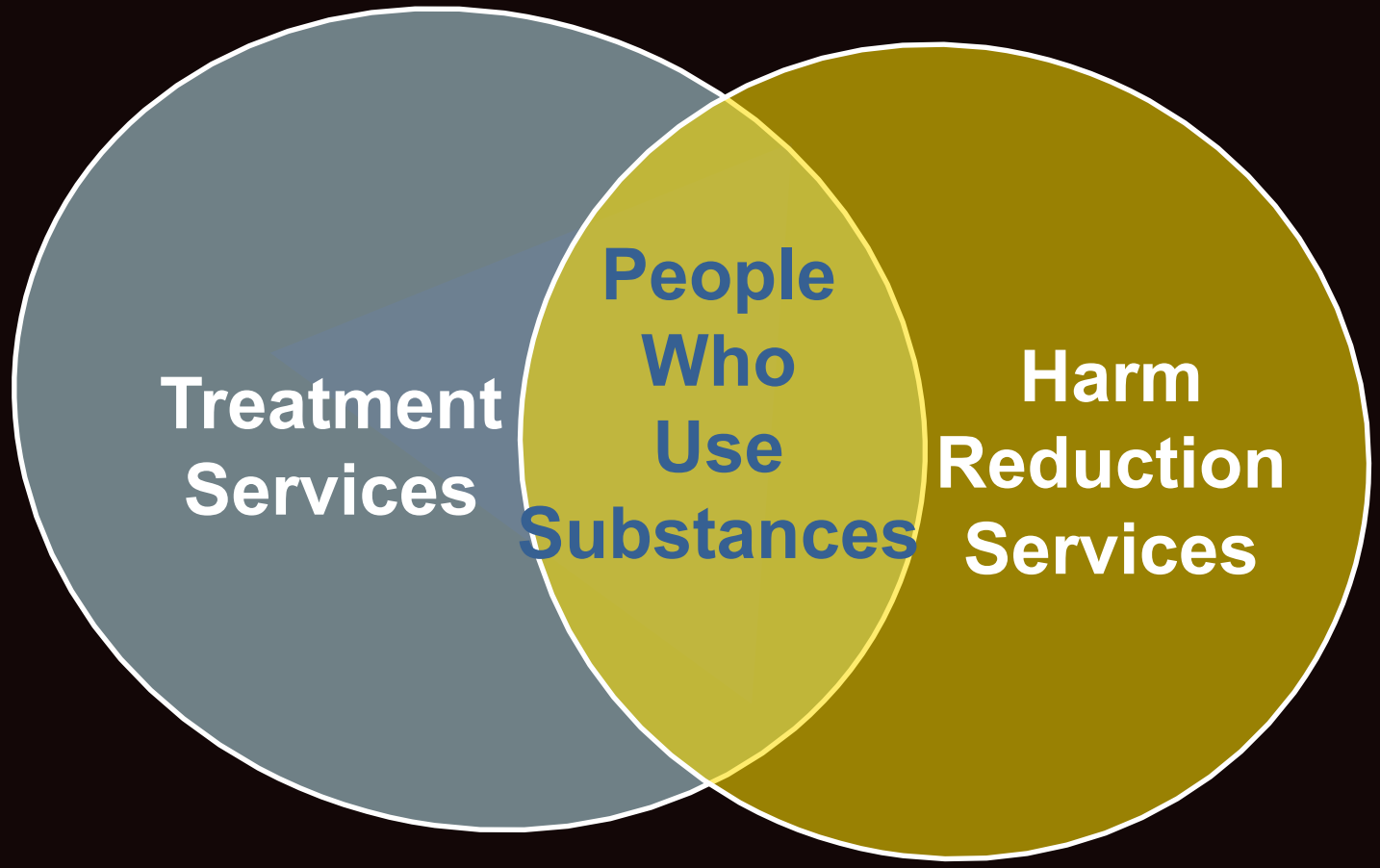
on site medical services or referrals for needed services

GOAL: Meeting people where they are, both figuratively and literally
While brick and mortar locations are needed, mobile services that reach people who are unlikely to go to brick and mortar locations are also needed

Problematic Conceptualization: Siloization of Services

Problematic Conceptualization: Siloization of Services/Services at Odds




Treatment Services
People Who Use Substances
Harm Reduction Services

The Harm Reduction Approach Is Person Centered

Assessment

- What does the patient want? Why now?
- Does the patient have immediate needs?
- Multidimensional assessment aligned with the patient's goals?

