



Southcentral Consortium for Overdose Prevention and Education in Oklahoma

Leading Rural Oklahoma to Improve Lives

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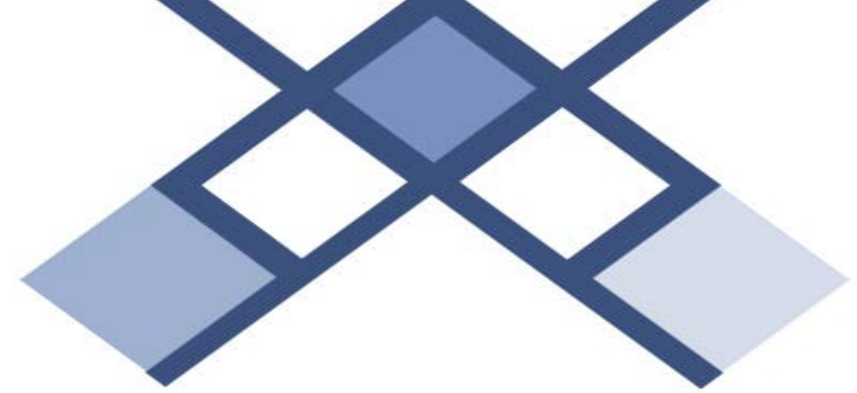
Removing the Shame and Stigma of  
Substance Use Disorder (SUD)/Addiction  
January 26, 2023

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# What are RCORP and SCOPE-OK?

- **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



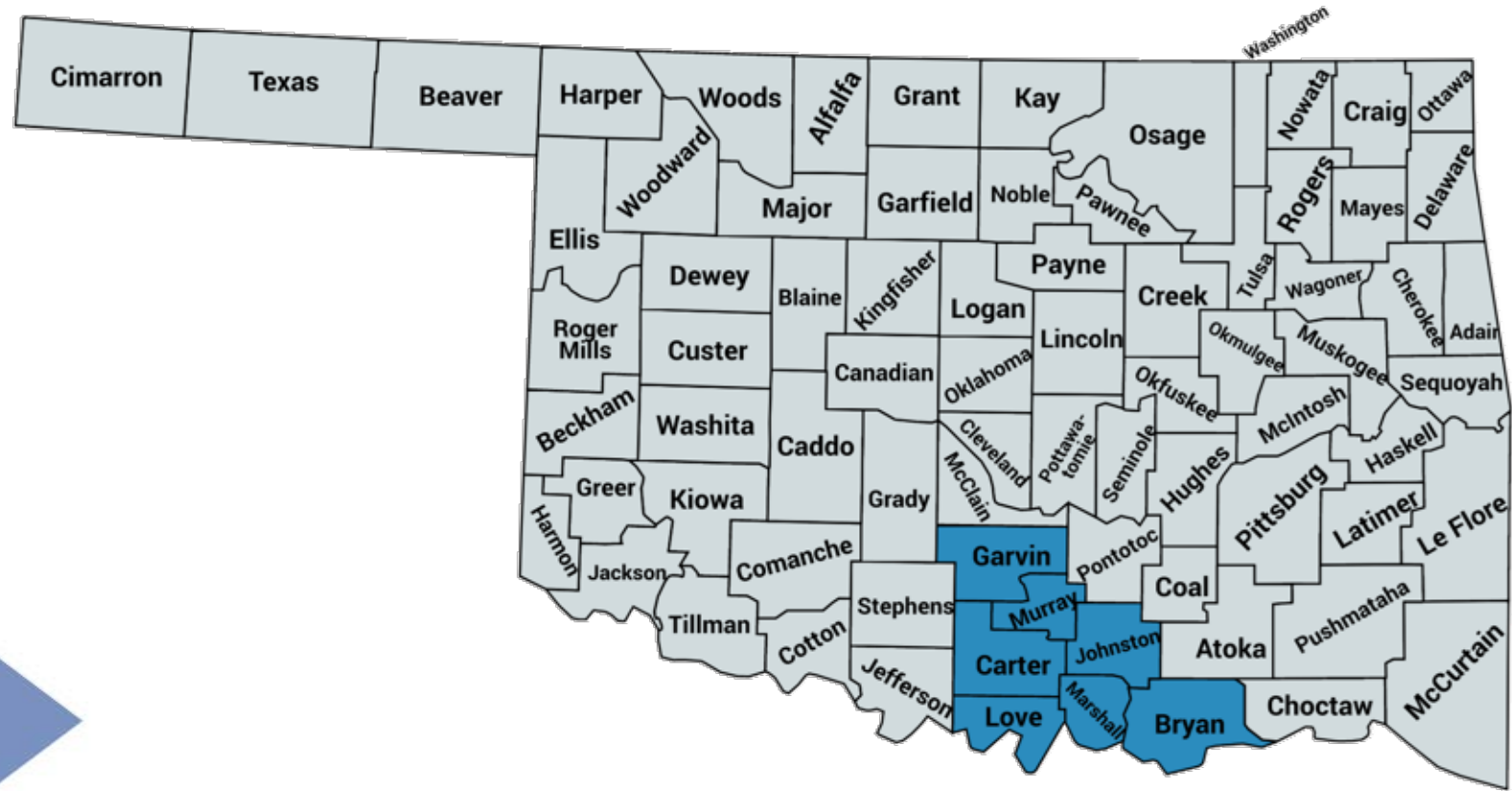
- **SCOPE-OK** meets the 2nd Month each quarter (February, May, August, November)–  
Ardmore Public Library 10 AM-12 PM
- Members include:
  - Groups focused on rural, preventative, and/or public health
  - Healthcare providers from all settings of care
  - Educators and school system representatives
  - 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.



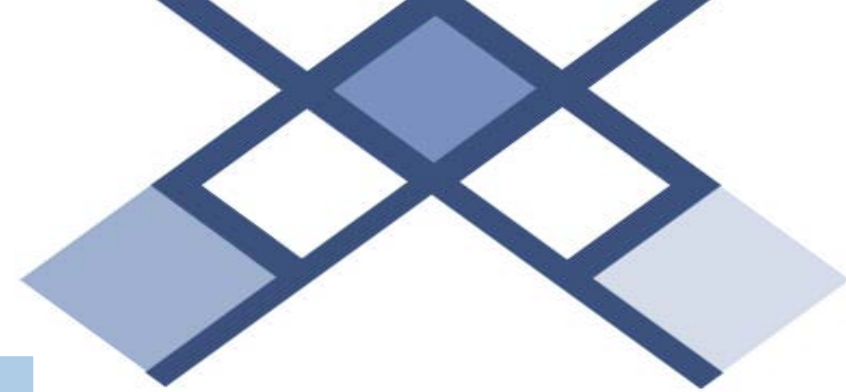
## Technical Assistance

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)

# Zach Grimes, MS-HIM, RHIA

Zach is currently a Clinical Consultant for the Oklahoma Foundation for Medical Quality (OFMQ). Zach has an employment history of outpatient coding, inpatient coding and outpatient coding compliance for Integris Health. His current role as a clinical consultant involves assistance in quality improvement methodologies as it relates to physician office and hospital settings of care, assurance of data integration requirements being communicated to physician practices and vendors, application of provider training/ assistance on electronic clinical quality measures (eCQM), and the meeting of national benchmarks. Other core roles involve the development and disseminate of feedback materials such as project data reports, best practices, workflow analysis results, and technical reports. He currently works alongside multiple projects within OFMQ that are all aimed at positive community outreach enlistment. The varying Health Information Management positions he's held over the years has allowed for an intuitive understanding of the functional necessity enlisted within healthcare. Zach Grimes holds a Bachelor's in Health Information Management as well as a Master's in Health Information Management. He is a Registered Health Information Administrator (RHIA), Certified Naloxone Trainer, Certified Stigma Trainer, and a Certified Lifestyle National Diabetes Prevention Program Coach.





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Removing the Shame and Stigma of  
Substance Use Disorder  
(SUD)/Addiction

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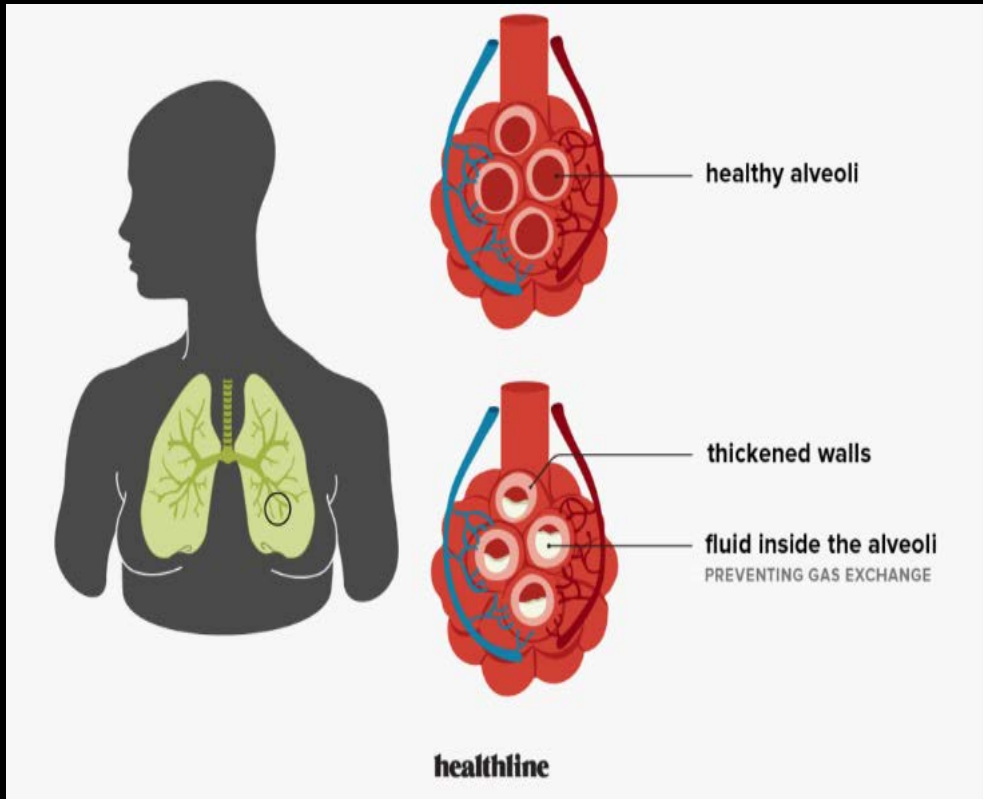


