

Treatment and Harm Reduction Can Work Together to Save Lives and Reduce Demand for Drugs

By Stacey McKenna and Chelsea Boyd



The Need for Harm Reduction

Recovery from a substance use disorder (SUD) is not linear, and most people return to using drugs at some point. One study found that 80 percent of treatment participants used illegal drugs during treatment. That return to use comes with risks of overdose, disease transmission, and more.¹



Are Treatment Programs Integrating Harm Reduction? The Big Picture

Recent research highlights a growing but uneven adoption of harm reduction within SUD treatment. A survey of SUD treatment programs in New Jersey found that:



Incorporating Harm Reduction into Treatment

To integrate a harm reduction perspective that aligns with how mental health and medical providers treat other chronic illnesses, programs should implement strategies such as:

Low-Barrier Access. Offer treatment on demand, provide or refer for all Food and Drug Administration (FDA)-approved medications for opioid use disorder (MOUD), and use evidence-based practices—including appropriate doses and microdosing during active use—to start people on MOUD.

Overdose Prevention. Distribute naloxone and drug-checking equipment, develop and implement clinic response protocols, and educate participants on overdose identification and response.

Person-centered Care. Avoid punitive measures for positive toxicology and collaboratively identify goals that may include (but should not be limited to) abstinence.

Risk Reduction. Refer to syringe services or provide supplies and education to reduce risks associated with injection, smoking, and sexual health.³

When direct provision of these services is not possible due to capacity or policy environment, refer to organizations that do offer them.

Why Harm Reduction-Oriented Treatment Works

- Aligns with motivational interviewing—an evidence-based treatment tool—by focusing on individuals' goals and priorities.
- Provides autonomy and allows people free choice.
- Reconnects people who use drugs with the broader community in ways that are meaningful and attainable for them.
- Person-centered care keeps people engaged.
- Small changes often translate into big impacts later.
- Safe and stigma-free environments invite people to (or back to) treatment even if they return to use, allowing them to keep building healthier coping skills.

Conclusion

Integrating harm reduction into SUD treatment is doable and increases retention, engagement, and survival. These models demonstrate that treatment and harm reduction reinforce rather than contradict each other.

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CASE STUDIES: THREE SUD TREATMENT PROGRAMS SAVING LIVES THROUGH HARM REDUCTION

CenterPointe⁴ (Lincoln, Nebraska)



Certified community behavioral health clinics offering inpatient, residential, and crisis services, driven by an “any positive change” philosophy.

Practicing Harm Reduction:

- ✓ Connection to multiple recovery support groups ranging from moderation management and “any change”-focused groups to abstinence-based 12-step groups
- ✓ Do not discharge for substance use alone, regardless of the level of care
- ✓ Distribute naloxone directly to everyone who enters a program for substance use, regardless of perceived “need” or substance(s) used
- ✓ Encourage medications for treatment of OUD
- ✓ Free nicotine replacement therapy for people who smoke cigarettes
- ✓ Provide access to naloxone via on-site vending machines



Nala Care Mental Health⁵ (Omaha, Nebraska)



Outpatient mental health and SUD treatment provider, including dual diagnoses.

Practicing Harm Reduction:

- ✓ Opioid treatment program referrals for methadone access
- ✓ Moderation management
 - Using less often
 - Defining goals for when they do use
 - Lower quantity
 - Smoking versus injecting
 - Managing relationships
 - Mental preparation for what longer periods of abstinence will be like
- ✓ Overdose prevention through overdose education and response training, referral to naloxone distribution points
- ✓ Supportive mental health care for families of people with an SUD
- ✓ Do not discharge people for using substances

Community Medical Services⁶ (Tucson, Arizona)



High-volume clinic within a multi-state system of 70-plus opioid treatment programs. Views any change as having a positive effect on health and well-being.

Practicing Harm Reduction:

- ✓ Individualized care with a shared goal of reducing opioid use
- ✓ Don't discharge people for continued substance use
- ✓ Partner with syringe services programs at public events to provide people actively using substances with no-pressure education about treatment
- ✓ Street outreach to distribute supplies, including overdose reversal aids, hygiene supplies, snacks, deodorant, and more
- ✓ Moderation management, including collaborative development of person-centered treatment and substance use goals
- ✓ Defines success using a realistic metric (dosing 75 percent within the first 30 days) instead of drug-free urine screens or perfect medication adherence
- ✓ Take-home methadone doses (starting at three days' worth per week)
- ✓ All FDA-approved MOUD available
- ✓ Medication pickup or delivery for those in residential programs

1. Noa Krawczyk et al., “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 Reduction Journal*, 19:95 (Aug. 24, 2022). <https://pmc.ncbi.nlm.nih.gov/articles/PMC9400571>.

2. Isha K. Desai et al., “Use of harm reduction practices by state-licensed specialty substance use treatment programs,” *Journal of Substance Use and Addiction Treatment*, 174 (July 2025). <https://www.sciencedirect.com/science/article/abs/pii/S2949875925000906>.

3. Jessica L. Taylor et al., “Integrating Harm Reduction into Outpatient Opioid Use Disorder Treatment Settings,” *Journal of General Internal Medicine*, 36:12 (June 22, 2021), pp. 3810-3819. https://pmc.ncbi.nlm.nih.gov/articles/PMC8218967/pdf/11606_2021_Article_6904.pdf.

4. Author interview with Ryan Carruthers, Chief Clinical Officer/Executive Vice President, CenterPointe (Google Meet), March 4, 2026.

5. Author interview with Tiffany Webb, Founder and CEO, Nala Care Mental Health (Google Meet), March 5, 2026.

6. Author interview with Haley Horton, Regional Director of Operations, Southern Arizona, Community Medical Services (Google Meet), March 5, 2026.