



# Harm Reduction as a Path to Patient-Centered Care

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# Presenters



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# Session Objectives

- 1 Explain how harm reduction is related to person-centered care.
  - 2 Name at least one example of a harm reduction approach that can be employed in OTPs.
  - 3 Name at least one organization with a harm reduction mission that can partner with OTPs.
- 



## **Vision**

A world in which health and wellness is a human right, accessible to all, and free from social and structural inequities

## **Mission**

To provide vital, effective, and inclusive community health services and resources for optimal wellbeing and vibrant communities.

# Tapestry Harm Reduction

Syringe services (access & disposal)

Overdose Education Naloxone (Narcan) access

Safer use education and supplies (alcohol swabs, cookers cottons, etc.)

Drug checking services

Wound care and wound care supplies

Safer sex supplies

STI testing, counseling, and treatment referrals

Hepatitis C testing and treatment referrals

Referrals to detox, medication assisted treatment, and other programs

Referrals to medical care

Community Education, Training and Technical Assistance



# Principles of Harm Reduction

**1**

**Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them**

**2**

**Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others**

From the National Harm Reduction Coalition



# Principles of Harm Reduction

## 3

**Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies**

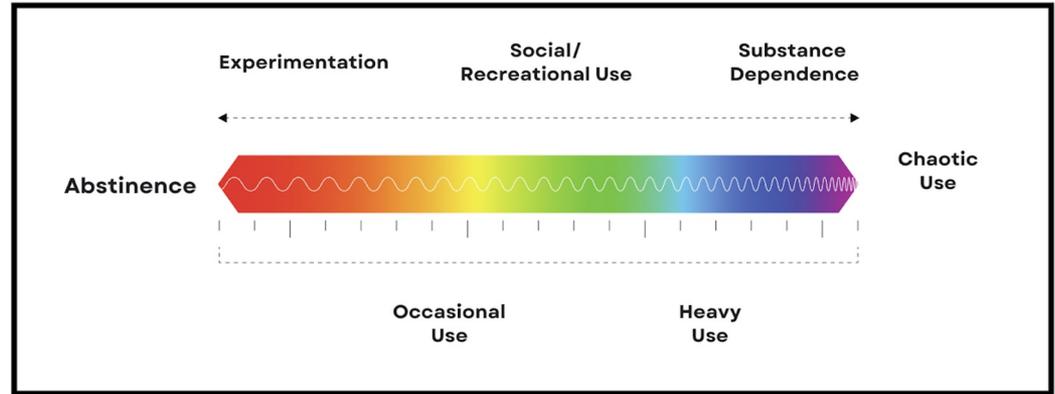
- Many OTP participants engage in non-prescribed substance use
- "Success" includes more than abstinence
  - Stabilization
  - Reduced use
  - Engagement in safer use practices

# Understanding Drug Use as a Spectrum

Not prescriptive or diagnostic—  
meant to offer language for  
people to explore and express  
their relationship with drugs.

People move fluidly between  
points on the spectrum based on  
*life circumstances, health, goals,*  
or *substance type*.

Risk exists at every point, but so  
does the opportunity to reduce  
harm.



Adapted from: National Harm  
Reduction Technical Assistance Center

# Scenario 1:

Someone who smokes methamphetamine daily and has stable housing and employment.

- Where would you place this person on the spectrum of drug use?
- How do different factors (e.g., prescribed treatment, unregulated/unpredictable opioid supply, overdose risk, injection related risks) influence your placement?
- How might this person define their own location on the spectrum?



## Scenario 2:

Someone who used to inject fentanyl/dope daily, and has recently transitioned to smoking instead of injecting.

- Where would you place this person on the spectrum of drug use?
- How do different factors (e.g., prescribed treatment, unregulated/unpredictable opioid supply, overdose risk, injection related risks) influence your placement?
- How might this person define their own location on the spectrum?



