



Southcentral Consortium for Overdose Prevention and Education in Oklahoma

Leading Rural Oklahoma to Improve Lives

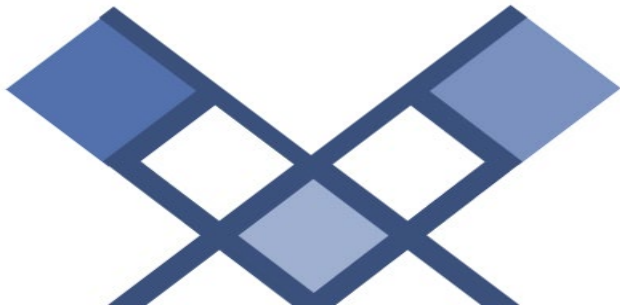
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**Marijuana: What You Need to  
Know**

**July 27, 2023**  
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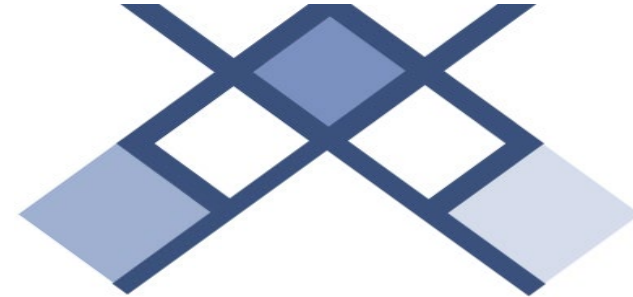
# What are RCORP and SCOPE-OK?



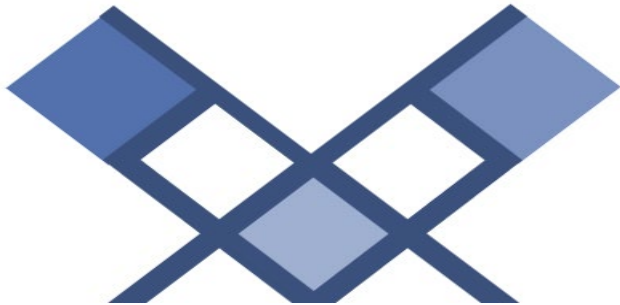
- The Rural Communities Opioid Response Program (**RCORP**) is a \$298 million, multi-year grant initiative supported by Health Resources and Services Administration (HRSA) to address barriers to access in rural communities related to substance use disorder (SUD), particularly Opioid Use Disorder (OUD)
- The Southcentral Consortium for Overdose Prevention and Education in Oklahoma (**SCOPE-OK**) will work to address barriers to the prevention, treatment, and recovery of opioid and other substance disorders.



# SCOPE-OK Consortium



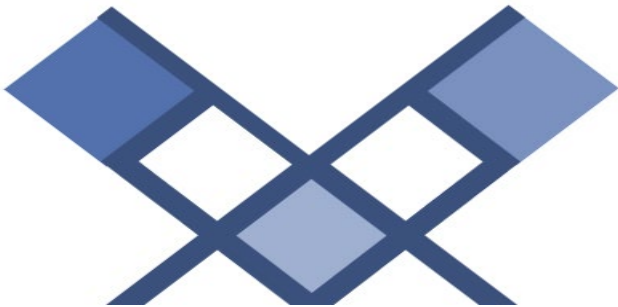
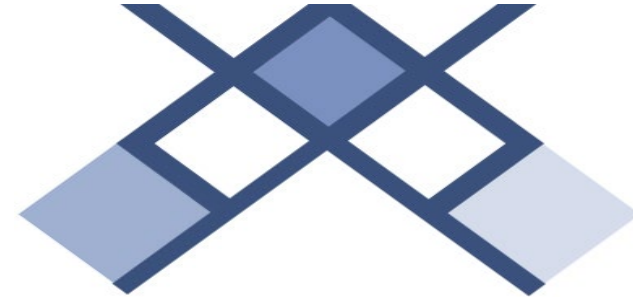
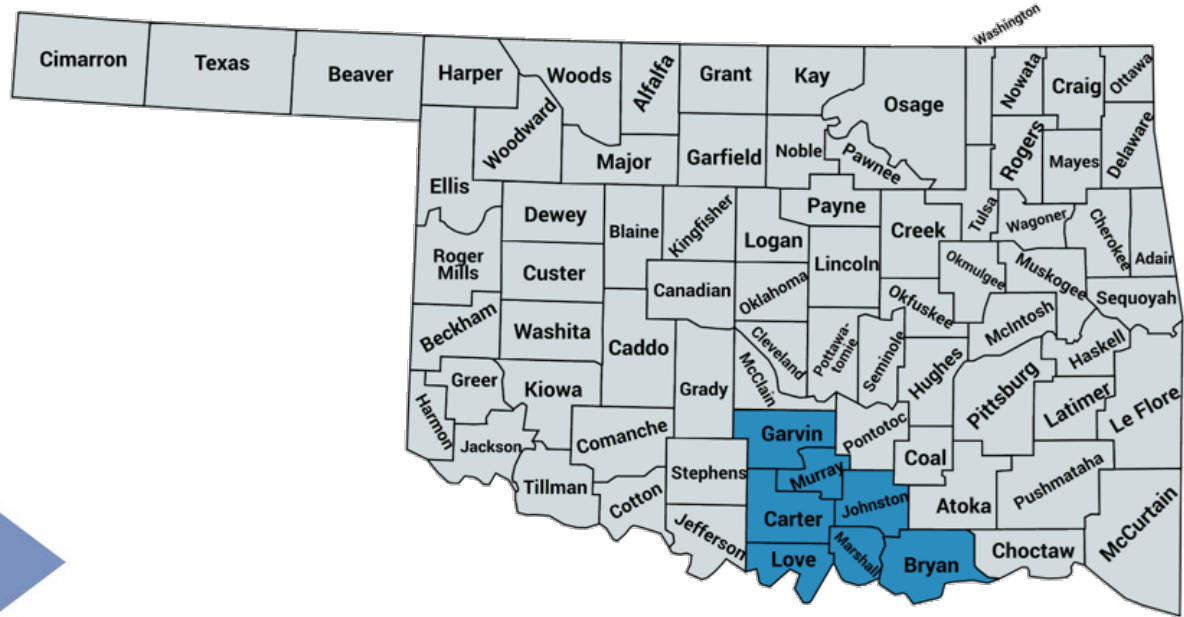
- **SCOPE-OK** meets the 2nd Month each quarter (February, May, August, November)– Ardmore Public Library 10 AM-12 PM
- Members include:
  - Groups focused on rural, preventative, and/or public health
  - Healthcare providers from all settings of care
  - Educators and school system representatives
  - Organizations involved with the prevention, treatment, and recovery of substance use
  - Persons directly impacted by substance use (persons in recovery, impacted family members, persons who use drugs, etc.)