Service Planning

- Identify the most important services to determine treatment priorities
- Invite the patient to choose tangible goals for each priority
- What specific services are needed?

Level of Care

- What intensity of these services is needed?
- Where can these services be provided, in the least intensive and most appropriate location for the patient's needs?
- How is the plan progressing and is it aligned the patient's desired outcomes?

ASAM CLINICAL GUIDANCE: BACKGROUND AND CONSIDERATIONS

http://www.asam.org/quality-care/clinical-recommendations/asam-clinical-considerations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

ENGAGEMENT AND RETENTION OF NON-ABSTINENT PATIENTS IN CARE: CLINICAL CONSIDERATIONS

Core dilemma:

Patients are denied admission and/or discharged from substance use treatment for exhibiting symptoms of the condition for which they are seeking treatment

Audience Poll

- In your primary treatment setting, how often are patients administratively discharged due to continued substance use?

    a. Commonly
    b. Sometimes
    c. Rarely
    d. Never

Engage Patients Throughout the Continuum of Readiness

- Address the complexities of patient non-abstinence during treatment
- Reduce administrative discharges
- Implement strategies to improve engagement in and retention of non-abstinent patients in the continuum of care
- Encourage SUD treatment programs to consider how to engage those who would benefit from treatment but are not yet interested

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. http://www.asam.org/quality-care/clinical-recommendations/asam-clinical-considerations-for-engagement-and-retention-of-non-abstinent-patients-in-treatment

Audience Poll

- Has your organization made changes to become more welcoming to patients who are not interested in complete abstinence?

    a. Yes
    b. No
    c. Not yet, but we are planning to

Audience Question

For those who have made changes to be more welcoming of non-abstinent patients, what has worked?

What challenges have you faced?

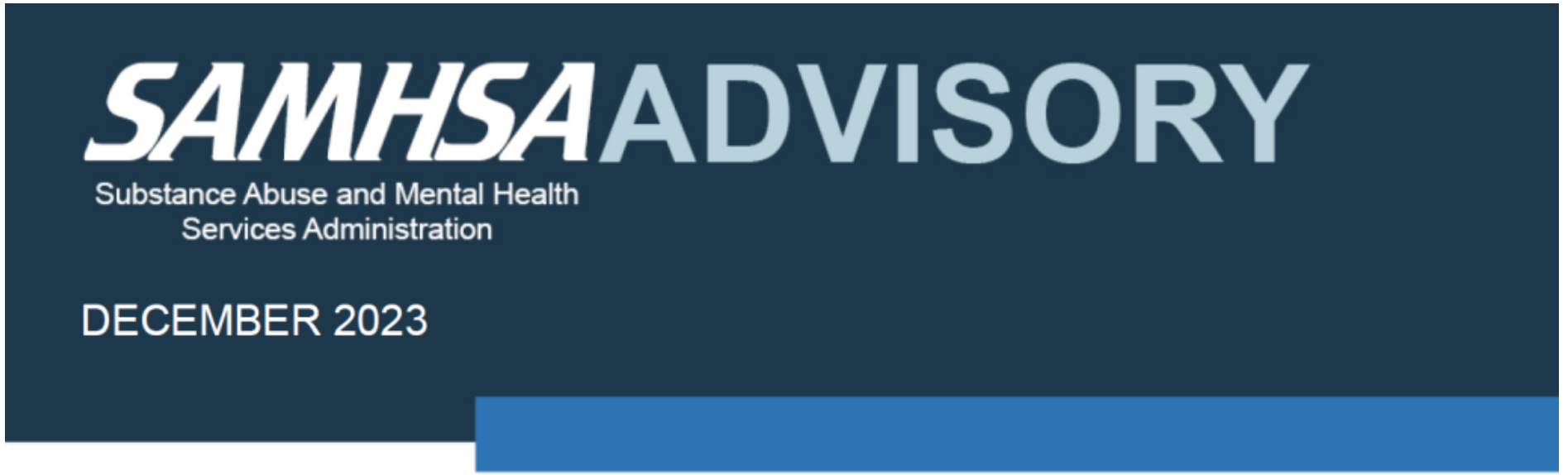
Where do you see new opportunities to improve engagement and retention of non-abstinent patients?

Audience Question

For those whose programs do not currently welcome non-abstinent patients:

What challenges do you anticipate by incorporating care for non-abstinent patients in your setting?

