

A MICRO-COSTING ANALYSIS for Harm Reduction Services in Office-Based Addiction Treatment



University of
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HARM REDUCTION
Research Collaborative

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INTRODUCTION

- The U.S. opioid crisis has been shaped by polysubstance use, limited treatment access, and increasing substance-related complications.
- Harm reduction services (HRS) integration into office-based addiction treatment (OBAT) can reduce drug-related risks.
- Adoption of HRS is limited by stigma, resources, & funding.
- We implemented distribution of safer use kits at 3 OBAT clinics in Western Pennsylvania in February 2024.

OBJECTIVE

- Identify the start-up & monthly operational costs of distributing kits at 3 OBAT clinics.
- Estimate the anticipated costs for implementation at one site.

METHODOLOGY

IMPLEMENTATION	OBAT SITES	START-UP PROCESS
	A. Primary care clinic B. Perinatal clinic C. Dual diagnosis clinic	✓ Identify site champions ✓ Build site-specific workflows ✓ Train clinicians & staff ✓ Install sharps containers
ANALYSIS	KIT TYPES	OPERATIONS
	Safer injection, smoking, snorting, boofing, fentanyl & xylazine test strips, wound care	<ul style="list-style-type: none">5 days/week during business hoursMax of 8 kits per visit (1 per type)Bimonthly check-ins with championsMonthly kit packing with volunteers
ANALYSIS	Approach Retrospective, ingredients-based micro-costing	Cost Calculations <ul style="list-style-type: none">Divided into start-up and operational costs over 5 monthsIncluded personnel time, supplies, travel, trainingsExcluded overhead costs (e.g. space, utilities)
	Data Sources <ul style="list-style-type: none"># kits distributedInventory recordsBureau of Labor StatisticsTimesheets	

RESULTS