# SCOPE-OK Service Area

- Targeting 7 counties in south central/ I-35 corridor region

- Bryan
- Carter
- Garvin
- Johnston
- Love
- Marshall
- Murray



# SCOPE-OK Can Help!



## Training

Our certified trainers can train anyone on naloxone use or stigma of substance use disorders.



## Community Collaboration

We can collaborate with your organization to work on your goals related to prevention, treatment, and recovery.



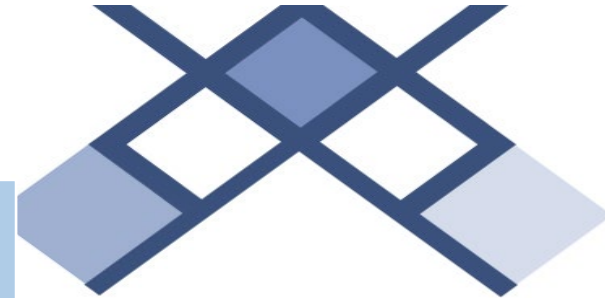
## Technical Assistance

Let us assist you in implementing or optimizing your technology to create better care coordination opportunities.



## Education Events

We host a variety of events focused on a variety of topics including sensitivity of results, prescribing guidelines, telehealth, value-based care models, and more .



Visit our website!  
[OFMQ.com/scope-ok](http://OFMQ.com/scope-ok)



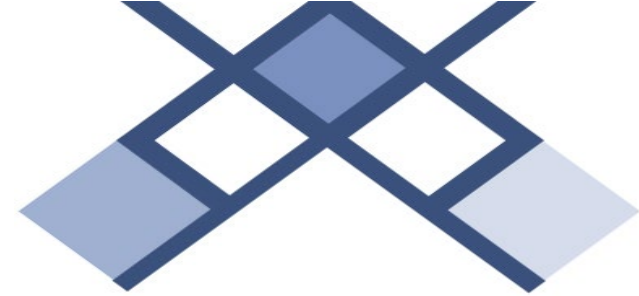
# SCOPE-OK Can Help!



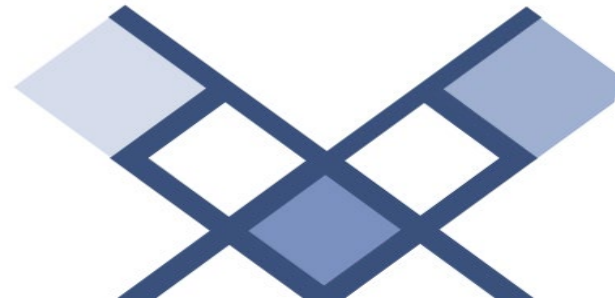
Visit our website!  
[OFMQ.com/scope-ok](http://OFMQ.com/scope-ok)