FEDERAL GUIDANCE INTERSECTION



ADVISORY: LOW BARRIER MODELS OF CARE FOR SUBSTANCE USE DISORDERS

Principles and Components of Low Barrier Models of Care

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

SAMHSA Principles of Low Barrier Models of Care

- Person-centered care
- Harm reduction and meeting the person where they are
- Flexibility in service provision
- Provision of comprehensive services
- Culturally responsive and inclusive care
- Recognize the impact of trauma

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

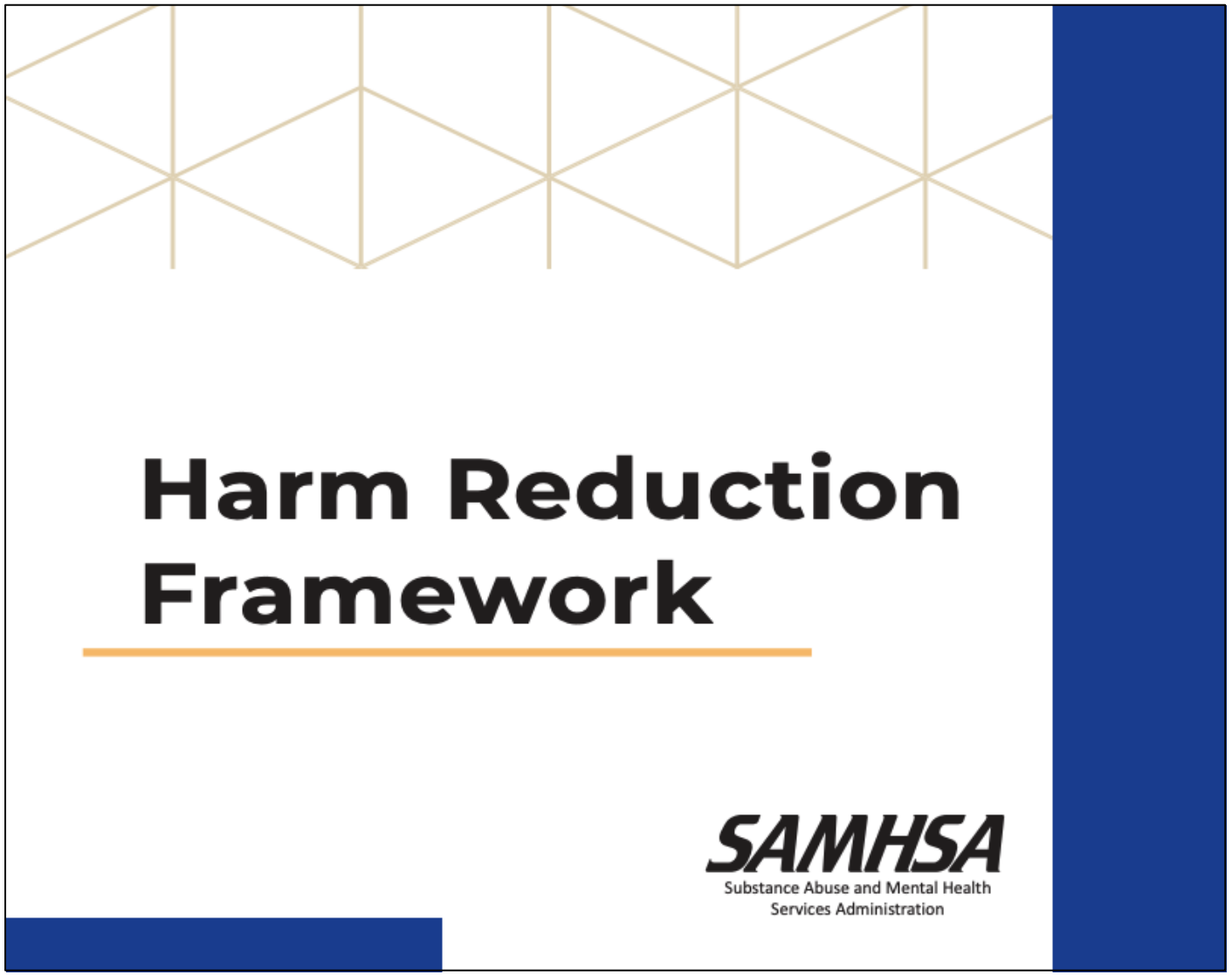
SAMHSA Principles of Low Barrier Models of Care

