

Harm Reduction Implementation: A Local Perspective

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Land Acknowledgement

I respectfully acknowledge the Ho-Chunk Nation on whose lands I live and work as a guest.

In 1832, the Ho-Chunk were forced to cede this territory and I respect the inherent sovereignty of the Ho-Chunk nation, along with the 11 other First Nations of Wisconsin.

Disclosures

No financial disclosures

Views presented are my own and based on past/current experiences:

- Behavioral Health System Baltimore
- Chicago Department of Public Health
- Wisconsin Division of Public Health
- As an addiction medicine clinician

Harm Reduction: Service Line or Philosophy?

Service Line

- Naloxone distribution
- Syringe services
- Drug checking services
- Overdose prevention sites
- Housing first

Philosophy/Approach

- Centers the experience of people who use substances
- Embraces inherent value of people
- Commits to community engagement and community building
- Promotes equity, rights and reparative social justice
- Offers accessible and non-coercive support
- Focuses on any positive change

Harm Reduction as a Continuum



Challenges in Harm Reduction Implementation



LEGAL
ENVIRONMENT



POLITICAL
ENVIRONMENT



FUNDING

Recommendation: Harm Reduction in all policies

Policies that cause harm

- Drug-induced homicide laws
- Civil punishment for past drug charges (housing, jobs, entitlement programs)
- Criminal penalties for paraphernalia and substance possession

Policies that prevent or create barriers for evidence-based services

- Ban on federal funding for syringes
- Strict and outdated substance use disorder treatment regulations
- “Crack house statute”

Policies that provide protections

- Good Samaritan Laws with arrest protections
- Upholding the ADA through access to MOUD (jails, SNF)

Recommendation: Harm Reduction in all funding

Research

- Centers questions of interest to people who use substances
- Requires inclusion of people with lived and living experience in research design and implementation
- Includes focus on how to change policies in various political environments

Treatment & Recovery Services

- Requires people with lived and living experience inform delivery models
- Requires programs improve access and prioritize equity
 - Funding should not require long and arduous reporting mechanisms
- Ensures access to evidence-based services (contingency management, MOUD, naloxone)



“We're talking for the first time about affirming and even rejoicing in improvement—not perfection. Humans are really good at improvement. We are not so good at perfection.”

-Dan Bigg