

Episode: *Author Interview: “How Should Harm Reduction Be Included in Care Continua for Patients with Opioid Use Disorder?”*

Guest: Elizabeth Salisbury-Afshar, MD, MPH

Host: Tim Hoff

Transcript: Cheryl Green

[Access the podcast.](#)

[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 Elizabeth Salisbury-Afshar, an addiction medicine, family medicine, and preventative medicine physician at the University of Wisconsin-Madison School of Medicine and Public Health, and the medical director of harm reduction services at the Wisconsin Division of Public Health. She’s here to discuss her article, coauthored with Drs Catherine J. Livingston and Ricky N. Bluthenthal, “*How Should Harm Reduction Be Included in Care Continua for Patients with Opioid Use Disorder?*,” in the July 2024 issue of the Journal, [Harm Reduction and Opioid Use Disorder](#). Dr Salisbury-Afshar, thank you so much for being on the podcast. [music fades]

DR ELIZABETH SALISBURY-AFSHAR: Thanks so much for having me.

[00:00:59] HOFF: So, what’s the main ethics point that you and your co-authors are making in this article?

SALISBURY-AFSHAR: The main point of the article is that harm reduction has to be a core component of the continuum of services if we want to see a more effective response to the overdose epidemic. Politically, this has been really challenging because there have historically been a lot of philosophical concerns that are rooted more in ideology and focused on approaches to substance use that are punitive and criminalize people who use substances, instead of focusing on supportive services that are rooted in evidence. Additionally, we have to view the social determinants of health—so, things like housing, educational opportunities, job opportunities, sense of community and belonging—as being really interconnected to the overdose deaths that we’re seeing nationally.

[00:01:50] HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

SALISBURY-AFSHAR: I would imagine that most health professions students and trainees have heard of the term “patient-centered care” and have probably witnessed this in a lot of areas of medicine. So really, the idea of putting the patient at the center of the care plan, really focusing on empowering our patients with information and tools so

that they can be an active participant or even a driver in their own health care. Yet, I would imagine, and I hear all the time from health professional students, trainees that that this concept is harder for people to implement when we talk about substance use or substance use disorders. And it shouldn't. It shouldn't be different. Yet, because of the way that our society has historically viewed substance use and viewed people who use substances, we often in health care haven't treated people who use substances as being trusted to have tools or being trusted to make informed decisions. And so, we don't see those patient-centered care elements playing out when we're working with people who use substances, and that really has to change. So when we talk about harm reduction as a philosophy, really, it should look like patient-centered care. It should focus on engagement. It should focus on autonomy, treating people with respect, on providing support without judgment, and practicing acceptance. And that's really something that people can do at any stage in their training or their careers.

So really, when we think about working with people who use substances, we need to give people options. We need to understand which options are evidence based. We need to actively listen. When someone's telling us that they're not ready to stop using a substance, but maybe they are ready to make a different change that could lead to positive health impact, we need to listen, and we need to support that. We also need to know what exists in our own communities, and there are a lot of great resources that can really help people who use substances improve their health. They include things like syringe service programs, naloxone distribution, it might include medications for opioid use disorder treatment, or overdose prevention sites, housing first programs. And to the extent we can, we also need to be advocating to make sure that if we're in a community where those services don't exist, that they can exist in the future.

[00:04:22] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

SALISBURY-AFSHAR: We talk about some really big topics in the article. We talk about social determinants of health. We talk about the role of racism in existing drug policy. We talk about the fact that policies and science don't always align. And I acknowledge it can feel super overwhelming to know what to do with that information, but sort of like I mentioned in the previous question, there are a lot of small things that we can all do even in our day-to-day practice. We can treat people who use drugs with respect. We can and should acknowledge that health care systems have historically not treated people who use drugs well. We should expect that folks coming in have probably had negative experiences and have been traumatized by health care in the past, and we can work to improve those systems. And we can and should all advocate that our institutions, our clinics, our hospitals are providing non-stigmatizing, evidence-based care, and when possible, linking to other community services that we know folks often need. [theme music returns]

[00:05:33] HOFF: Dr Salisbury-Afshar, 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.

SALISBURY-AFSHAR: Yeah, thanks so much for having me.

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*.