OverdoseLifeline

# Removing the Shame and Stigma of Substance Use Disorder / Addiction



Massachusetts- 2018



- Madelyn had Endocarditis.
- Autopsy revealed Tricuspid Valve Endocarditis, Pulmonary Emboli, Cavitory Lesions of the Lung, and Acute Hypoxic Respiratory Failure

# Stigma Creates:

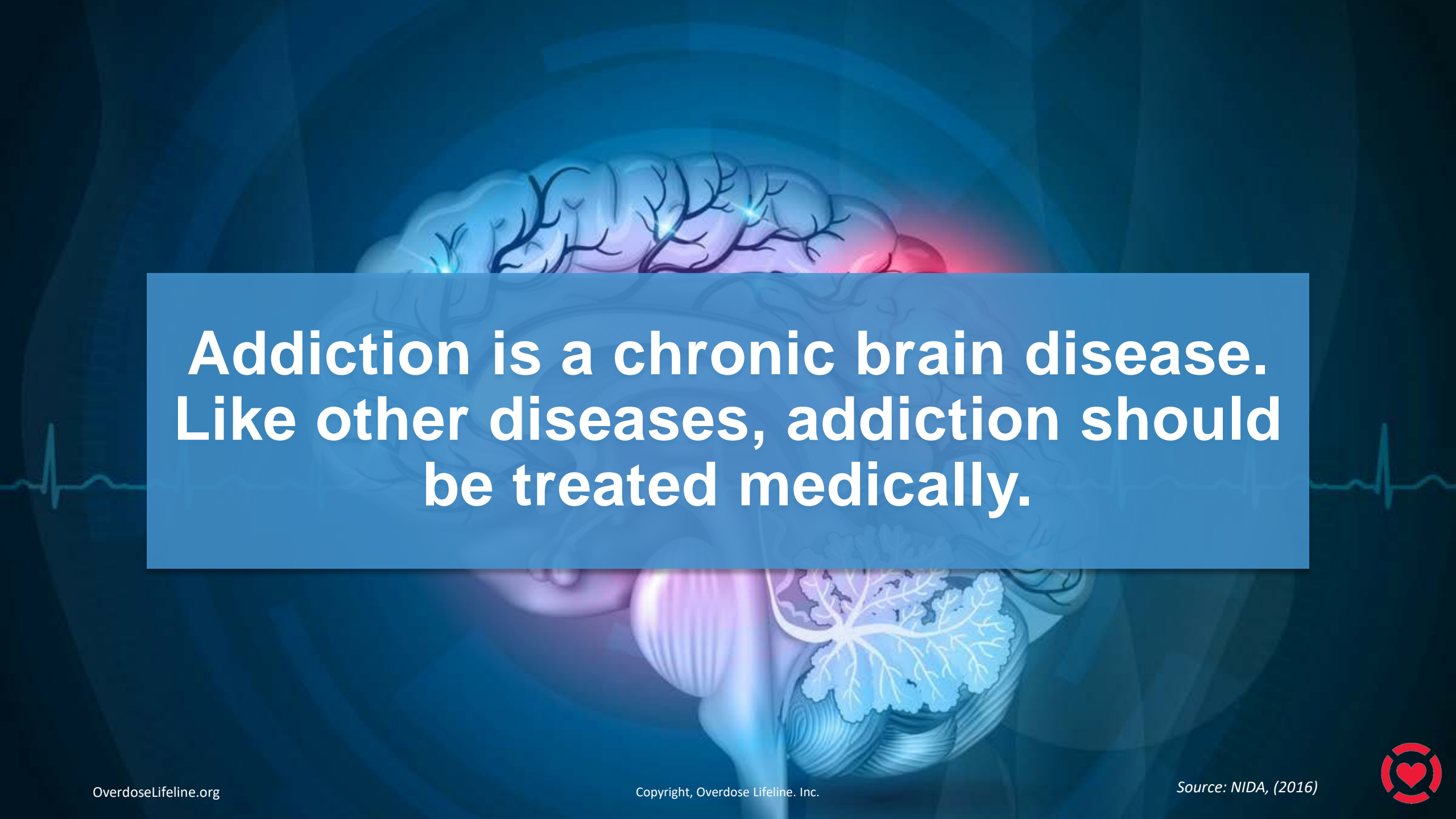
1. Automatic Stereotype Activation
2. Expectancy Confirmation







**section 01**  
**Brief Review of the Science  
of Addiction**



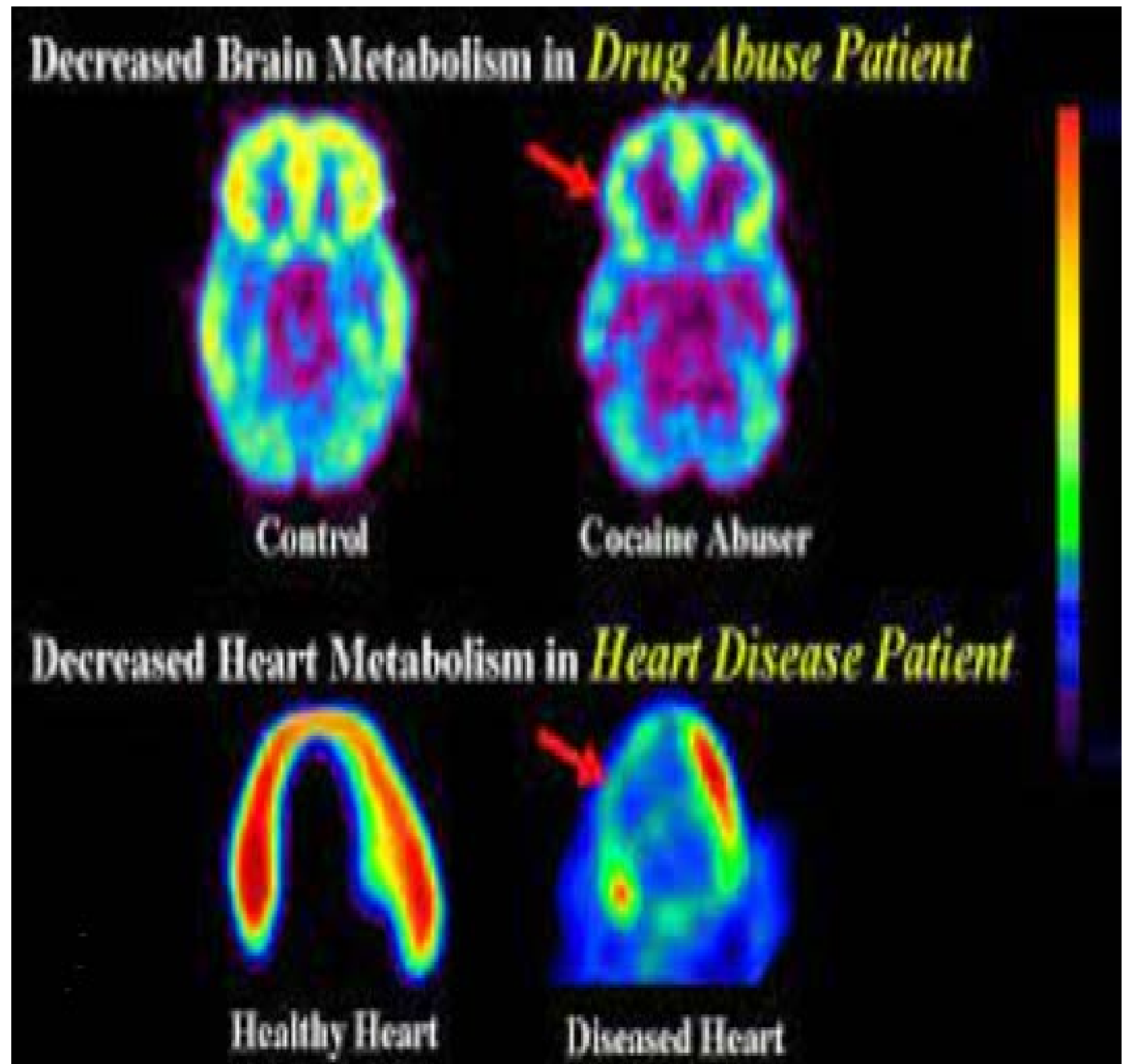
**Addiction is a chronic brain disease.  
Like other diseases, addiction should  
be treated medically.**