- Available and accessible
- Flexible
- Responsive to patient needs
- Collaborative with community-based organizations
- Engaged in learning and quality improvement

http://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005

Barrier Level	Requirements and Approach [35,36,37,38,39,40]	Requirements and Approach (medication only)	Availability [41,42,43,44,45]
Low Barrier Care	• No service engagement conditions or preconditions. • Visit frequency based on clinical stability. • Ongoing substance use does not automatically result in treatment discontinuation. • Client's individual recovery goals prioritized. • Reduction in substance use and engaging in less risky substance use as acceptable goals.	• Medication at first visit. • Home initiation permitted. • Various medication formulations offered. • Individualized medication dosage. • Rapid re-initiation of medication after short-term disruption.	• Treatment available in non-specialty SUD settings. • Other clinical and non-clinical services incorporated into SUD treatment settings. • Same-day treatment availability, no appointment required. • Extended hours of operation. • Telehealth and in-person services available.
High Barrier Care	• Requirements for current or previous engagement with specific services. • Visit frequency based on a rigid, pre-determined schedule. • Treatment discontinuation due to ongoing substance abuse. • Treatment goals imposed. • Abstinence as the primary goal for all clients, all the time.	• Two or more visits before medication. • Clinic initiation required. • Limited medication formulation options. • Uniform maximum dosage. • Induction required to restart medication.	• Treatment only available at specialty SUD programs. • Non-integrated or limited-service offerings. • One or more day wait to initiate treatment, appointment required. • Traditional hours of operation. • Services only available in-person.

Jakubowski, A., Fox, A. (2020). Defining Low-threshold Buprenorphine Treatment. J Addict Med. 2020 Mar/Apr;14(2):95-98. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075734



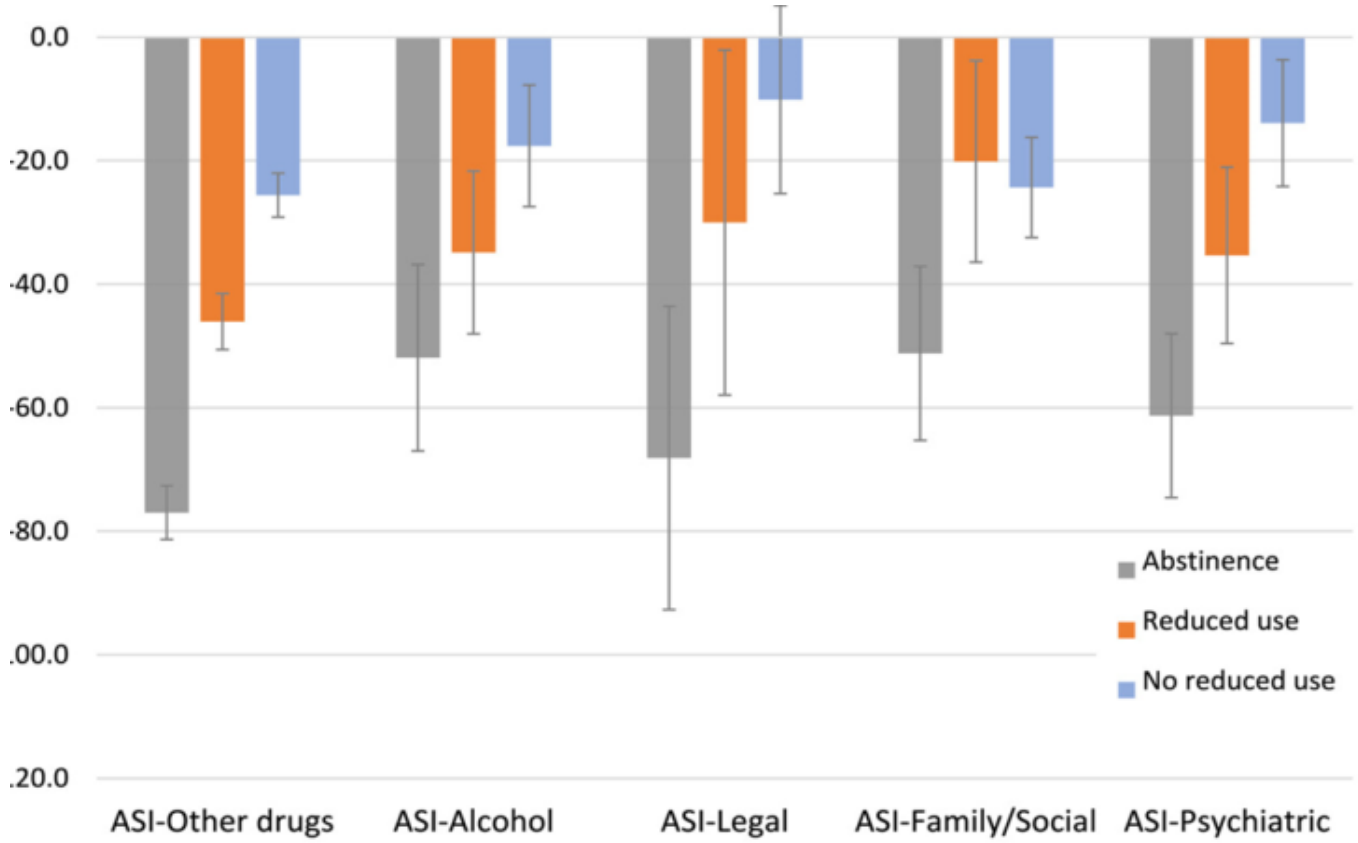
http://www.samhsa.gov/find-help/harm-reduction/framework