# We Are Measuring Stigma!



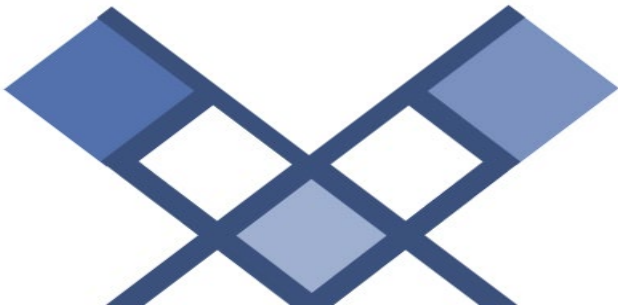
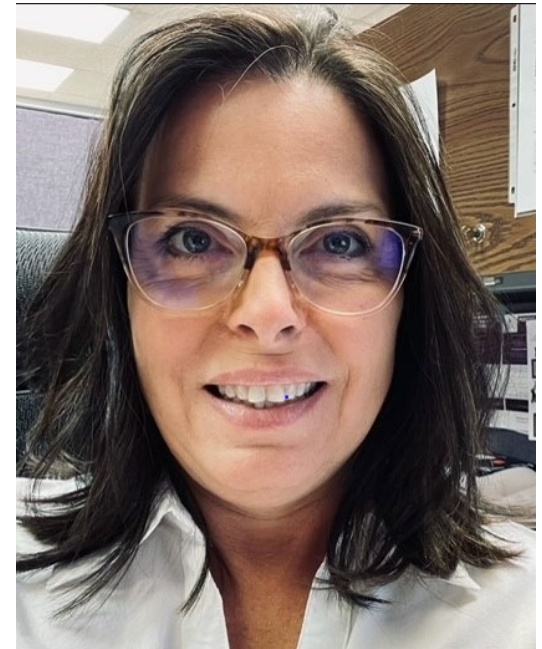
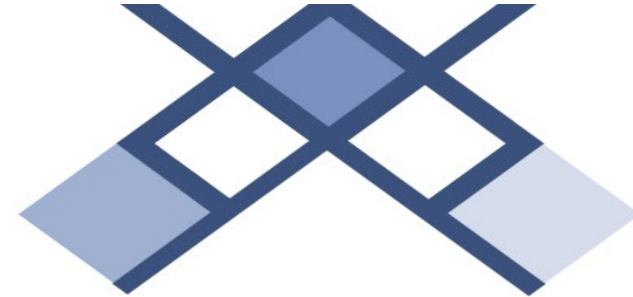
- SCOPE-OK is conducting a survey to measure stigma of substance use disorders in Oklahoma.
- Please fill out the below survey- it takes less than 5 minutes!
- All responses are completely anonymous
- <https://www.surveymonkey.com/r/stigmainOK>





# Lori Lovett

- Lori Lovett, Community Drug Overdose Prevention Project Coordinator, works for the Oklahoma State Department of Health in Carter, Garvin, Jefferson, Johnston, Love, Marshall, Murray, Pontotoc, and Stephens County. She works with coalitions, community organizations, agencies, schools, and individuals to leverage local, state, and national resources in support of local prevention efforts. She acts as a subject matter expert by providing technical assistance, supplying data, and sharing evidence-based programs and practices to strengthen effectiveness of local activities and strategies.
- Lori is a fervent supporter of harm reduction. She believes that reducing the shame and stigma of substance use disorder is the first step in creating a more supportive and understanding community and state. Substance use disorder (addiction) is a treatable medical condition of the brain and not a moral failing.
- Lori is in her fourth year working for the Oklahoma State Department of Health as the Community Drug Overdose Prevention Project Coordinator. She is available to provide information sheets, county fact sheets, and trainings covering a range of topics including Oklahoma DO Data Update, Stigma, Harm Reduction, and Social Isolation. She is also trained in Bridges Out of Poverty and a facilitator for Getting Ahead in a Just Getting' By World workshops. She is active in many coalitions and has built a strong network of connections across the state.





# MARIJUANA

## WHAT YOU NEED TO KNOW

**Lori A. Lovett**

## Objectives:

- Discuss the impact of marijuana in Oklahoma
- Obtain an understanding of marijuana/cannabis and how it is consumed
- Learn about marijuana use disorder, overdose, and dependence
- Identify basic public health and safety concerns related to marijuana use
- Learn about marijuana risk in vulnerable populations

## Marijuana in Oklahoma

- Accidents associated with marijuana are hard to determine; THC remains in body stores for a long time, making it hard to identify recent use.
- Marijuana is the third most common drug of choice listed as a reason for treatment (following meth and alcohol).
- Children ages 1-4 are most admitted to the hospital and seen in the emergency department for marijuana poisoning, followed by ages 15-19.
- More females than males are hospitalized or seen in the emergency department for marijuana-related poisoning.
- Hospital admissions for marijuana harms are highest among non-Hispanic White and non-Hispanic Black individuals.
- There has been a 55% increase in the number of inpatient discharges related to marijuana poisoning since 2016.

**MARIJUANA:**

WHAT YOU NEED TO KNOW

# What is Marijuana?



OKLAHOMA  
State Department  
of Health

# Marijuana or Cannabis?

## Cannabis

- The *Cannabis Sativa* plant
- Produces hundreds of cannabinoid compounds
  - *Tetrahydrocannabinol (THC)*
  - *Cannabidiol (CBD)*

## Marijuana

- One of the specific components of the *Cannabis Sativa* plant
  - *Containing significant quantities of THC*
  - *The primary psychoactive compound*
  - *Intoxication effects*

*(Lafaye et al., 2017; NIH, 2019a)*



## Endocannabinoid System (ECS)

- Regulates and controls learning, memory, emotions, sleep, temperature, pain, inflammation and immune responses.
- The body has two primary endocannabinoid receptors, cannabinoid 1 (CB1) and cannabinoid 2 (CB2).

Kansagara et al. (2019)



## Cannabidiol (CBD)

- CBD does not have any psychoactive properties.
- CBD has been credited with relieving anxiety, inflammation, insomnia, and pain.
- CBD does not bind well to endogenous receptors producing unremarkable psychoactive outcomes.





