

GREATER SOUTHERN CALIFORNIA NODE SUMMER DIGEST

Summer 2022



GREATER SOUTHERN CALIFORNIA NODE UPDATES



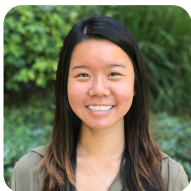
Congratulations to Dr. Sarah Clingan!



Sarah Clingan, Ph.D.,
Research Scientist

Congratulations to Dr. Clingan on transitioning from postdoctoral fellow to a new position as a Research Scientist on the Greater Southern California (GSC) Node. Dr. Clingan has also been invited to participate in the Innovation to Impact Entrepreneurship Short Course at Yale University. Currently, Dr. Clingan is identifying possible substance use disorder treatment interventions that could be incorporated in existing forms of care using digital platforms such as virtual reality and augmented reality. She hopes these interventions will reduce inequalities in substance use treatment access among marginalized populations.

Welcoming Dr. Emily Kan



Emily Kan, Ph.D.,
Postdoctoral Fellow

Welcome to our new Postdoctoral Fellow, Dr. Emily Kan to the GSC Node team. Dr. Kan earned her Ph.D. from the University of California, Irvine (UCI) in Developmental Psychology with concentrations in Psychology and Law, and Quantitative Methods. At UCI, her research focused on identifying psychosocial predictors and outcomes of substance use and criminal offending among adolescents and adults involved with the justice system. At UCLA, Dr. Kan is excited to expand her research on substance use and examine treatment methods for substance use disorders.

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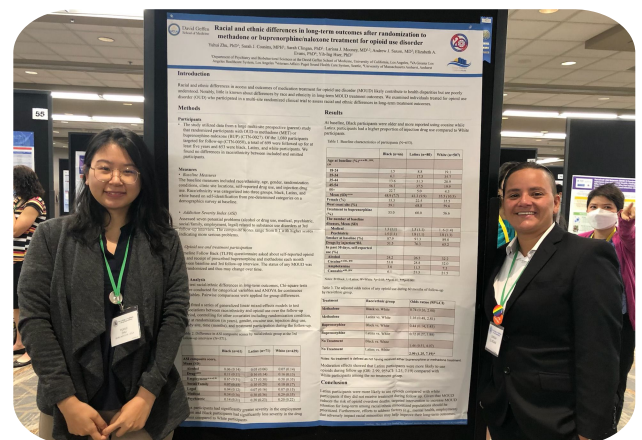
Related Resources

Online Webinars

CPDD 2022, 84th Annual Scientific Meeting

The GSC Node was well represented at the College of Problems of Drug Dependence (CPDD) Conference in Minneapolis, MN. Dr. Yuhui Zhu, Dr. Huyen Pham, and Dr. Sarah Clingan presented three posters at the conference. Congratulations to Dr. Yuhui Zhu on receiving the CPDD Early Investigator Travel Award.

1. Trends in Opioid and Stimulant Treatment Admissions and Overdose Mortality in American Rural and Urban Areas (p. 339) - Presented by Dr. Huyen Pham
2. The Influence of COVID-19 on Treatment Services for Opioid Use Disorder in Rural Care Settings: Patients' Perspectives (p. 272) - Presented by Dr. Sarah Clingan
3. Racial and Ethnic Differences in Long-term Outcomes After Randomization to Methadone or Buprenorphine/Naloxone Treatment for Opioid Use Disorder (p. 268) - Presented by Dr. Yuhui Zhu



Pictured left to right: Dr. Yuhui Zhu and Dr. Sarah Clingan

**WE WANT YOUR
FEEDBACK**

If you have clinical questions, feedback, or want to share ideas for research collaboration, please complete this survey.

INTRODUCTION TO HARM REDUCTION

Opioid use and related overdose deaths have continued to rise in recent years. Despite aggressive efforts to address this national crisis, in 2021, nearly 108,000 people died from drug overdose, a trend driven by synthetic opioids such as illicit fentanyl. In response to this public health crisis, the White House released the 2022 National Drug Control Strategy, which emphasizes the use of harm reduction interventions as an important strategy to "beat the overdose epidemic."

Harm reduction is defined by the National Institute on Drug Abuse as "interventions aimed to help people avoid negative effects of drug use, but many understand harm reduction as a way to meet people where they are with kindness and respect." Harm reduction efforts aim to enhance self-determination and support informed decision-making about the interventions and resource options available to help individuals live safer and healthier lives. Harm reduction approaches may include naloxone distribution, fentanyl testing strips, and needle exchange, among others. In this digest we provide an array of harm reduction and patient-centered strategies that increase engagement in care and, most importantly, reduce the harms associated with substance use.

To help us understand harm reduction, its implementation in various settings, and how this approach supports clients, we interviewed three individuals with different backgrounds and expertise in harm reduction and substance use services, including: Dr. Candy Stockton, Public Health Officer, Humboldt County; Amanda Cowan, Director of Community Engagement at Los Angeles-based clinic CLARE-MATRIX; and Aimee Dunkle, Executive Director of the Solace Foundation, Orange County. Collectively, they have decades of experience providing services to those with substance use disorders, and they shared with us their personal and professional experiences and insights that have informed their harm reduction approaches to patient care.