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

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



Amin-Esmaeili M, et al. Addiction, May 2024

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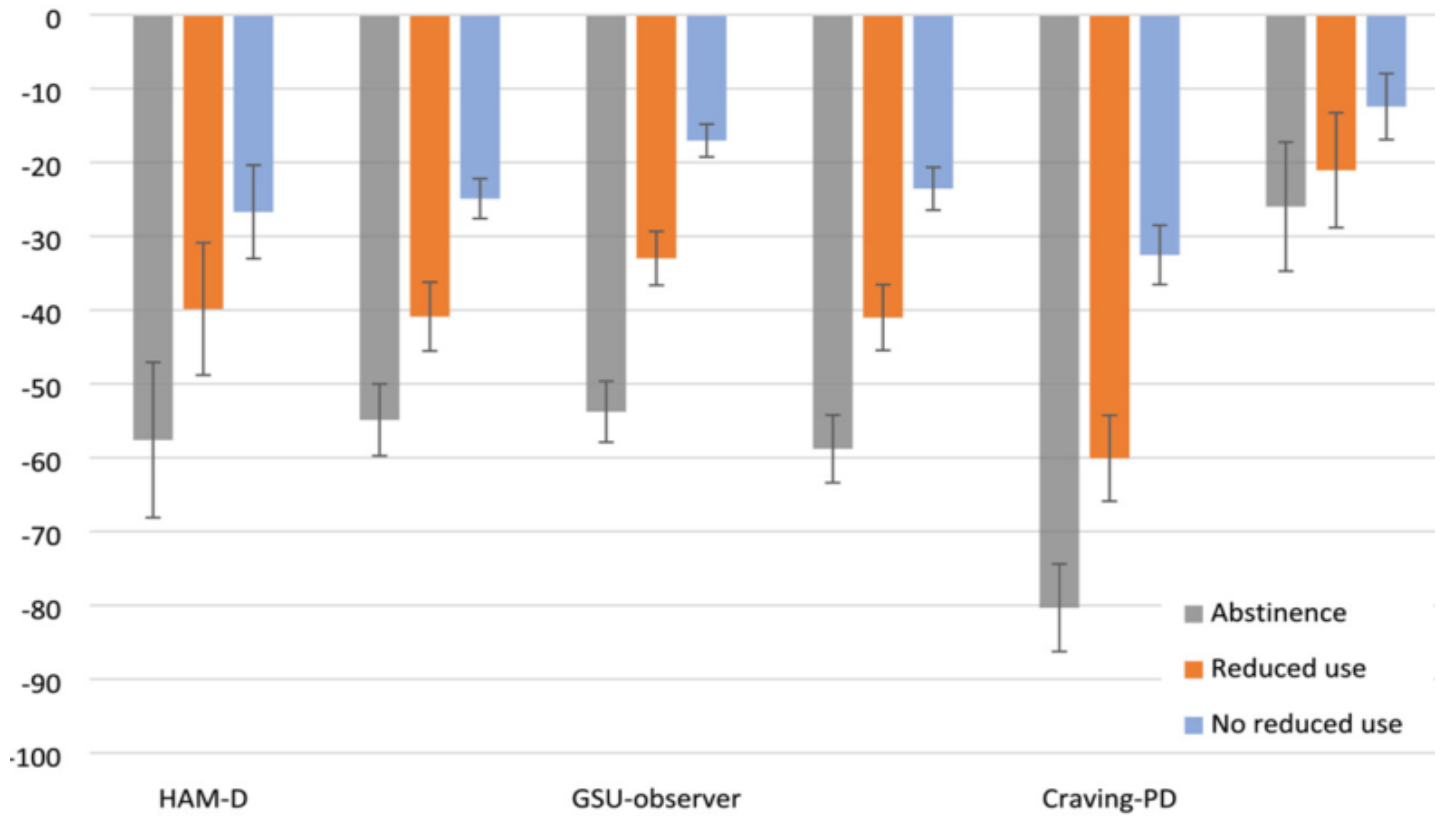