# Tetrahydrocannabinol (THC)

**The amount of THC drives the strength or *potency* of the strain:**

- Varies among products
- Dependent on individual health, tolerance, and consumption method
- THC levels have increased by more than 50% since the 1980s

(Kansagara et al., 2019)



**MARIJUANA:**

WHAT YOU NEED TO KNOW

# How is Marijuana Consumed?



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of Health

# How is Marijuana Consumed

The most common:

- *Inhalation/Smoked and Vaporized*
- *Oral/Edibles*
- *Concentrates/Dabbing*



## Inhalation

- There are two ways to inhale marijuana, smoking and vaporizing.
- Smoking marijuana involves burning the flowers and inhaling smoke from the plant's active components.
- Vaporization acts the same way, but the plant is vaporized instead of burned, and vapor is inhaled from the plant's active components.

## Respiratory Concerns

marijuana smoke and vaping can contribute to respiratory conditions such as:

- *Pneumonia*
- *Bronchitis*
- *Asthma*

Vulnerable populations such as pregnant individuals and children:

- *Can be exposed through second and thirdhand smoke*
- *Secondhand exposure to marijuana smoke can have a psychoactive effect*

(NIH, 2020)



## Oral Consumption

- Marijuana can also be ingested orally in the form of edibles, tinctures, capsules, or oils.
- Oral consumption can take between 1-3 hours to feel the effects because food is absorbed into the bloodstream through the liver.
- Because it takes longer, the consumer may take more amounts of marijuana while thinking the drug isn't working.

■ Drug Policy Alliance (n.d.)



## Edibles

- Edibles are foods or drinks that contain marijuana.
- Edibles come in many types and look like regular foods that don't have marijuana.
- It can be hard to distinguish between marijuana edibles and other foods, so it's essential to keep marijuana edibles away from children, pets, or others.
- Edibles commonly contain a high amount of THC oil or butter. A single edible, like a cookie or a cupcake, can have more than one serving of marijuana. Eating an entire cookie or a cupcake can accidentally consume multiple servings of marijuana.



## Concentrates

- A marijuana concentrate is a highly potent THC concentrated mass that looks like honey or butter. For that reason, it's often called "honey oil" or "budder" on the street.
- These THC-rich marijuana products may be vaporized and inhaled using a vape pen or through a process called dabbing.



## Concentrates

- Not only do concentrates have high levels of THC, but dabbers inhale the entire amount all at once—in a single breath resulting in extremely large amounts of THC to the body quickly.
- The risks of physical dependence and addiction increase with exposure to high concentrations of THC, and higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis.

National Institute on Drug Abuse (2020)

**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Marijuana Dependence and Overdose



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State Department  
of Health

## Marijuana Use Disorder

- Marijuana consumption can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases.
- Marijuana use disorders are often associated with *dependence*—when a person feels withdrawal symptoms when not taking the drug.
- People who use marijuana frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks.

National Institute on Drug Abuse (2020)

## Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

A problematic pattern of marijuana use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- *Difficulty controlling or cutting down*
- *Craving*
- *Using more than intended*
- *Spending a lot of time on marijuana activities*
- *Giving up or reducing activities in favor of marijuana*
- *Continuing to use despite physical or psychological problems*
- *Using in high-risk situations*
- *Problems at work or school*
- *Tolerance*
- *Withdrawal syndrome upon cessation*



## Severe Reaction | Overdose

- The signs of using too much marijuana are similar to its typical effects but more severe.
- These signs may include extreme confusion, anxiety, paranoia, panic, fast heart rate, delusions or hallucinations, increased blood pressure, and severe nausea or vomiting.
- If you suspect a severe reaction after consuming marijuana, call 911





**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Basic Public Health and Safety



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# Marijuana is natural does that mean it is safe?

- *Natural* doesn't necessarily mean *safe*
- *Natural* products can still cause side effects and sometimes worsen health



## Medical Marijuana is legal does that mean it is safe?

- The fact that it's legal does not mean that it is safe. Marijuana use can have negative and long-term effects, including:
  - *Brain health*
  - *Mental health*
  - *Athletic performance*
  - *Driving*
  - *Baby's health*
  - *Daily life*



## Marijuana can affect people differently

- Marijuana affects everyone differently based on several things, including:
  - *Biology (genes)*
  - *History of use*
  - *Gender*
  - *How the substance is taken*
  - *Strength of the substance*



## Impaired Driving

- Driving while impaired by any substance, including marijuana, is dangerous. Marijuana, like alcohol, negatively affects many skills required for safe driving.
  - Slows reaction
  - Decreased ability to make decisions
  - Impairs coordination
  - Distorts perception

**It is never a good idea to get behind the wheel when intoxicated, even from marijuana alone.**

Drug Policy Alliance (n.d); NIH (2020)

**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Marijuana in Pregnancy



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State Department  
of Health

## Perception of Safety

- Pregnant individuals perceive marijuana as a safe option for mental health conditions such as bipolar disorder, anxiety, and depression (Young-Wolff et al., 2020).
- Mix messaging from providers increases the perception of safety in vulnerable populations (Barbosa-Leiker et al.).
- Providers often do not ask about marijuana use during prenatal visits, suggesting a lack of assessment, education, and resources (Barbosa-Leiker et al.).