# Principles of Harm Reduction

**4**

**Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm**

From the National Harm Reduction Coalition

# Cycle of Stigma

## **Stigma:**

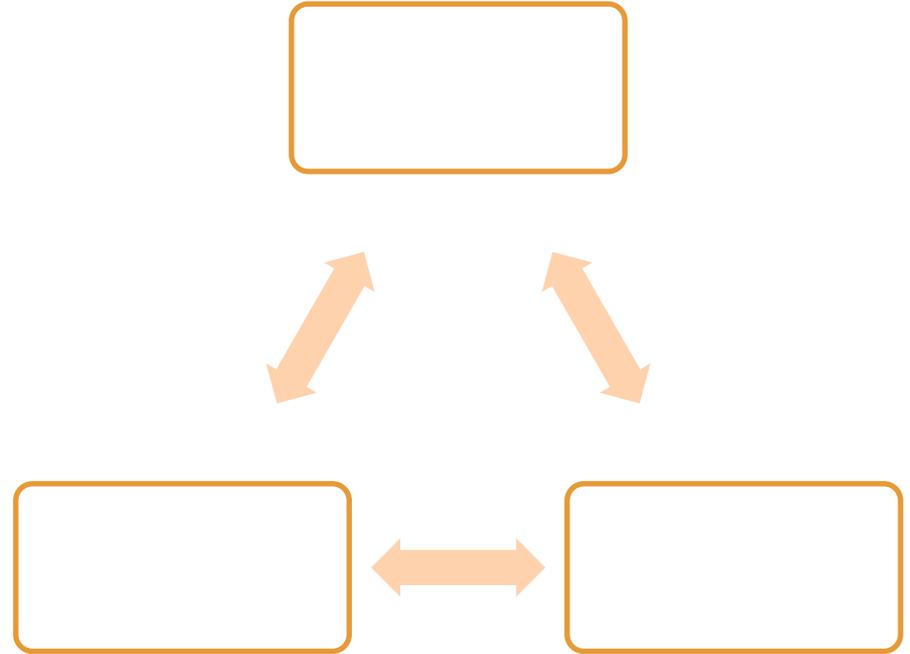
Negative beliefs about, and attitudes toward people who use drugs

## **Stigmatizing Culture:**

People who use drugs and the people around them believe that they are not deserving of being treated with dignity and respect

## **Barriers to Support:**

People who use drugs avoid seeking resources and support, out of fear of judgement and other consequences





# Cycle of Stigma & OTP Engagement

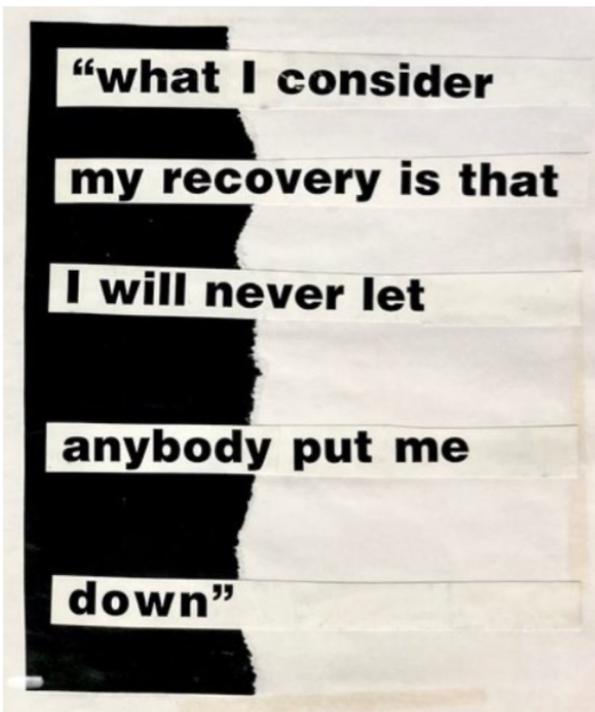


Image Credit: Heather Edney's Harm Reduction Archive

External stigma (provider attitudes, policies) and internalized stigma (shame, isolation) leads to disengagement and worsened health outcomes

Studies show strict OTP policies (e.g., abstinence-only rules) increase dropout rates and reduce MOUD retention

Harm reduction strategies like syringe access and naloxone distribution increase engagement in OTP settings



**Image Credit:** Heather Edney's Harm Reduction Archive

**Harm Reduction is  
a movement for  
social justice built  
on a belief in, and  
respect for, the  
rights of people  
who use drugs.**

From the National Harm Reduction Coalition

# Harm reduction is...



**Image Credit:** ACT UP Philadelphia.

A set of strategies aimed to reduce the negative health, legal, and social consequences that result from stigmatized and criminalized experiences, such as:

- drug use
- sex
- the sex trade / sex work
- self-injury/harm

# Breaking the Cycle: Harm Reduction in OTP settings

Person-centered care in OTPs supports goal-setting led by participants—not dictated by providers

Making harm reduction supplies accessible: Naloxone distribution, syringe **access**, and fentanyl test strips

Flexible MAT models (low-barrier buprenorphine, microdosing, fewer requirements) increase engagement.

Non-Punitive Polysubstance Use Counseling: Instead of discharging participants for non-prescribed drug use, offer counseling focused on safety

(Andraka-Christou et al., 2021; Taylor et al., 2021)



# OTPs & Syringe Access

## Collaborating with Local Syringe Service Programs

Syringe access prevents HIV, Hepatitis C, and other infections

Alternatives to injection equipment

Repairs trust with healthcare

## Evidence:

58% reduction in HIV risk for PWID using SSPs

Greatest impact when combined with medication assisted treatment (MAT) —up to 50% HIV risk reduction when MAT is provided

(Broz et al., 2021; Krawczyk et al., 2022)

# Overdose Education & Naloxone Distribution

Community naloxone distribution reduces mortality in groups at high overdose risk

OTPs can expand naloxone access beyond patients to social networks experiencing increased risk.