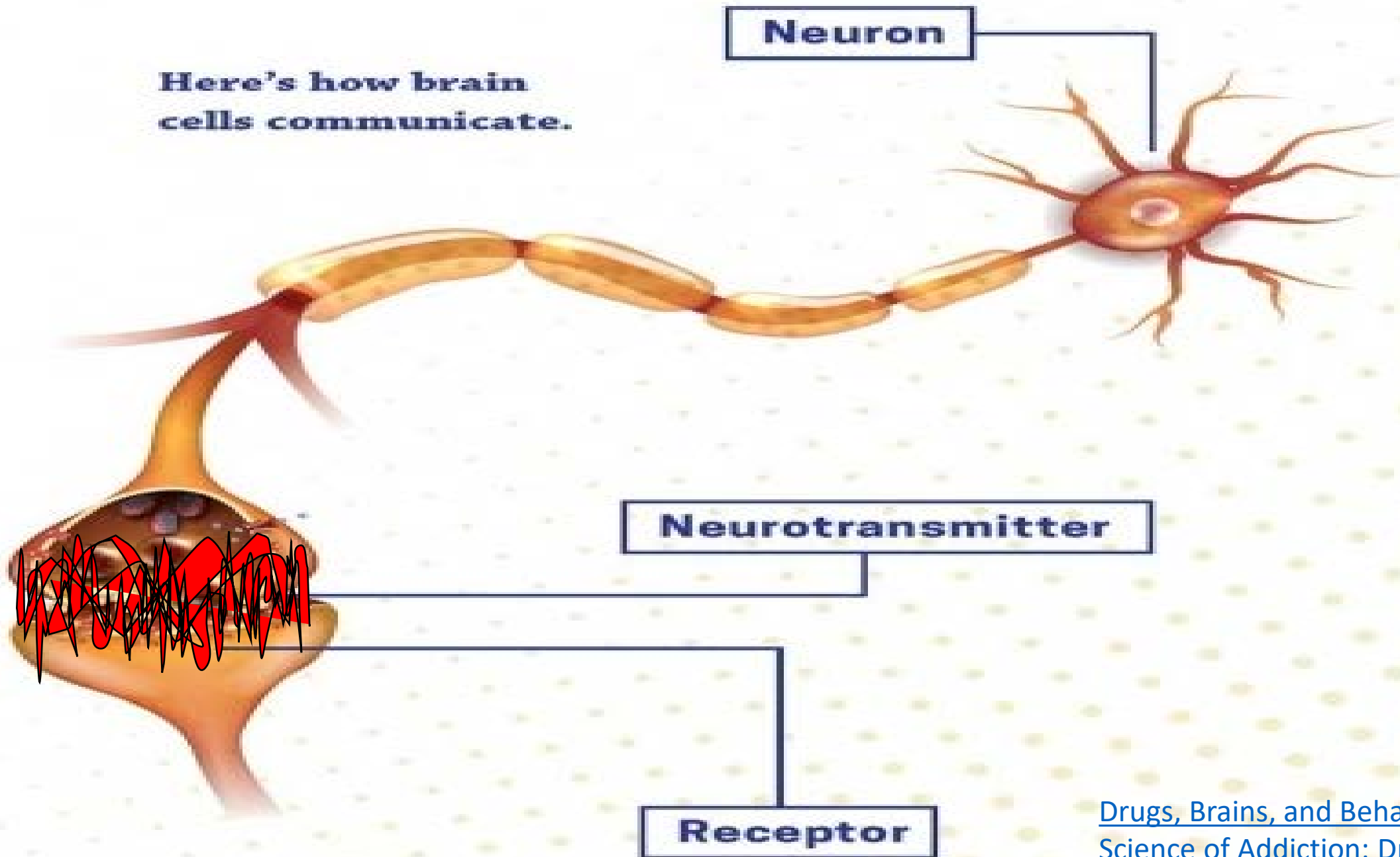
# Chronic Brain Disease

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- **Addiction Viewed Through:**
  - Biopsychosocial Framework-
    - Complex interactions between biology, behavior, and environment.



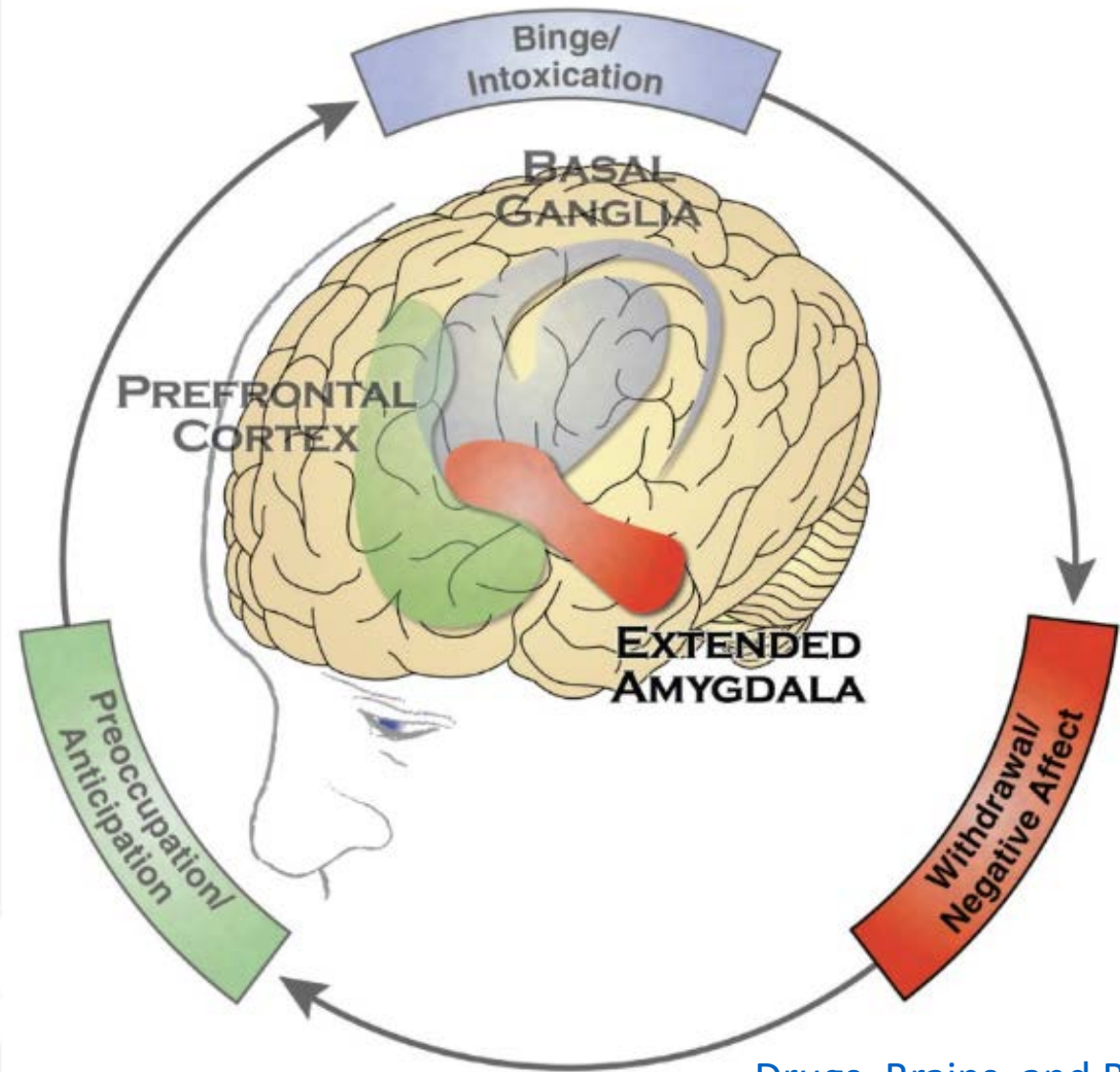
Here's how brain cells communicate.





# Chronic Brain Disease

- **Basal Ganglia**
  - Forms motivation, pleasure, habits and routines.
- **Extended Amygdala**
  - Forms stressful feelings like anxiety, irritability, and unease.
- **The Prefrontal Cortex**
  - Forms the ability to think, plan, solve problems, make decision, and exert self-control over impulses.

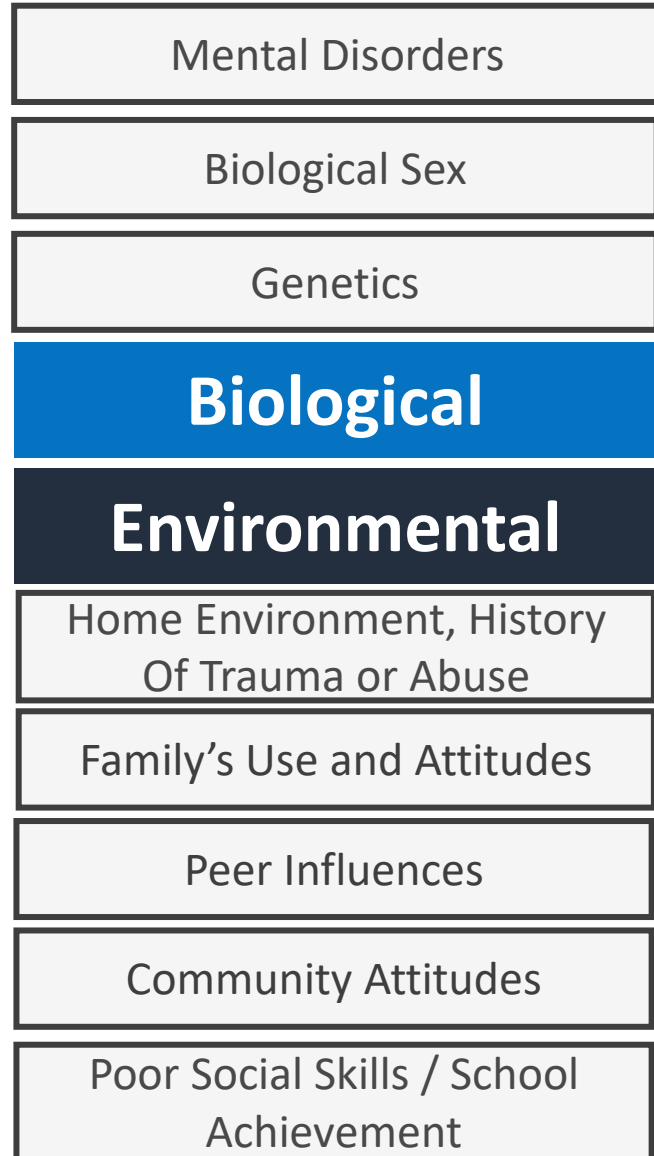


[Drugs, Brains, and Behavior: The Science of Addiction: Drugs and the Brain | NIDA \(nih.gov\)](#)

