

Greater Southern California Node Quarterly Digest



Fall 2021

Greater Southern California Node Updates

Welcome to the family **Huyen Pham, Ph.D.!**

Huyen Pham, Ph.D., joined the GSCN team in August 2021. Dr. Pham obtained her Ph.D. in Healthcare Policy and Research from Virginia Commonwealth University (VCU). At VCU and Johns Hopkins University, she was a NIDA-Humphrey fellow in Substance Abuse Education, Prevention, and Treatment. Dr. Pham's research focuses on substance use disorder treatment, specifically opioid use disorder.



- *Meet the GSCN team.*

New Toolkit for Clinicians, Administrators, and Policy Makers

Telehealth for Opioid Use Disorder Toolkit: Guidance to Support High-Quality Care

Lewei (Allison) Lin, M.D., M.S., and Christopher J. Franke, M.D., Ph.D., recently published a Telehealth for Opioid Use Disorder (OUD) Toolkit. The goal of the toolkit is to provide clinical information to support the delivery of outpatient OUD through Telehealth, while reducing barriers in medication and psychosocial treatment. GSCN investigators Yih-Ing Hser, Ph.D., and Larissa Mooney, M.D., recommend it as a valuable resource for providers who prescribe medication treatment for OUD.

- *Download the toolkit for free.*

Inside This Issue

GSCN Node Updates

Addressing Stigma

GSCN Research

Trainings & Workshops

Ask an Expert Panel

Call for Recruitment:

The Patient Decision Aid for Medication-Assisted Treatment

We are looking for clinical sites for a NIDA-funded study testing a tool called the Patient Decision Aid for Medication-Assisted Treatment (PtDA-MAT).

- The tool allows patients to consider their values and preferences, improve their understanding of possible medications, and generates a clinical profile for clinician review to facilitate MAT intake.
- Participation in the study is low-burden and research activities will be compensated.

If you are interested in learning more, please contact Project Director, Sarah Cousins, M.P.H., at scousins@mednet.ucla.edu.

**WE WANT YOUR
FEEDBACK**

If you have clinical questions, feedback, or want to share ideas for research and clinical collaboration, [complete this survey.](#)



Addressing Stigma

This digest focuses on addressing stigma in substance use disorders (SUDs). Despite recent research indicating that SUDs are a brain disease with related behavioral components, many clinicians, researchers, and community members still view SUDs as a *moral failure*. Such views discourage patients from seeking life-saving treatments, result in preventable deaths, and cause *negative consequences* (e.g., low self-esteem, decreased likelihood of seeking treatment, low self-efficacy, rejection, discrimination).

While much research has elaborated on the *harms of stigma*, our goal is to present the community with new findings, research initiatives, and workshops that aim to equip professionals with actionable steps and tools to address and reduce stigma in their workplace.

GSCN Research

Check out the work conducted by GSCN affiliated investigators that focus on addressing stigma in SUD.

Special Issue of the Journal of the Behavior Therapist.

- Kate Taylor, Ph.D., a key GSCN investigator, served as the editor for a Special Issue on Stigma in Mental Health. The issue contained topics such as recommendations and actionable steps to reduce stigma.

Internalized Stigma as an Independent Risk Factor for Substance Use Problems Among Primary Care Patients.

- Key GSCN investigators Katherine E. Watkins, Ph.D., and Allison J. Ober, Ph.D., examined stigma as a risk factor for substance use problems among primary care patients. Their findings suggest that internalized provider stigma may be a unique contributor that is associated with substance use problems among primary care patients diagnosed with opioid or alcohol use disorders.

Practices for addressing stigma in a primary care center.

- GSCN affiliated organization, Father Joe's Villages in San Diego, California is one of largest homeless service agencies in Southern California. Along with providing a wide range of services (i.e., emergency shelter, transitional housing), the agency has an in-house Federally Qualified Health Center (FQHC), the Village Health Center, where treatment services for opioid use disorders are provided. The center takes a proactive approach in addressing stigma in SUDs in order to provide the best possible care for their population. Learn about their strategies for reducing stigma in SUDs.