On-site distribution through harm reduction community health education, standing orders, co-prescribing

(Alves et al., 2022)

# Additional Harm Reduction Strategies

Avoid using alone  
(friends, hotline, app)

Take turns using, so  
someone is able to  
help if needed

Routine STI testing

Have naloxone  
(Narcan) easily  
available. Know how  
to use it to respond to  
an opioid overdose!

Drug checking when  
possible (fentanyl test  
strips, drug checking  
services)

Start with a low dose,  
use slowly.

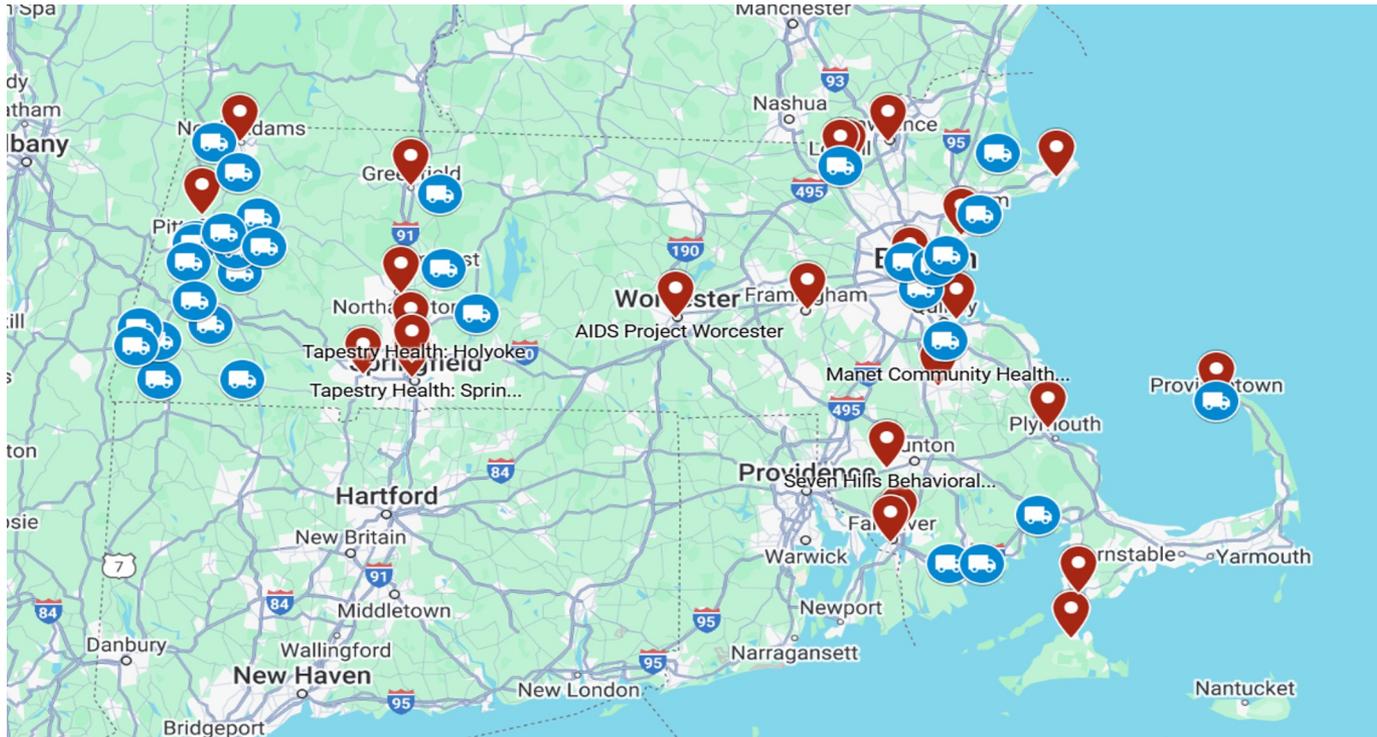
Use new/sterile  
supplies. Avoid  
sharing safer use  
equipment, like  
syringes and pipes.

Keep an eye out for  
skin issues (wounds,  
abscesses, cellulitis)

Practice safer sex  
(barrier methods,  
contraception,  
consent)



# Syringe Access Programs in MA



# Connect with Us!



<https://www.tapestryhealth.org/>



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[Kharrington@tapestryhealth.org](mailto:Kharrington@tapestryhealth.org)

# Thank you!

Questions?



## ***Upcoming Session: 3-4PM***

Please make your way back to the main Zoom room for:

**Expanding Access: Telehealth and Innovative Strategies for Patient Centered Care**

**[Zoom link](#)**