Dr. Stockton is an active physician, caring for patients with a range of medical conditions and needs from across her rural county. When asked to define harm reduction, she summarized: Asking patients, 'Where are you in your life right now, what are your goals, and how can I help you achieve them.' When discussing patient-centered strategies she implements in her own clinical practice, she provided valuable insights about changes the medical field has made in their approach to health behaviors over the past two decades. Previously, physicians were encouraged to discharge non-compliant patients who didn't follow medical advice in order to avoid legal and other ramifications. For instance, if a person with diabetes failed to adhere to a prescribed medication regimen, their physician might have opted to discharge them. But, patient engagement and retention is now the standard of care, and her approach is to engage patients into a conversation to understand the barriers that prevent them from practicing health-promoting behaviors. Harm reduction, she explained, acknowledges a multi-factorial approach to reducing the harm and long-term consequences of any chronic medical condition, from substance use, to hypertension, to diabetes, to asthma. Her engagement comes after years of caring for patients with severe childhood trauma, many growing up with parents who used substances themselves.

We shouldn't use the term non-compliant anymore as it casts a judgement on a patient based on a set of circumstances that physicians may not be aware of. We don't define people by the diseases they have, so we avoid the labels "diabetic" or "substance user or addict" in favor of the more accurate "person living with diabetes or substance use disorder."

- Dr. Candy Stockton

RELATED RESOURCES



LA County Overdose Prevention: Overdose education and naloxone distribution

Department of Health Care Services: Naloxone distribution program

NASEN Interactive Map: Syringe service program

National Harm Reduction Coalition Interactive Map: Find naloxone near you

APLA Health: Where to find fentanyl testing strips

INTRODUCTION TO HARM REDUCTION, CONT.

Later research on Adverse Childhood Events (ACE) highlighting the impact of trauma on quality of life, adult mental health, and substance use illuminated her thinking and confirmed her approach to care. Primary care must always look at the complex set of circumstances involved in the development and persistence of a chronic medical condition. Treatment means working to reduce the disease burden and negative consequences of a condition when “curing” a disease is not possible. Yet, substance use remains a highly stigmatized condition and patients often struggle to find respectful and patient-centered healthcare.

If we want to protect future generations from the harms of trauma, we need to provide real treatment for people with substance use disorders so that the next generation has a chance to grow up in a stable home with their family of origin.

- Dr. Candy Stockton

There is a misconception that harm reduction is not part of care. However, in a broader sense, harm reduction is designed to decrease the harm from the substance, regardless of strategy used.

- Amanda Cowan

Amanda Cowan highlighted that a harm reduction approach includes the broad array of strategies used to assist the patient in improving their life, whether it is prescribing a medication, recommending a diet, or even providing resources for a needle exchange program. When asked to define in one sentence what harm reduction means to her, she replied, “Being present with a patient.” She explained that strategies will differ from patient to patient, and are all dependent on their condition, their resources, and their preferences for addressing their health. Central to her approach is the idea of partnering with the patient to identify resources available to help them manage their health and wellness, irrespective of their motivation to change their behavior. Working in England as an outreach worker and advocate, Amanda was

embedded within a healthcare system where it was normalized to provide safety-net healthcare to all citizens regardless of the severity of their disease, motivation to change, or ability to pay. This influenced her current approach which provides inherent respect for all, and assumes that everyone is entitled to compassionate and quality care.

Aimee Dunkle acknowledged that she had preconceived notions about substance use and housing insecurity, perceptions that were changed following the heartbreaking loss of her son due to an opioid overdose. In the aftermath of her son’s death, she recounted the maltreatment, judgment, and exploitation she and her son experienced as they navigated his care. What they needed was understanding, compassion, education and tools. Aimee has since dedicated herself to delivering care within a harm reduction approach by teaching naloxone administration, addressing housing insecurities, and linking clients to health-promoting and life-saving services. When asked to define what harm reduction means to her in one sentence, she states, “The most important thing in harm reduction is to listen to your clients without judgment.” She explains that a harm reduction approach is about “meeting people where they are at with love and compassion.” It saves lives and supports individuals in feeling heard, respected, and cared for as human beings.

It's hard to verbalize the feeling you experience once you explain to someone how to use naloxone to save their friend, and how relieved and hopeful they feel. This work has changed my life in ways that cannot be put into words.

- Aimee Dunkle

ONLINE WEBINARS

National Harm Reduction Coalition: Harm Reduction 101

*Series of three self-paced, online learning modules:
Foundations of Harm Reduction, Engaging People Who Use
Drugs, and Overdose Prevention and Response*

[Access Here](#)

NIDA CCTN: Prehospital Treatment for Opioid Use Disorder

*Tuesday, September 6, 2022
11:00am - 5:00pm ET*

[Register Here](#)



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