## Marijuana and Pregnancy

- Studies show that marijuana use during pregnancy may be harmful to a baby's health and cause a variety of problems, including:
  - Fetal growth restriction (when a baby doesn't gain the appropriate amount of weight before birth)
  - Greater risk of stillbirth
  - Preterm birth (being born before 37 weeks gestation)
  - Low birth weight
  - Long-term brain development (issues that affect memory, learning, and behavior).



## Marijuana and Breastfeeding

- Mothers who are breastfeeding their babies should not consume marijuana.
  - THC in marijuana gets into breast milk and can affect the baby.
  - THC is stored in body fat and can stay in the body for an extended time.
  - A baby's brain and body are made with a lot of accumulated fat, so they can potentially store THC for a long time.
- Discuss marijuana use with the provider early in pregnancy. Some hospitals test babies after birth for drugs and Oklahoma law states child protective services must be notified if a baby tests positive for THC at birth.



## Marijuana and Baby

- Breathing marijuana smoke, including secondhand smoke, is bad for both mother and baby.
  - *THC in any form of marijuana may be harmful to the baby.*
  - *Remember that using a vape pen or eating marijuana (like cookies or brownies) is not necessarily safer than smoking marijuana.*
    - Even though these alternate forms of marijuana do not have harmful smoke, they still contain THC and must be kept out of sight and reach of children.

## Pregnancy and Marijuana Myths

**Myth: Marijuana is safe to use while pregnant or breastfeeding.**

**Fact:** You cannot eat or use many foods and medicines while pregnant or breastfeeding because they might harm the baby, including marijuana.

**Myth: Because medical marijuana is legal, it is safe.**

**Fact:** Using marijuana during pregnancy may harm the baby, just like alcohol or tobacco. Being legal does not make it safe.

**Myth: Because marijuana is *natural*, it is safe.**

**Fact:** Not all *natural* substances or plants are safe. Tobacco and poisonous berries are great examples. Marijuana contains THC, which may harm a baby.

**Myth: Because people use marijuana as medicine, it is safe.**

**Fact:** Marijuana can be recommended by a doctor in some cases, but rarely in pregnancy. It is unsafe to use many medicines while pregnant or breastfeeding, including marijuana. Talk to your doctor about safer choices that do not risk harming your baby.

### What happens if a child accidentally ingests marijuana?

- Marijuana can make children very sick. Look for problems walking or sitting up, starting to be sleepy, or having a hard time breathing.
- If you suspect your child has consumed marijuana, call the **Poison Control hotline at 1-800-222-1222** or **call 911**.

**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Marijuana Risk for Youth



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State Department  
of Health



## Marijuana Consumption Among Youth

- Research shows that marijuana use can permanently affect the developing brain when consumption begins in adolescence, especially regular or heavy use.
- Frequent or long-term marijuana consumption is linked to school dropout and lower educational achievement.

CDC (2017)





# Marijuana Risks in Adolescents

- Impairs memory
- Risk of addiction
- Affects academic performance
- Lowers brain power
- Affects lungs
- Driving dangers



## Outcomes of Marijuana Consumption in Teens

### Short-term use of marijuana can lead to:

- *School difficulties*
- *Problems with memory and concentration*
- *Increased aggression*
- *Use of other drugs or alcohol*
- *Risky sexual behaviors*
- *Worsening of underlying mental health conditions, including mood changes and suicidal thinking*
- *Increased risk of psychosis*

### Long-term use of marijuana can lead to:

- *Marijuana Use Disorder*
- *The same breathing problems as smoking cigarettes (coughing, wheezing, trouble with physical activity)*
- *Decreased motivation or interest, which can lead to a decline in academic or occupational performance*
- *Mental health problems, such as schizophrenia, depression, anxiety, anger, irritability, moodiness, and risk of suicide*

## Perception of Safety Among Teens

- Many teens perceive marijuana as non-addictive and safe to consume. Some common misconceptions include:
  - *Marijuana is less dangerous than smoking cigarettes*
  - *Marijuana is not addictive*
  - *Since it is used for medical reasons, it is safe*
  - *Marijuana does not affect my academic or athletic performance*



## Know the Signs

How can you tell if a friend is using marijuana

Symptoms of marijuana use may include:

- *Poor physical coordination*
- *Red eyes*
- *Unusual smell on clothing*
- *Problems with short-term memory*
- *Anxiety*



**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Marijuana and Parenting / Caregiving



OKLAHOMA  
State Department  
of Health

## Marijuana Prevention and Teens

- Talking to children about marijuana at an early age can help them make better choices and prevent them from developing a problem with marijuana use later.
- Begin talking with children honestly and openly when they are in late elementary and early middle school.
- Youth are less likely to try marijuana if they can ask parents for help and know exactly how their parents feel about substance use.

