

Episode: *Author Interview: “How Should Harm Reduction Strategies Differ for Adolescents and Adults?”*

Guest: Brady J. Heward, MD

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Brady J. Heward, an assistant professor in the Larner College of Medicine at the University of Vermont in Burlington. He’s here to discuss his article, coauthored with Drs Amy M. Yule and Peter R. Jackson, “*How Should Harm Reduction Strategies Differ for Adolescents and Adults?*,” in the July 2024 issue of the Journal, [Harm Reduction and Opioid Use Disorder](#). Dr Heward, thank you so much for being on the podcast. [music fades]

DR BRADY HEWARD: Thank you, Tim. It’s great to be here.

[00:00:47] HOFF: So, what’s the main ethics point that you and your co-authors are making in this article?

HEWARD: Thanks for the question. With the ongoing opioid crisis, many substance use treatment providers have been shifting their focus to a more harm reduction approach to limit the morbidity and mortality associated with opioid use. In our article, we really wanted to focus on how harm reduction is similar and different in adolescents. We recognize that adolescents are different than adults in a number of important ways, including in their social and neurodevelopment, in the legal rights that they have, and in who has responsibility for their safety and well-being. Teens are trying to figure out who they are. They’re becoming increasingly independent. And at the same time, parents still have legal and ethical obligations to maintain their safety and care for them. Providers often feel the same obligation to protect and promote safety and wellness, even as teens have more autonomy and responsibility. From a parent, community, and provider standpoint to reduce risk for teens, abstinence really from substances, specifically opioids, would be ideal. Despite this, some teens continue to use opioids and other substances.

While overall rates have gone down in the last couple of decades, we have recently seen dramatic increases in unintentional overdose deaths. From 2019 to 2021, overdose deaths increased 109 percent in 10-to-19-year-olds, which is higher than the increase in the general population. This increase isn’t due to higher rates of use, but rather to increasingly dangerous drug supply and specifically higher rates of exposure to fentanyl. In fact, fentanyl was found in approximately 80 percent of recent adolescent

overdose deaths. So in the article, the biggest ethical point that we make is that we have to do more to reduce the risks associated with substance use in youth.

[00:02:50] Harm reduction strategies, such as increasing access to naloxone and other approaches, have the potential to be just as helpful for teens as they are for adults. It would be easy to argue that teens shouldn't use drugs, so they shouldn't need treatment or harm reduction supplies. The problem is some teens continue to use. Teens are dying. They're using their autonomy to use substances, and we have to give them the opportunity to use their autonomy to make safer choices. They should have more opportunity to choose treatment or harm reduction than they have to choose substance use. The answer isn't to take away autonomy, but to give them better choices to make. We need to do better as a system, but we can also do better as individual providers working with teens. We recognize that this is complicated, that certain states don't allow teens to get treatment without parental consent, or they may limit the types of treatment they can access. We also recognize that parents have rights and responsibilities and are an important part of treatment, and we discuss many of those issues in the article.

I think one additional aspect that is important for adolescents is to really emphasize that harm reduction cannot and should not be the only approach or the only message that kids receive about substance use. Harm reduction for opioid use disorder is really intended for the highest-risk teens, and we should also focus on prevention, reduction in use, and treatment for all teens.

[00:04:21] HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

HEWARD: Yeah. Great question. I think one of the most important points that I would hope trainees and students would take would be that we have to work to expand life-saving, harm reduction supplies for teens, and that it isn't enough to just focus on the teens with a diagnosis of opioid use disorder. In one report, only 35 percent of youth who died from an unintentional overdose had a documented history of opioid use disorder. Many of the overdoses in teens are happening to teens who intended to use other substances, but unknowingly take something that has a lethal amount of fentanyl.

We know that in about 60 percent of overdose deaths in adolescents, these deaths occur in their own home, and in about two out of every three overdose deaths, someone else was present who could have intervened to prevent the death. So we have to increase the access to harm reduction and specifically to overdose reversal medication, naloxone, to youth who use but also expand it to someone else, or to family members, to friends, and to their schools and to their communities as a whole. So, all clinicians who work with adolescents who use substances should prescribe, provide, or educate on how to obtain naloxone.

I think it's equally important that we focus on treatment of teens as well. As the overdose deaths have gone up, prescriptions for buprenorphine in teens has actually

been going down. So we have to reverse that trend and increase the amount of treatment options that teens have.

[00:06:08] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

HEWARD: Yeah, that's a great question. And I guess one thing that I would emphasize, this isn't necessarily a new point, but just further emphasis, is that we need to meet teens where they're at and help them define and work towards their goals. Someone, a teen, who's willing to choose harm reduction right now may be ready for treatment and abstinence tomorrow, so we should expand harm reduction to teens. But we also need to remember prevention, working to reduce use, and treatment. The way to really intervene in this opioid crisis is not just to focus on harm reduction, but to focus on every level of treatment.

I'd also add that I know this is really complicated, and we recognize that in the article, that we all work in a very complex legal system and communities with large discrepancies in treatment options, and with patients and families that have vastly different treatment goals. Change takes time, and we can celebrate small victories as we work to reduce the morbidity and mortality associated with adolescent opioid use. [theme music returns]

[00:07:26] HOFF: Dr Heward, thank you so much for your time on the podcast today, and thanks to you and your co-authors for your contribution to the Journal this month.

HEWARD: Thank you.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.