HARM REDUCTION PROGRAMS AND MEDICATIONS FOR ADDICTION TREATMENT (MAT) IN CALIFORNIA

PERSPECTIVES OF HARM REDUCTION PROVIDERS & Pparticipants*

WHY OFFER MAT IN HARM REDUCTION PROGRAMS?

Harm reduction programs are uniquely effective at providing MAT:

They have built trusted relationships with people who are not reached by traditional health systems.

Their unique, low-barrier approach meets people where they are, without judgment or shame.

They provide more than medication, building connection and community that make people want to return.

"[In a] nonclinical setting, there's not all that pressure, all that stigma and trauma associated with being in the clinical setting. We're literally outside, right?"

- Program staff

"They may not access [MAT] right away…but when they're ready, they know where to come. They don't have to make an appointment. They can just one day, decide, 'I want to change this aspect of my life.'"

- Program staff

"Every week I got something to look forward to coming here… and the whole social thing really helps gives me responsibility."

- Program participant

WHAT DOES MAT ACCESS LOOK LIKE IN HARM REDUCTION PROGRAMS?

Harm reduction programs implement a range of MAT models:

Fewer resources required ← **SPECTRUM OF MAT MODELS** → **More resources required**

Informed Referral
Referral to a trusted, low-barrier MAT provider

Direct Linkage
Pre-established direct call/text relationship with MAT provider

Telehealth Onsite
On-site telehealth access through a contracted or partnering MAT provider

Provider Onsite
Your own or partnering on-site clinician who can prescribe MAT on certain days/times

Low-barrier access is a must for MAT initiation and retention in harm reduction programs:

- Flexible MAT access points (e.g., street-based, evenings/weekends, drop-in)
- Same-day MAT access with minimal paperwork and wait time
- Centering participants in MAT approach (e.g., thought partnership, shared decisions)
- Support addressing common MAT barriers (e.g. pharmacy, withdrawal)
- Consistency in MAT services (e.g., availability, quality of clinicians)
- Supporting holistic needs (e.g., food, hygiene, service navigation)

**Based on interviews with 106 staff and participants from 16 California harm reduction programs. For more details, see the comprehensive report from this project and/or the toolkit from this project developed specifically for harm reduction programs that wish to implement or strengthen MAT services.*

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