American Academy of Child & Adolescent Psychiatry (2019)



## Tips on Discussing Marijuana with Children

- *Ask what they have heard about using marijuana. Listen carefully, pay attention, and try not to interrupt. Avoid making negative or angry comments.*
- *Offer your child facts about the risks and consequences of consuming marijuana.*
- *Ask your child to give examples of the effects of marijuana, which will help make sure that your child understands the discussion about marijuana.*
- *Explain that research tells us that the brain continues to mature into the 20s. While it is developing, there is a greater risk of harm from marijuana use.*

American Academy of Child & Adolescent Psychiatry (2019)

## Safe Parenting

Comparable to alcohol, marijuana consumption:

- *Decreases inhibitions*
- *Reduces attention span*
- *Alters decision making*
- *Effect's reaction time*

All of which can impact how a parent responds to a child's needs and safety

- States that have legalized marijuana are seeing increased calls to poison control and emergency room visits for accidental ingestion.
- Edible marijuana products mimic non-marijuana packaging, making them appealing to children.

(Dilley et al., 2021)

## What Else Can Keep Baby Safe?

- Being high while caring for a baby is not safe. Do not let anyone who is high take care of your baby.
- Some marijuana can make people feel very sleepy when they are high. It is not safe for your baby to sleep with you, especially if you are high.
- If you plan to use marijuana, make sure there is another person who can safely care for your baby.
- It is not safe or legal to drive a car while high. Do not let your baby ride in a car if the driver is high.
- All marijuana products must use the universal symbol on packaging and edible products. Be sure to teach your kids not to eat or drink anything with this symbol.



## Safe Storage

- It is essential to keep all marijuana products in child-resistant packaging and locked out of sight and reach of children.
- Keep medical marijuana secure and in its original containers.
- Reassess storage and safety as children get older. Safe storage for a three-year-old is different from that of a 12-year-old.



# MARIJUANA:

WHAT YOU NEED TO KNOW

## Helping Your Kids Say “No” to Drugs

Share these ideas with your kids and then continue the conversation by asking, “What are more ways to say NO to drugs?”

**BE BLUNT**

No, I'll pass.

**DIVERT ATTENTION**

Nope, I'll go shoot some hoops instead.

**KEEP YOUR COOL**

No thanks, that's not my thing.

**SHAKE IT OFF**

No way, I'm not into that!

**BLAME MOM & DAD**

No thanks, my parents would kill me.

**BLOW IT OFF**

Nah, that's nothing but trouble.

**STAY HONEST**

And get grounded for life? I don't think so.

**THINK OF YOUR FUTURE**

I've got to study.

**MAKE A HEALTHY CHOICE**

No, I don't want to miss the big game on Friday.

**COMMUNICATE CLEARLY**

No. Just no.



**MARIJUANA:**

WHAT YOU NEED TO KNOW

# Marijuana and Schools



**OKLAHOMA**  
State Department  
of Health



## What School Professionals Should Know and Do

- Focus on health, not punishment
- Use strategies based on science, not fear
  - *Enhancing protective factors*
  - *Offering family-based programming*
  - *Intervening early at the sign of risk*
  - *Enhancing social-emotional learning*
- Know and share the facts
- Peer-to-peer intervention
- Engage family and the community

Partnership to end addiction (n.d.)



## Know the Signs of Use

- Symptoms can include impaired concentration and attention and bloodshot eyes, lack of coordination, slow movement, or walking, but can also include:
  - *Rapid heart rate*
  - *Shortness of breath*
  - *Slurred speech*
  - *Sleepiness*
  - *Psychosis*
- If they need services and counseling beyond those available within the school, be ready with referrals to quality professional counseling and treatment within the community.

## Social Determinants of Health

Social determinants constitute a significant factor in problematic substance use.

### Escapism | Coping with Social Factors

- *Environmental stress*
- *Precarious relationships*
- *Mitigation of withdrawal symptoms*
- *Barriers to services*

### Escapism | Coping with Trauma and Violence

- *Intimate partner violence*
- *Childhood trauma*
- *Untreated mental health conditions*
- *Low confidence in dealing with stress*



## Get Help

Eating or drinking marijuana can make children and pets sick. If you suspect your child or pet has consumed marijuana, call the **Poison Control hotline at 1-800-222-1222**. If someone has a severe reaction after consuming marijuana, **call 911**.



# Questions?

Lori A. Lovett

OSDH District 8

[Lori.Lovett@health.ok.gov](mailto:Lori.Lovett@health.ok.gov)