Amin-Esmaeili M, et al. Addiction, May 2024

SAMHSA Core Practice Areas for Harm Reduction

- Safer Practices
- Safer Settings
- Safer Access to Healthcare
- Safer Transitions to Care
- Sustainable Workforce and Field
- Sustainable Infrastructure

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

Better Blending of Treatment and Harm Reduction

- Recovery is a continuum and we need to address the often-wide separation and programmatic divide between treatment and harm reduction services.
- By doing so, the continuum of SUD services will better match clients' experiences.
- 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.
- Achieving this goal will require addressing this from both perspectives and will require agency-level interventions.

Better Blending of Treatment and Harm Reduction

- Agencies have different cultures and each agency knows their culture best.
- Ingredients for culture change at the agency-level:

- Open communication and discussions with staff to explore their thoughts and feelings around the topic
- Have a clear end goal
- Evaluate the agency's progress
- Adjust approaches as needed

Regulatory Challenges

Outreach and Engagement – The "How"

1. Enhancing Outreach & Engagement

- Expanding mobile (field- and street-based) services
- Increasing efforts to interface with other areas of health and social systems
- Expanding low barrier and low judgement services such as harm reduction
- Expanding low threshold offerings of Medications for Addiction Treatment (MAT)
- Optimizing a reimbursable outreach and engagement services for people prior to formal diagnoses or assessments

Lower Threshold Care – The "How"

2. Establishing Lower Barrier Care

- Lowering the bar of admissions policies to expand who is admitted into SUD treatment
- Raising the bar of discharge policies so that there are more nuanced considerations before someone is discharged from treatment because of return to use or ongoing use for a substance for which they are not seeking services
- Strengthening bidirectional referrals between harm reduction and SUD treatment agencies
- Performing patient experience assessments at the SUD provider level to focus on implementing strategies to make the care environment more inviting for all

Lower Threshold Care – The "How"

Traditional Approach

- Defining readiness for treatment as readiness for abstinence
- Focusing on program rules to define the terms of treatment engagement
- Discharging patients who return to use

Current Approach

- Being open to admitting people into treatment who are interested in care, even if they may not be interested in abstinence
- Focusing on patient preferences to inform the terms of treatment engagement
- Looking for ways to maintain patients in treatment who return to use

How Do WE Optimize Outreach and Engagement?

- **New Partnerships**
  - Building partnerships with harm reduction, community-based, health services, and social services organizations to increase reach to new and larger populations

- **Field-Based (Mobile or Outreach) Services**
  - Bringing services to locations to reach individuals who are unsure if they want SUD treatment services and/or who may not want to decrease or stop use.

Service Design

- **Creating a safe and welcoming physical environment** (e.g., warm lighting, matching furniture, home-like rather than an institutional feel)
- **Placing clients at the center of design improvements** by gathering and utilizing client feedback
- **Improve language access** to reduce barriers
- **Streamlining intake processes** that prioritize clients over forms
- **Optimizing clinical services** to be more engaging
- **Enhancing client experience** with client walk-throughs to identify service design improvements
- Adapting **organizational changes that lead to lower barriers to accessing services**

Group Discussion

Group Discussion Prompts

- Which strategies can you integrate into your daily work?
  - What resources or guidance would you need to effectively integrate these strategies?
- What are the challenges of implementing a harm reduction approach?
- What questions do you have about integrating a harm reduction approach to your work?
- What are we missing here?

Q & A
DISCUSSION

Thanks!

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