# How many Americans are affected?

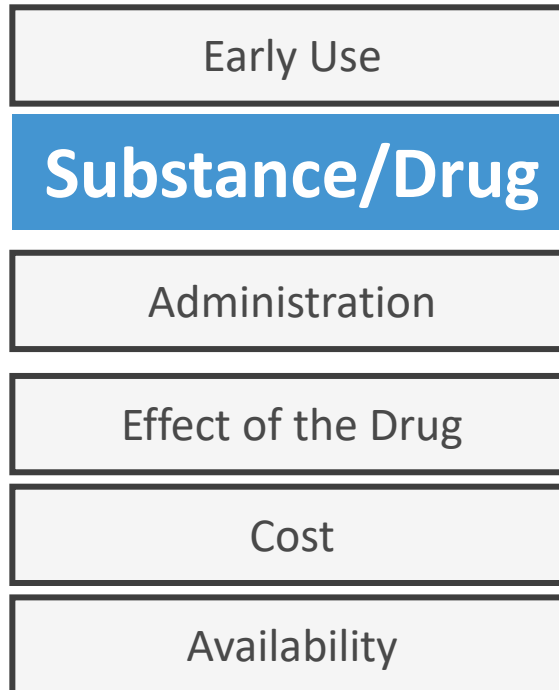
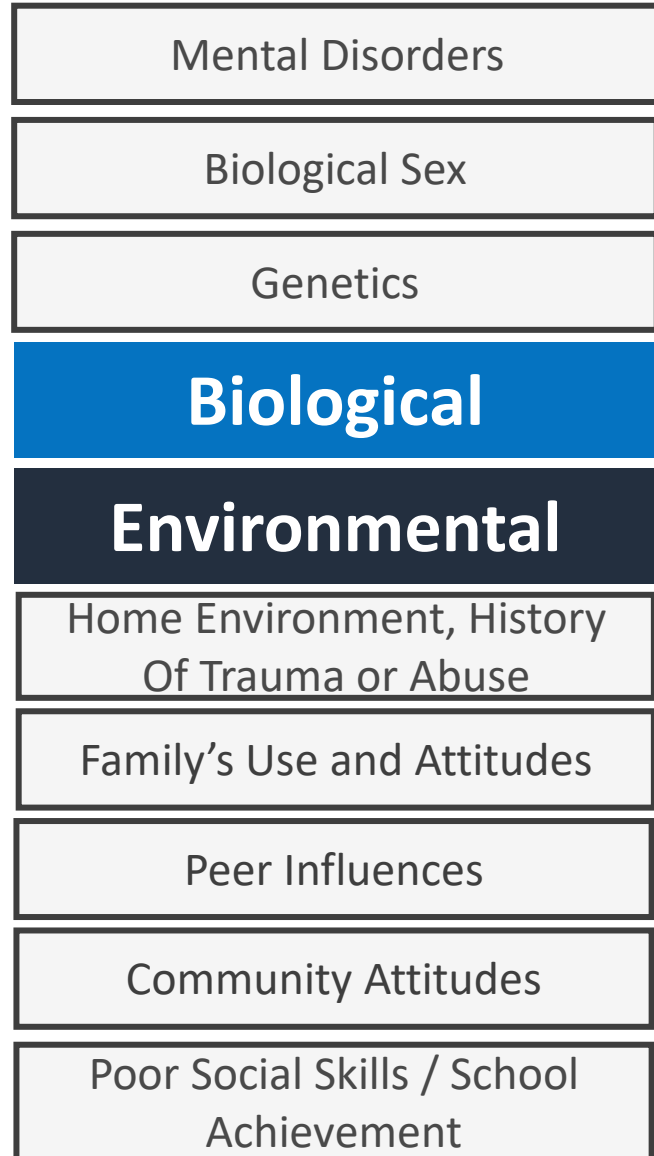
**43 MILLION AMERICANS AFFECTED**

# Cause and Risk Factors



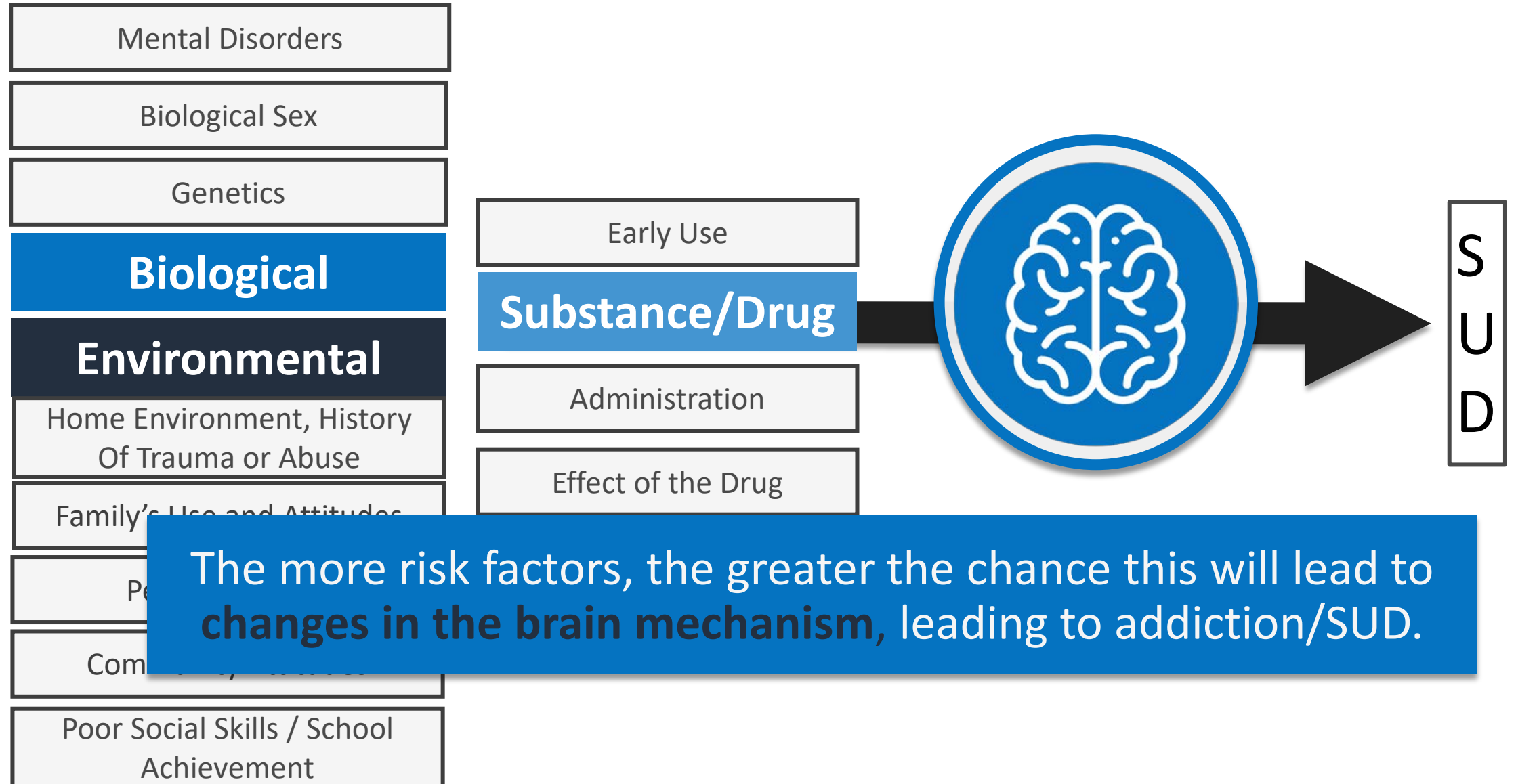
The main factors fall within two categories: Biological and Environmental

# Cause and Risk Factors





# Cause and Risk Factors





## **section 02**

# **Examples of Stigma in Medical Diseases and Conditions**



# Stigma

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- 72% of patients feel “failure of personal responsibility”
- 65% of patients feel “being a burden on the healthcare system”
- 52% of patients feel they “have character flaw”.



# Stigma and type 1 and 2 diabetes

Do type 1 (body no longer able to produce insulin) and type 2 (body's cells cannot respond to insulin) diabetes patients experience stigma?

**76% type 1 felt stigmatized**

**51% type 2. Type 2 stigma tended to increase with more intense or visible management (61%).**

Parents of children with type 1 diabetes reported the most stigma (83%)





# Stigma and type 1 and 2 diabetes

Most perceived a “failure of personal responsibility” (72%) and “being a burden on the healthcare system” (65%) and (52%) as “having a character flaw”.

Negative emotions can affect the way people view their disease and how they approach their management.

**Solution:** Education is the solution to change misconceptions about diabetes, from not understanding the differences between type 1 and type 2, thinking management should be easy, or that individuals should be blamed for having the disease.



# Stigma and substance use disorder

For people with a substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care.

People who experience stigma are less likely to seek out treatment services and access those services. When they do, people who experience stigma are more likely to drop out of care earlier.