580-228-6536



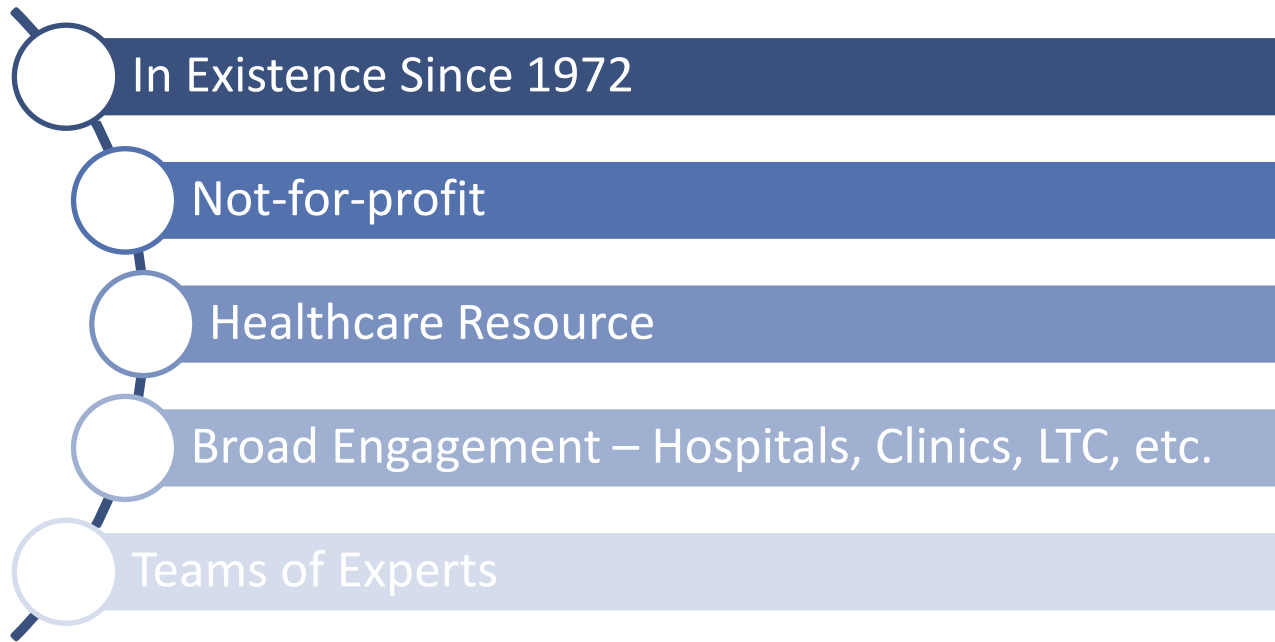
# Mission of OFMQ

OFMQ is a not-for-profit, consulting company dedicated to advancing healthcare quality. Since 1972, we've been a trusted resource through collaborative partnerships and hands-on support to healthcare communities.





# Our Organization



# Our Experience

QIO- 45 Years



Regional Extension Center- 6 Years



Hospital Quality Measures- 16 Years



Analytics for Quality Programs- 23 Years



Value Based Payment Programs-11 years



Case Review- 47 Years



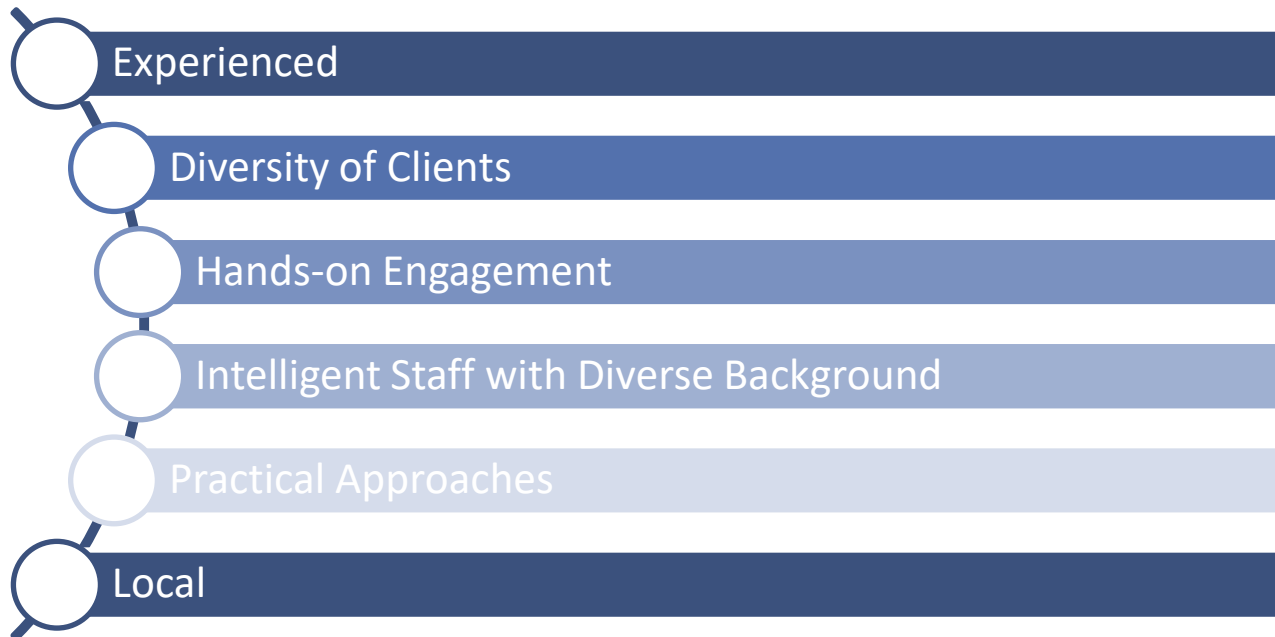
HIPAA Solution- 8 Years



Long-Term Care Quality Improvement- 20 years



# Our Difference





# HEALTH INFORMATION TECHNOLOGY (HIT)

64

# HIT Quality Improvement

## Quality Improvement Expertise

- Care Transitions and Referral Management
- Opioid Misuse and Reduction
- Diabetes Prevention Program
- Public Health Emergencies
  - Registry Connections
  - Reporting Requirements and Guidance
  - COVID 19 Educational Training and Testing Implementation
- Dementia Care
- Chronic Disease Management
- Food Insecurity
- Project ECHO

