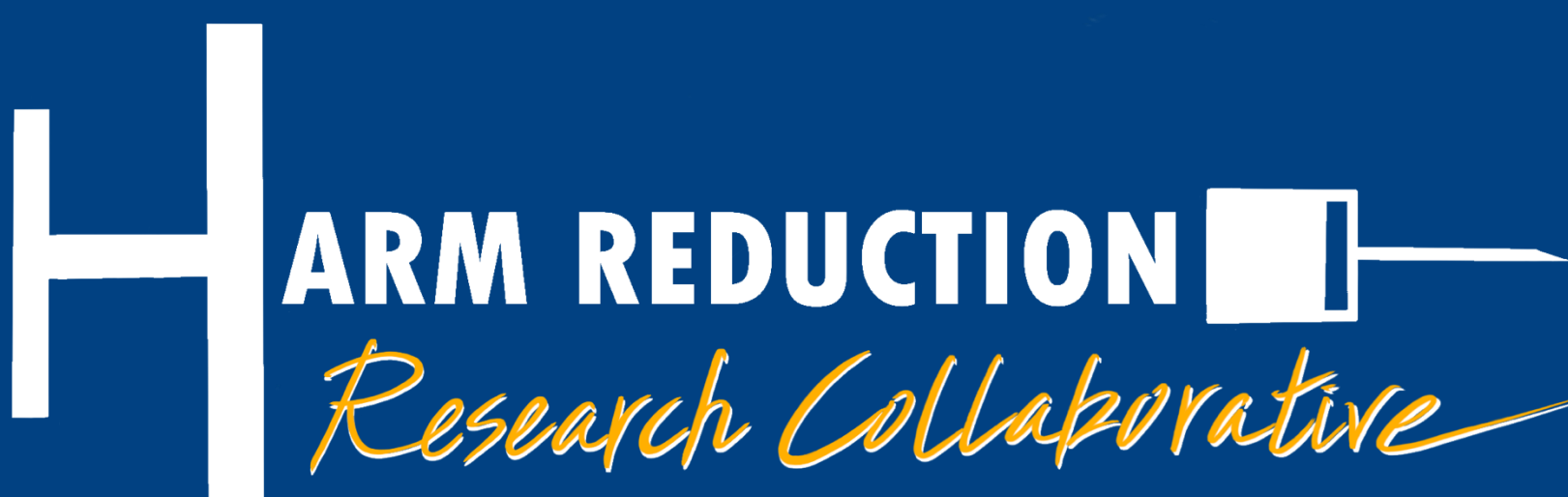


A MICRO-COSTING ANALYSIS for Harm Reduction Services in Office-Based Addiction Treatment



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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	<div>✓ Identify site champions</div> <div>✓ Build site-specific workflows</div> <div>✓ Train clinicians & staff</div> <div>✓ Install sharps containers</div>
ANALYSIS	KIT TYPES	OPERATIONS
	Safer injection, smoking, snorting, boofing, fentanyl & xylazine test strips, wound care	<div>• 5 days/week during business hours</div> <div>• Max of 8 kits per visit (1 per type)</div> <div>• Bimonthly check-ins with champions</div> <div>• Monthly kit packing with volunteers</div>
ANALYSIS	Approach	Cost Calculations
	<div>Retrospective, ingredients-based micro-costing</div> <div>Data Sources<ul style="list-style-type: none"># kits distributedInventory recordsBureau of Labor StatisticsTimesheets</div>	<div>• Divided into start-up and operational costs over 5 months</div> <div>• Included personnel time, supplies, travel, trainings</div> <div>• Excluded overhead costs (e.g., space, utilities)</div>

RESULTS