# Effects of stigma across diseases

Generates fear, guilt, shame, hopelessness

Willingness to be open/honest to family / friends

Creates Isolation

Find a community to help one manage their disease

Early diagnosis and treatment

Management and adherence to treatment

Increased complications

Early death

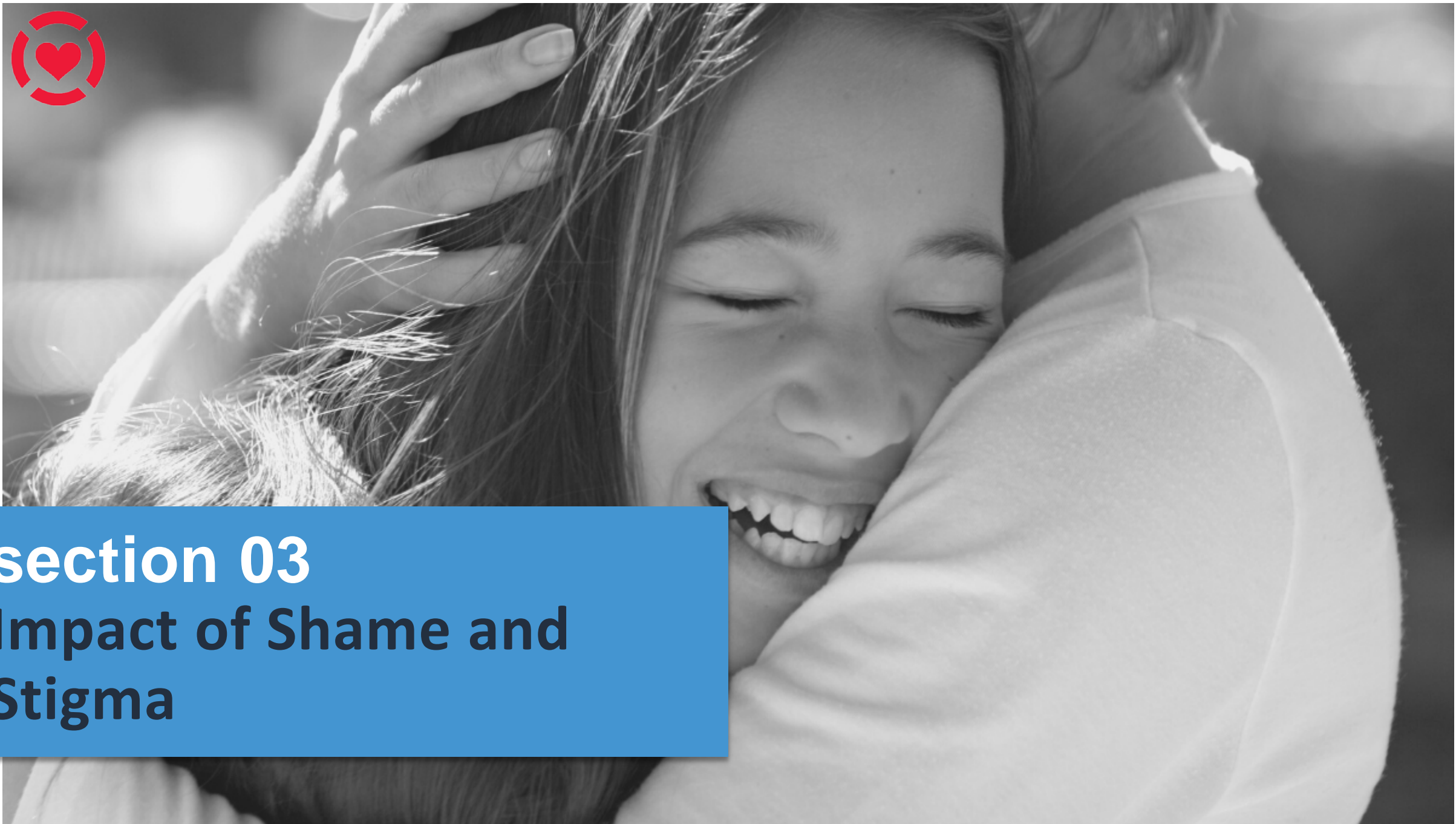
Access to healthcare and treatment

Insurance barriers

Healthcare openness to treat individuals with the disease

Research funding and activity





**section 03**  
**Impact of Shame and Stigma**

# Types of stigma - Individual



## Enacted/Experienced Stigma:

Direct encounter of social discrimination or rejection



## Public Stigma:

Endorsement by the public of prejudice against a stigmatized group, which manifests in discrimination toward individuals in that group



## Perceived Stigma:

Beliefs that members of stigmatized group have about the prevalence of stigmatizing attitudes and actions in society



## Self-Stigma:

Negative thoughts and feelings (shame, self-evaluative thoughts, fear) that emerge from identification with stigmatized group

Sources: Luoma et al., (2007), Luoma et al., (2014), Nieweglowski et al., (2018), and Matthews et al., (2017).





# Self-stigmatization



Decreased psychological functioning

Decreased quality of life

Reduced social support

Increased anxiety, depression, guilt, shame, and hopelessness

Decreased self-esteem

Internalization of negative stereotypes

Negative attitudes

Sources: Luoma et al., (2007), Luoma et al., (2014), Matthews et al., (2017), and Can & Tanriverdi, (2015).



# Addiction professional stigma

Often draw attention/stigma to themselves

Poorly treated and misunderstood within healthcare community

Lower salaries than physical and mental health professionals

General public might question training and capabilities

Field is under-funded

Lack of job security

Could be person in recovery





**section 04**  
**Solutions**



# Education

Nora Volkow (Director of NIDA): “If we embrace the concept of addiction as a chronic disease where drugs have disrupted the most fundamental circuits that enable us to do something that we take for granted—make a decision and follow it through—we will be able to decrease the stigma, not just in the lay public, but in the health care system, among providers and insurers.”



# Language

"Research shows that the language we use to describe [addiction] can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need."

*- Michael Botticelli, leading addictions expert and former Director of the White House Office of National Drug Control Policy*



# Language examples



*Addiction* is the preferred term. *Substance Use Disorder* is also applicable and preferred by some health professionals.



Avoid using negative terms like *addict, user, abuser, junkie* - all of which sensationalize the disease. Instead, choose phrasing like *he was addicted, people with heroin addiction, or he was using drugs.*



Avoid terms like *'abuse'* or *'problem'* which imply judgement, in favor of the word *use*. In some cases, misuse is also acceptable.



Instead of saying *'relapsed,' say had a setback.*





# Language

## Words to Avoid

Addict, junkie, abuser, druggie, user

Drug problem, drug habit

Drug abuse

Clean

Dirty

Clean/dirty drug screen

Former addict

Opioid replacement

Suffers from, afflicted by

## Words to Use

Person with substance use disorder

Substance use disorder

Drug use or drug misuse

Abstinent, not actively using

Actively using

Testing positive/negative for substance use

Person in recovery

Medication assisted treatment

People with SUD

Source: <https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language>



# Harm reduction (HR)

Supervised  
Consumption Facilities

Syringe Exchange  
Programs

Substitution Therapy

HR

Naloxone

Peer Support Programs

Outreach/Education





OverdoseLifeline



# Lay Responder Naloxone Training

## *When and How to use NARCAN Nasal Spray*



Southcentral Consortium for Overdose Prevention and Education in Oklahoma  
Leading Rural Oklahoma to Improve Lives

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,000,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Website for more info on where to put this statement and why- <https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding>





What is naloxone (NARCAN)?

How does it work?

# What is naloxone (NARCAN)?



Naloxone is an opiate antidote (antagonist) that attaches to opioid receptors and reverses and blocks the effects of opioids.



During an opioid overdose, the respiratory and central nervous systems are depressed. Breathing slows or stops.



Naloxone blocks the effects of opioids and reverses an overdose. Allowing a person to breathe normally.



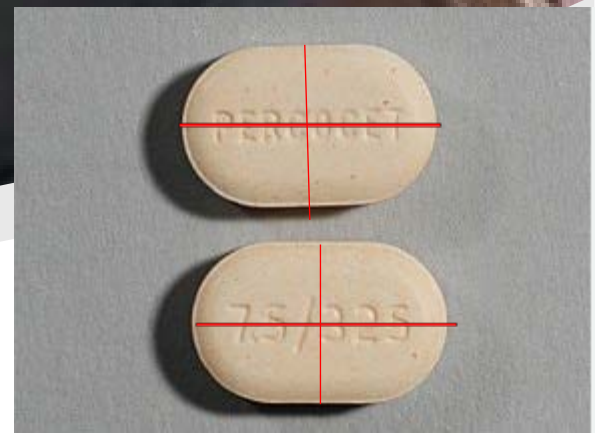
Naloxone will not get a person high. Is not addictive. Will not harm a person if opioids are absent.







# Los Angeles- 2022



[Police Say Fentanyl Killed LA Student, 6 Others Overdosed \(usnews.com\)](https://www.usnews.com)



# The Family of Opioids

## Natural

Morphine – Codeine - Opium



## Semi-Synthetic

Vicodin – Percocet – Oxycodone – Heroin



## Fully Synthetic

Fentanyl – Methadone



Image Credits: Seed Head Opium Poppy: By kiwinz [Public domain], via Flickr; Creative Commons Attribution Methadone Image Credit Copyright: <a href='https://www.123rf.com/profile\_designer491'>designer491 / 123RF Stock Photo</a> Fentanyl Image Credit: Julia Hiebaum / Alamy Stock Photo;



# Fentanyl

101

Used in clinical settings since 1968 post surgery or for pain management.

Illicit Fentanyl is the primary driver for the overdose health crisis today

Illicit Fentanyl is cheap to manufacture, components easy to acquire, and concentrated (small amount goes a long way).

Fentanyl via the street market comes in white, gray or tan powder form and can be injected, smoked or snorted.

Has been found in other drugs like heroin, cocaine, meth & pressed pills.