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# HIT Quality Improvement

## Ambulatory Value-based Care Consulting

- Accountable Care Organizations
- Merit-based Incentive Payment System
- Patient Centered Medical Home

## Hospital Reporting

- The Joint Commission
- Inpatient Quality Reporting
- Outpatient Quality Reporting
- Promoting Interoperability

## Long-Term Care

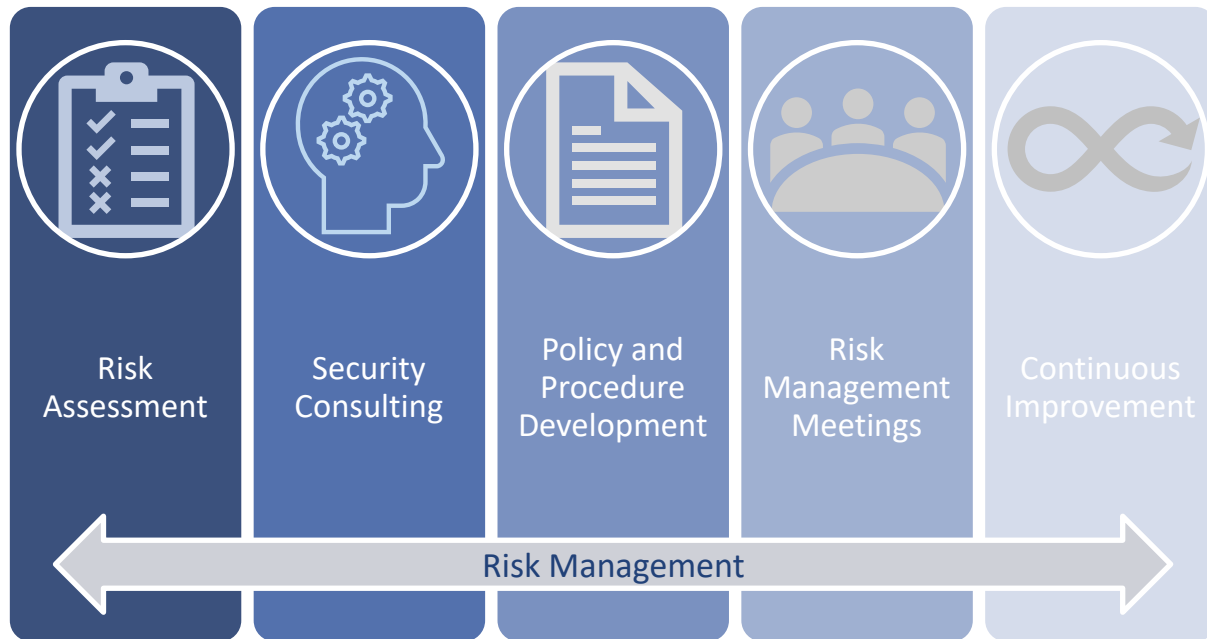
- Quality Improvement





## RISK MANAGEMENT & SECURITY SERVICES

# Risk Management Overview



# INFOSEC IQ

## Educate & empower employees

### Educate and engage your workforce

- Deliver memorable campaigns with industry-leading content & assessments
- 350+ training modules in 34+ languages

### Inspire better cybersecurity habits

- Educate year-round and serve in-the-moment training for employees who need it most
- 1000+ phishing simulation templates with multiple attack types

### Reduce security incidents

- Avoid attacks and quickly respond to employee-reported events
- Automated reporting button, reports and analytics

### Build a culture of security

- Go beyond awareness with a culture built to keep your organization secure
- Program resources — posters, infographics, kits and more



# RCORP Resources For You

- The RCORP-TA portal is publicly available and has information about programs, grantees, and various trainings and resources available.
- <https://www.rcorp-ta.org/>

The screenshot shows the RCORP-TA Resource Portal website. The header includes the RCORP-TA logo, a site search bar, and navigation links for Event Calendar, About, and Contact Us. A secondary navigation bar lists Home, Trainings and Resources, Grantees, Cohort Resources, Request TA, Funding, and LMS. The main content area features a welcome message, a description of the Rural Communities Opioid Response Program (RCORP), and a list of upcoming events. A 'Resources of Interest' section lists COVID-19, Stigma, and Sustainability. A newsletter download link is also present.

**RCORP-TA**  
RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

SITE SEARCH

Event Calendar | About | Contact Us

Home | Trainings and Resources | Grantees | Cohort Resources | Request TA | Funding | LMS

## Welcome to the RCORP-TA Resource Portal!

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities at the highest risk for SUD.

This portal allows grantees to request technical assistance, find nearby grantees or grantees with a similar focus and access a repository of resources tailored to support RCORP Grantees.

### Upcoming Events

**ED Initiated Buprenorphine for Opioid Use Disorder Webinar**  
September 30, 2021  
3:00-4:00 pm EDT

**Outcomes Driven MOUD, Part II: Stabilization and Retention**  
October 5, 2021  
2:00-3:00 pm EDT

[View more events](#)

### Resources of Interest

COVID-19  
Stigma  
Sustainability

### Download the latest RCORP-TA Newsletter

September 2021  
(724.68 KB)

[View past issues](#)





Southcentral Consortium for Overdose Prevention and Education in Oklahoma

Leading Rural Oklahoma to Improve Lives



**Thank You  
for Attending!**



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