

# **Integrating Harm Reduction Services into a State-Wide Substance Use Disorder System of Care**

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## **Background**

In the context of increasing morbidity and mortality due to substance use and use disorder (SUD) and of widening inequities in access and utilization of needed health and social services among people who use drugs, harm reduction interventions integrated at the healthcare system level have the potential to both improve population health outcomes and to reduce inequitable healthcare access and utilization. Our objective is to describe the real-world implementation strategy that the New York State (NYS) Office of Addiction Services and Supports (OASAS) undertook to integrate harm reduction principles and interventions into a traditional SUD system of care starting in 2021.

## **Methods**

NYS OASAS oversees one of the largest SUD systems of care in the US in which more than 100,000 people are served daily within the treatment system, and many more are reached through harm reduction, prevention, and recovery services. We present strategies for newly integrating harm reduction into a range of settings including SUD outpatient settings. We also discuss contextual factors that may have contributed to an important public health policy window allowing for wider and broader State-level dissemination of harm reduction programming.

## **Results**

We initiated new harm reduction initiatives through a multi-level and multi-modal approach which included a combination of directly available funds for naloxone and fentanyl test strips, and requests for applications for harm reduction intervention programming including low-threshold buprenorphine and outreach/engagement services. Concurrently, we developed our leadership, mentoring/training, and technical assistance capacity in the multi-setting provision of harm reduction including public learning sessions for providers. Multiple intersecting contextual factors may have opened a policy window that uniquely facilitated OASAS' ability to integrate harm reduction services; these factors include: the \$1.6 billion NYS opioid settlements (2021-22) and the ongoing overdose epidemic which contributed to fatal drug overdoses increasing 68% in NYS from 2019 to 2021 and to the substantive loss of productive life years for New Yorkers.

## **Conclusions**

Our experience integrating harm reduction principles and initiatives at the State-level may serve as an example for other jurisdictions who may be endeavoring to do likewise. Further, understanding the policy window that may have facilitated the expansion of harm reduction may allow others to identify such contexts in which swift public health policy action may be critical.

## Disclosure:

Authors have no conflicts of interest to declare