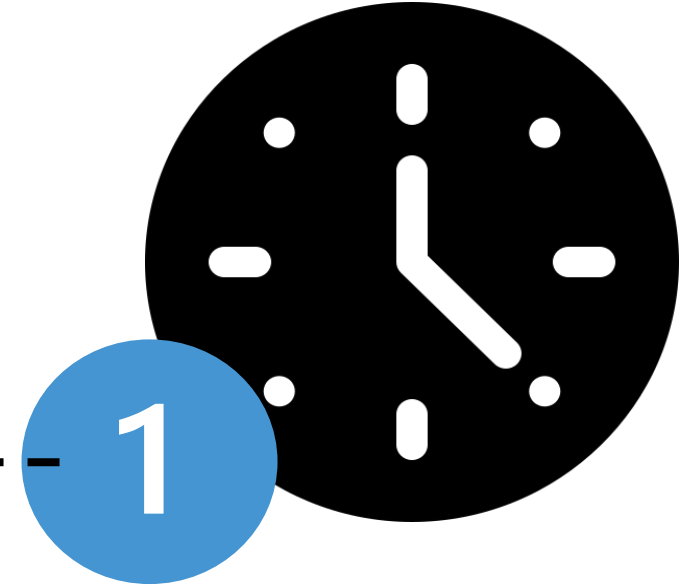


# American toll... more than 933,000 have died between 1999 and 2020



256  
AMERICANS

die **every day** from  
an overdose

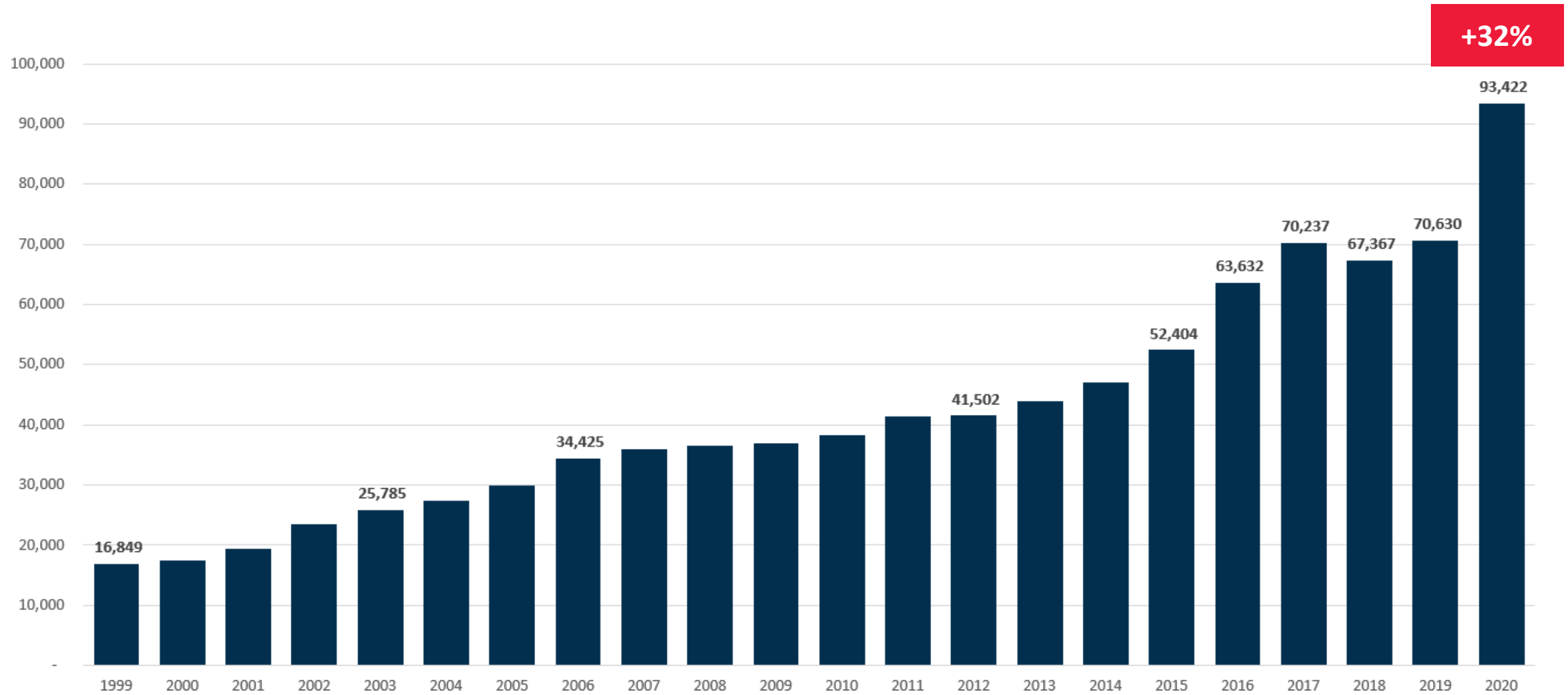


dies **every 5 minutes**



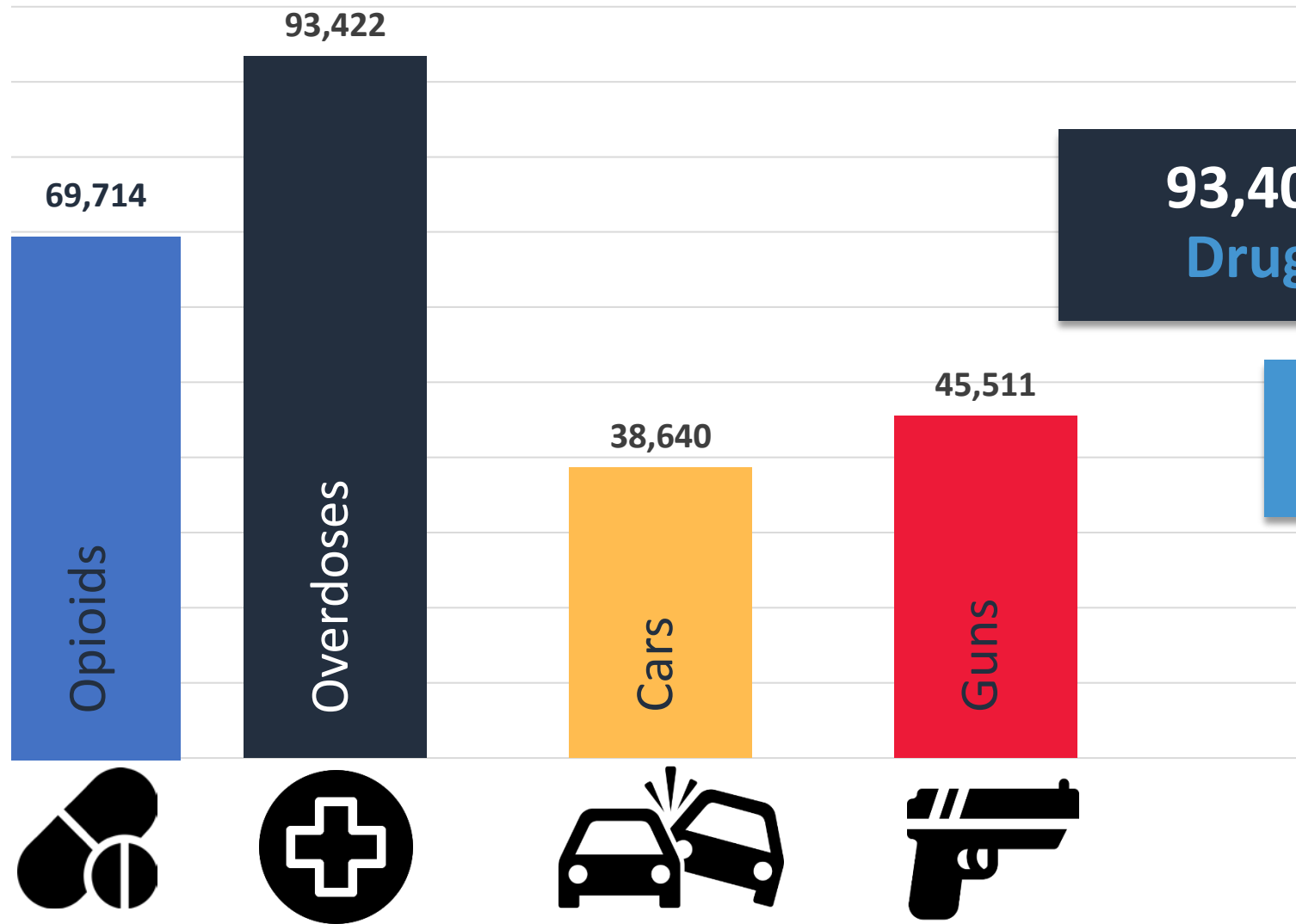
# Overdose Deaths 1999 through 2020

2020 Provisional CDC Data <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>





# Leading Cause of Accidental Deaths 2020

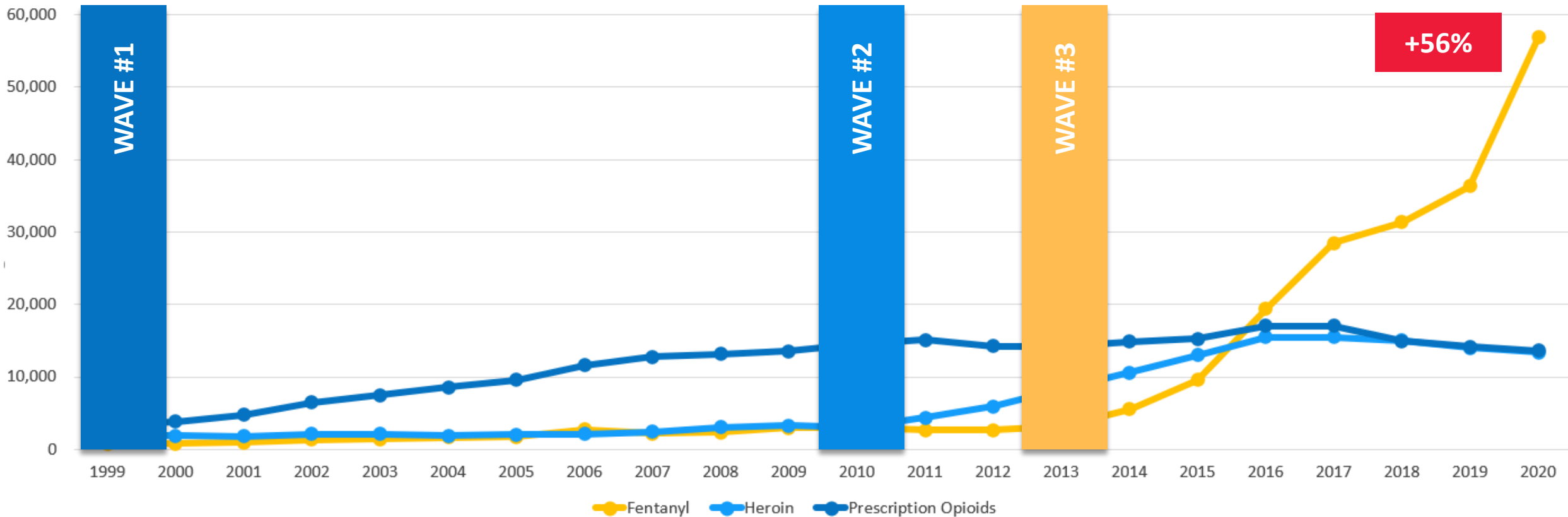


**93,400+ Americans Died Drug Overdose in 2020**

**75% Due to Opioids**

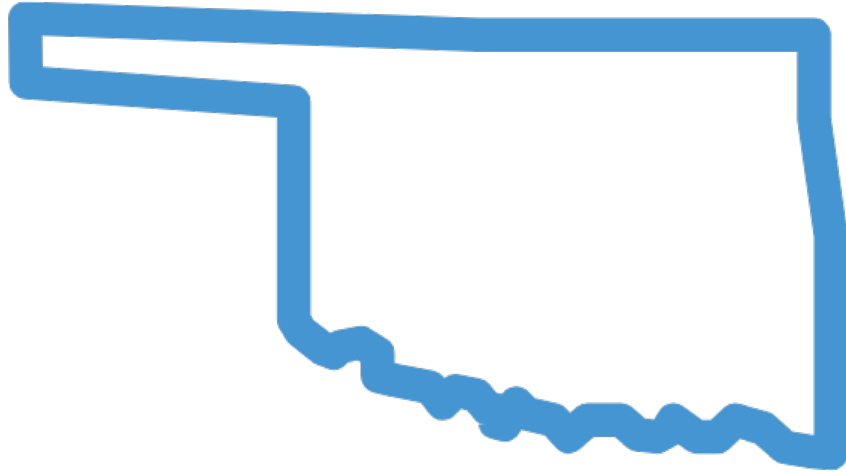


# Opioid Overdose Death Trend



# OKLAHOMA

Preliminary 2020



**753 deaths**

Due to overdose

**22% Increase**

From 2019

**308 deaths 41%**

Related to an Opioid

**418 deaths 55%**

Related to Psychostimulants

**Provisional Data November 2021**

**Nation up 15.7%**

**Oklahoma up 20%**





# Signs and Symptoms

# Opioid Overdose

# Opioid Overdose **Signs and Symptoms**

**Face is Pale and/or Feels Clammy to the Touch**

**Body Goes Limp**

**Fingernails or Lips Have a Blue or Purple Color**

**Vomiting or Making Gurgling Sounds**

**Cannot be Awakened or are Unable to Speak**

**Breathing or Heartbeat Slows or Stops**



# Opioid Overdose **Signs and Symptoms**

Face is Pale and/or Feels Clammy to the Touch

Body Goes Limp

Should any of these signs occur — **IMMEDIATELY CALL 911**  
then administer naloxone

