

# Fact Sheet: Harm Reduction in Health Centers

The federal government has recognized that health centers will play a key role in ending the HIV epidemic by funding health centers to expand access to prophylactic HIV treatment (PrEP) and other HIV/AIDS services, including outreach and care coordination. According to a 2019 study by the Kaiser Family Foundation, one in five people receiving care and treatment for HIV/AIDS receive those services through a health center. In addition, health centers have increasingly adopted a comprehensive approach to patient care by providing a broad array of physical health, behavioral health, and supportive services. This is why health centers are uniquely positioned to offer harm reduction services to patients who use drugs and who are at risk for HIV, hepatitis C, and other infectious diseases as well as overdose.

## GETTING STARTED:

There are many ways a health center can get started adding harm reduction to existing services. Activities that can be added include:

➔ **Syringe Disposal** – Numerous programs have started out by providing additional options for patients to properly dispose of their syringes and other supplies. Programs report that this builds trust with patients and with the community. Some programs have added sharps disposal by placing a sharps disposal kiosk outside of the health center for 24-hour access.

➔ **Naloxone** – In response to the opiate overdose crisis, many health centers now offer naloxone to patients and provide them with instructions on how to use it to reverse an opioid overdose. The most successful models do not limit naloxone kits to only those patients known to use drugs but provide kits to as many patients as possible. This increases the likelihood that naloxone will be present in the community when someone experiences an overdose. For tools and training, visit the Overdose Prevention section on the California Department of Public Health (CDPH) website, [Harm Reduction Resources](#).

Centers for Disease Control and Prevention (CDC) has affirmed syringe services programs (SSP) are an **“effective component of a comprehensive, integrated approach for the prevention of HIV, viral hepatitis, and other infections.”**

Over 30 years of research has proven SSPs are a **“safe, effective, cost-saving intervention that do not contribute to illegal drug use or crime.”**

Comprehensive SSPs serve as an entry point for a range of services to improve health outcomes, help stop overdose deaths, and prevent infectious disease transmission.

➔ **Medication for Opioid Use Disorder (MOUD)** – Treating patients with opioid use disorder using the opioid agonist medications buprenorphine and methadone has been shown to protect against overdose, significantly reduce all-cause mortality, and retain patients in care. California strongly supports access to low-barrier, high quality opioid treatment as a foundation of behavioral health services, including in health centers. For more background, including educational resources and other information, see:

- [California Primary Care Association](#)
- [California Bridge](#)
- [California Department of Health Care Services](#)

➔ **Partner with a Syringe Services Program (SSP)** – Prior to providing harm reduction services, some health clinics have formed partnerships with local SSPs. This allows the health center staff to refer clients to the SSP and allows SSP staff to refer their participants to trusted staff at a health center.

➔ **Safer Injection Supplies** – See **Model Types** section below.

## MODEL TYPES:

There are health centers throughout California currently providing syringe services in rural, urban and suburban settings. Below are descriptions of some of the models these programs use to deliver services, and reports from staff on how each model works. Staff in health centers that have added these services recommend working with a clinic champion and the Quality Improvement Committee as effective ways of making these changes.

### Drop-In

The **drop-in health model** allows access to meals, employment assistance, and outpatient substance use disorder treatment. Adding the provision of harm reduction supplies, including sterile syringes and naloxone, reduces patients' health risks and can create a safe space for patients who use drugs. Health center staff working under this model are trained in harm reduction and report that it

is important that all staff be trained in how to make participants feel safe and welcomed, including security and front desk workers. One health center using this model has a pharmacist hand out supplies; another has a small, dedicated harm reduction team that provides supplies in the health center and conducts outreach to encampments. Health centers using this model do not require appointments for participants to receive supplies, which is key to building relationships and trust.

### Mobile

The **mobile clinic model** increases health care access and promotes healthy living by bringing services to the community in mobile vans.

Staff providing mobile services report that distributing harm reduction kits including syringes and naloxone is good medical and public health practice and helps foster relationships with patients who use drugs. This can then lead to the opportunity to address other health issues such as wound care and accessing substance use disorder treatment.

### Street

With the **street medicine/ outreach model**, health centers provide services to community members who are unhoused. Many have successfully

added harm reduction supplies to their street medicine services. Clinica Sierra Vista in Kern County uses the street medicine model, as described in this [article](#) and [video](#).



## TECHNICAL ASSISTANCE:

Federal law allows health centers to fund all aspects of syringe services with grants made under Section 330 of the Public Health Service Act, except for the purchase of syringes. In considering the request to add harm reduction services, Health Resources and Services Administration (HRSA) project officers may request documentation of state fulfillment of federal requirements to complete a “Determination of Need.” [Documentation and technical assistance](#) is available through the CDPH/Office of AIDS (OA) Harm Reduction Unit at [SSPinfo@cdph.ca.gov](mailto:SSPinfo@cdph.ca.gov).

For more information visit the CDPH/OA webpage, [Harm Reduction in Health Centers](#).