NIH HEAL Initiative CTN Protocols

- **CTN0095-A-2** (Northstar Node): Reducing Stigma Toward People with Opioid Use Disorder Among Primary Care Clinicians
- **CTN-0104** (Florida Alliance Node): Healthcare Provider Stigma Related to the Opioid Use Epidemic and its Impact on Patient Treatment and Clinical Management
- **CTN-0115** (Appalachian Node): Developing an Intervention to Address Intersection Prescription Opioid and Chronic Pain Stigma in Cancer Survivors

Resources

- *Greater Southern California Node available resources*
- *Commentary by Nora Volkow, M.D., from NIDA: Choosing appropriate language to reduce the stigma around mental illness and substance use disorders*
- *National Institute on Drug Abuse: Words Matter - Terms to use and avoid when talking about addiction*
- *Stigma and substance use disorders: A clinical, research, and advocacy agenda*
- *Addressing stigma in medication treatment for adolescents with opioid use disorder*

Trainings and Workshops

Addressing Stigma and Substance Use Disorders Online Course

This 4-hour online course consists of 45-minute video modules that discuss stigma and related topics in the SUD field.
By completing this module you will receive 4.0 continuing education hours or credits.

Training registration

Attitude and Stigma around Addiction Online Webinar

This online webinar was presented by John Kelly, Ph.D. and discussed the origins of stigma in relation to SUD, and ways to improve clinical care and outcomes.

Watch the webinar

Ask An Expert Panel

We interviewed experts with different backgrounds to understand the various forms of stigma, its consequences, and actionable steps to address the stigmatization of substance use. To read the full interviews, *please visit our website*.

Question 1: In what ways has stigma shown up in your work?

Answer: [...] In some of my qualitative work I've heard providers inadvertently make statements about people with opioid use disorder (OUD) that could be perceived as stigmatizing; some have stated they don't want to treat people with substance use disorders (SUDs), either because they are not comfortable with discussing or treating SUDs or they perceive that people with SUDs are difficult to work with. [...]

- **Allison Ober**, Ph.D., Senior Behavioral Science and Policy Researcher at the Rand Corporation



Answer: I would have to say that the most common form of stigma I see on a regular basis is internalized stigma among our patients based on the way they have been treated in the past. The vast majority of people I work with regularly express high levels of guilt and shame, they have extremely low self-esteem, and they hold the belief that they are not deserving of treatment.

- **David Hortsman**, CADC-CAS, MOUD Contingency Management Coordinator, Integrated Behavioral Health

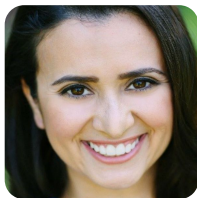
Question 2: What are the consequences of stigma in your work?

Answer: Stigma is important to address because not only does it impact the way society, our families, and our systems view and treat people who use substances, but it also creates a stigma that people who struggle with substances internalize. This in turn impacts feelings of self-worth and can often hinder someone's beliefs about what they do or do not deserve in many different ways.

- **Mindy Vincent**, MSW, LCSW, MPA, Executive Director at the Utah Harm Reduction Coalition.



Question 3: What are some actionable steps that can be taken in your profession to address stigma regarding SUDs?



Answer: The most pressing issue in addressing the stigma of substance use is to decriminalize and legalize access to drugs, immediately. [...] Anti-stigma campaigns for substance use further distract from the multiple intersecting sources of discrimination that drive stigma experiences in systems, regardless of substance use. The health system has an important role in advocating for and advancing the decriminalization and de-medicalization of substance use to urgently save lives, and advance equitable health outcomes.

- **Sana Shahram**, Ph.D., Assistant Professor at The University of British Columbia, School of Nursing

Answer: Training is a good start but training alone typically is not enough to change attitudes and behaviors. We need effective interventions for providers that will not only help them understand SUDs and stigma on an intellectual level, but also help them change practices.

- **Allison Ober**, Ph.D., Senior Behavioral Science and Policy Researcher at the Rand Corporation



"Denying someone life-saving medications or treatments based wholly, or in part, due to their inability to become completely abstinent does far more harm than good in the long run and often results in the patient leaving treatment because they deem themselves a failure"

- **David Hortsman**, CADC-CAS