Cannot be Awakened or are Unable to Speak

Breathing or Heartbeat Slows or Stops







# Naloxone Administration

## NARCAN Nasal Spray

# How to administer NARCAN<sup>®</sup> nasal spray

STEP  
1



STEP  
2



STEP  
3



STEP  
4



STEP  
5



STEP  
6



STEP  
7

If no response after 2-3 minutes, give a repeat dose in the other nostril.

Look for use instructions in the information leaflet inside the NARCAN package.



# Recovery Position

Turn the person on their side, if the person vomits this helps clear the airway.



1. Place the person's arm that is nearest to you at a right angle to their body. Pick up their other hand and gently place the back of the hand against their cheek.
2. Reach across to the person's knee that is furthest from you and pull it up so that their leg is bent, and their foot is flat on the floor. Gently pull their knee towards you so that they roll over onto their side, facing you.
3. Gently raise their chin to tilt their head back slightly, as this will open up their airway and help them to breathe.
4. Stay with them until help arrives.



# Medication action

Following administration —

Individual may begin  
to wake-up

Pupils may begin to  
dilate (get larger)

Respirations may  
begin to increase

There is a minimal possibility of vomiting and/or combativeness as the patient comes around. Based on the dose and route (intra-nasal) that you will be administering, the chances are remote.



# General Naloxone Information

Making naloxone available **does NOT** encourage people to use more

Naloxone **acts as a bridge** between the call to 911 and when help arrives

Naloxone has **no effect** on persons not suffering an opioid overdose

A **repeat dose** may be administered if no response in 2-3 minutes

Naloxone lasts for 30-60 minutes. The half-life of an opioid may be much longer – risk of re-overdosing, stressing the importance of calling 911.

Storage: Do not expose to **extreme temperatures** (hot/cold)

Packaging displays expiration date





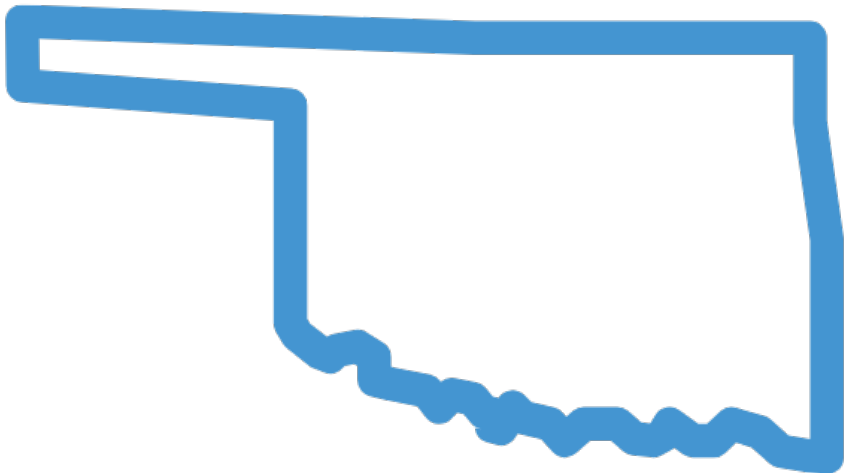


# How to Find Naloxone & Laws



# Naloxone Laws

State naloxone laws allow the prescribing and dispensing of naloxone, either directly or by standing order, to individuals who are prescribed opioids, to the public, or to lay administrators.



Removal of civil, criminal, or professional liability for healthcare professional's provision of naloxone and for first responders and layperson for administration of naloxone.

“Good Samaritan” provisions, which encourage bystanders to administer naloxone and to summon emergency responders without fear of arrest or other negative legal consequences.



# Naloxone in Oklahoma



## STATE AND LOCAL

Law Enforcement, Emergency Medical Services, Fire Departments, Mental Health Centers.



## PHARMACY

Contact your local pharmacy to ask them if they carry naloxone. Insurance often covers.



## LOCAL ORGANIZATION

Local nonprofits have grants to provide naloxone to the public and at-risk communities



# Additional Resource



**OKLAHOMA**  
Mental Health &  
Substance Abuse

SUD Support and Resources for Oklahoma

**OKIMREADY.ORG**

PREVENTION TAB

**ORDER NALOXONE KITS**





# Frequently Asked Questions

## FAQs

# Frequently Asked Questions



*Can you administer naloxone if you don't know what drug(s)/medication(s) the person took?*

**Yes.** Naloxone will not cause harm if it is given for a different type of overdose (e.g. stimulant, alcohol).

*Once an overdose has occurred, how much time is there to administer the naloxone?*

This is a case-by-case basis. Naloxone should be administered at any time an overdose is suspected. Naloxone reverses the effects of an overdose, respiratory distress, which will eventually lead to decreased oxygen and possible subsequent heart attack.





# Frequently Asked Questions



*How long should we wait before administering a second dose of naloxone?*

If there is no response, or limited response, give another dose in 2-3 minutes.

*What can we expect once the naloxone has reversed the overdose?*

They might sit up quickly, gasp for air, be disoriented, confused or angry (he or she may be experiencing withdrawal symptoms) which might include shakiness, sweating, high blood pressure, fast heart rate, diarrhea, and discomfort.



# Free Naloxone- Mailed to You



**KHRA**  
Oklahoma Harm Reduction Alliance



**NEXT Distro**  
STAY ALIVE, STAY SAFE.

## KEEP NALOXONE ON HAND

**24/7 Online Training**  
**Free, No Insurance Needed**  
**Discreet Packaging**  
**Private, No Strings Attached**

Life-saving supplies delivered to your door: [NEXTDISTRO.ORG/OKLAHOMA](https://nextdistro.org/oklahoma)  
Looking for syringes or other harm reduction supplies? [NEXTDISTRO.ORG/OKDISTRO](https://nextdistro.org/okdistro)

**NEXT Distro is an online resource for Free Naloxone Access.**  
Confidential mail-based distribution for low & no access communities.

### how it works



- Visit [nextdistro.org/oklahoma](https://nextdistro.org/oklahoma)
- ▶ Watch a brief video training on how to identify & reverse an opioid overdose
- ? Take a 4 question quiz
- 📍 Input your mailing info & answer a few questions
- ✉ Receive naloxone in the mail in less than a week
- ♥ You're now prepared to reverse an opioid overdose
- 🏠 Report naloxone use at [nextdistro.org/reverse](https://nextdistro.org/reverse) to have more naloxone mailed to you

**NEXT**  
Needle EXchange Technology  
[www.nextdistro.org](https://www.nextdistro.org)



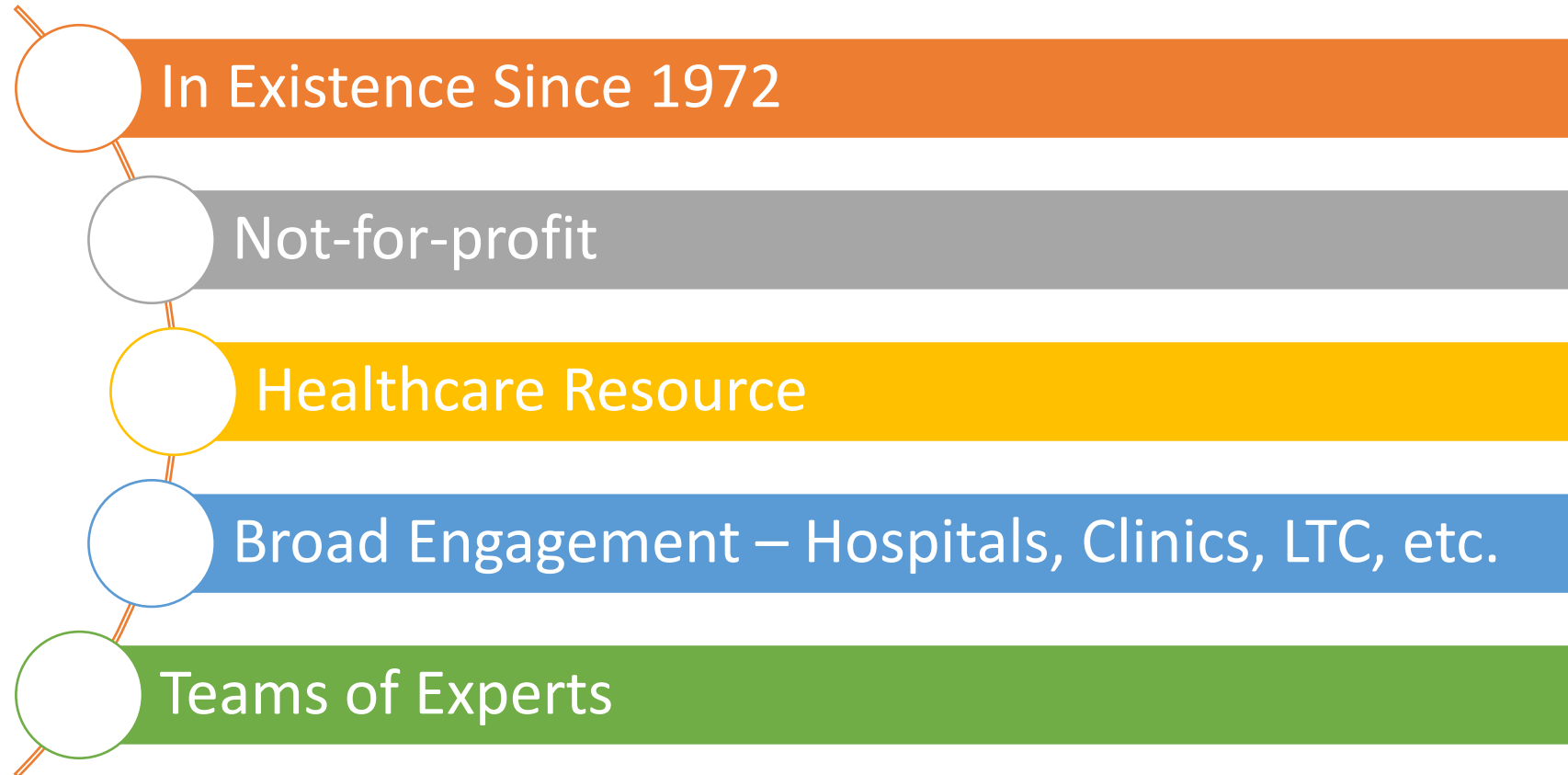
SMS/Signal: 539-525-0553 Email: [okhra.timr@outlook.com](mailto:okhra.timr@outlook.com)  
More services available at [nextdistro.org/oklahoma](https://nextdistro.org/oklahoma)  
Syringes & other harm reduction supplies [nextdistro.org/okdistro](https://nextdistro.org/okdistro)  
Message us on Reddit at: [/u/nextdistro](https://www.reddit.com/u/nextdistro)  
Web: [www.okhra.org](https://www.okhra.org) @ [f @OklahomaHRA](https://www.facebook.com/OklahomaHRA)

# 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

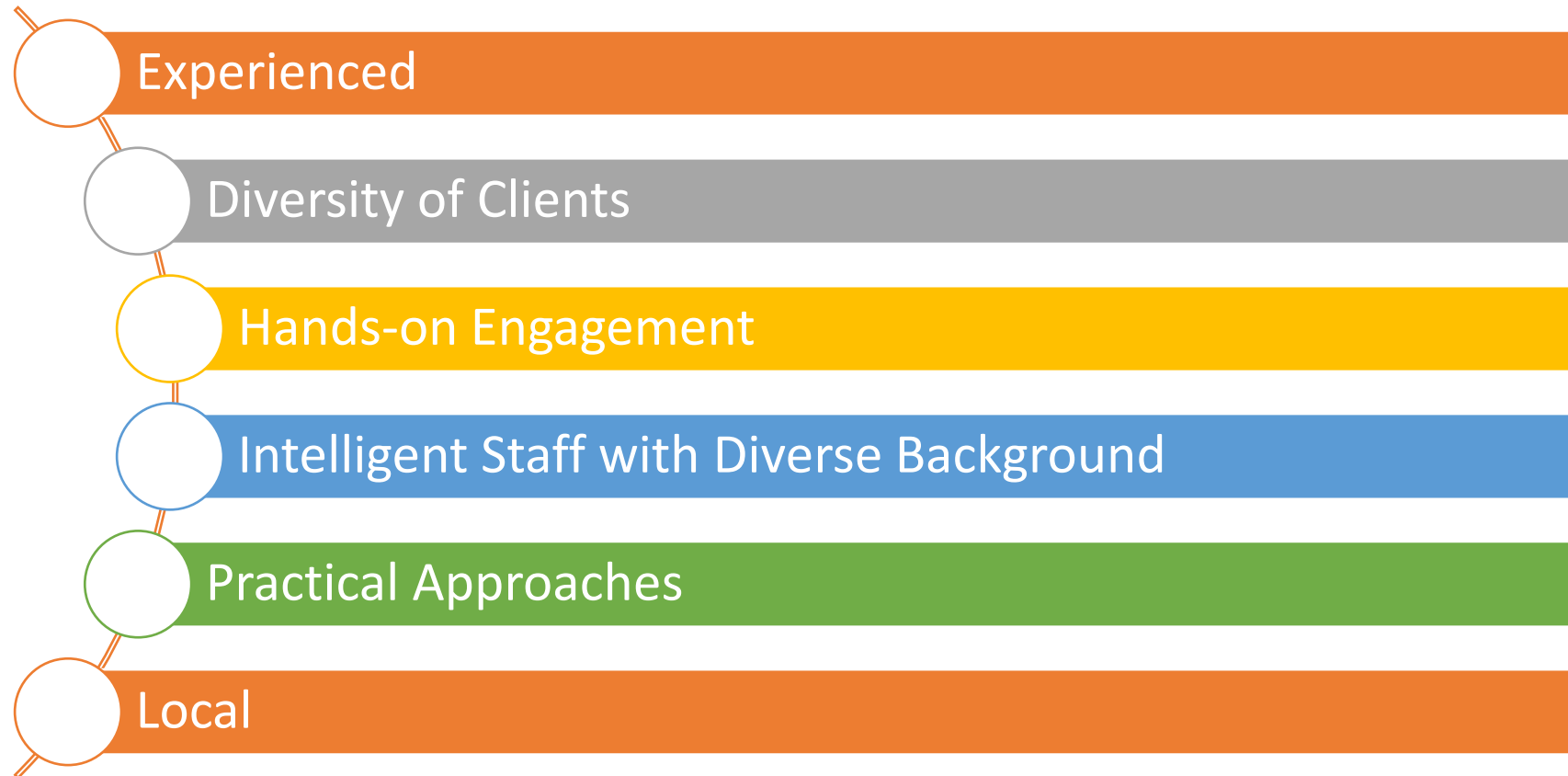


Long-Term Care Quality Improvement- 20 years





# Our Difference





# HEALTH INFORMATION TECHNOLOGY (HIT)

# 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

# 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

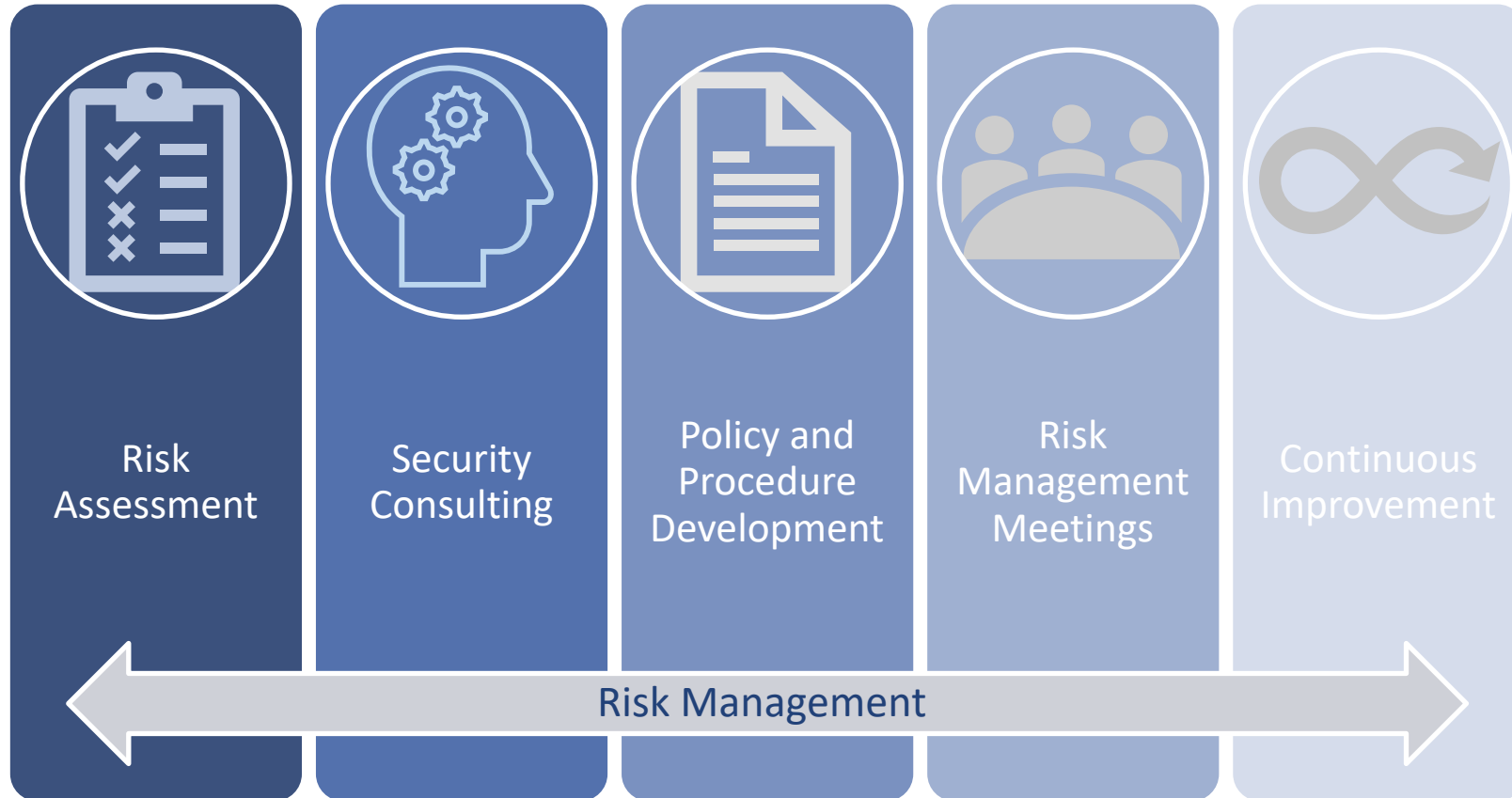




# **Risk Management & Security Services**



# 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

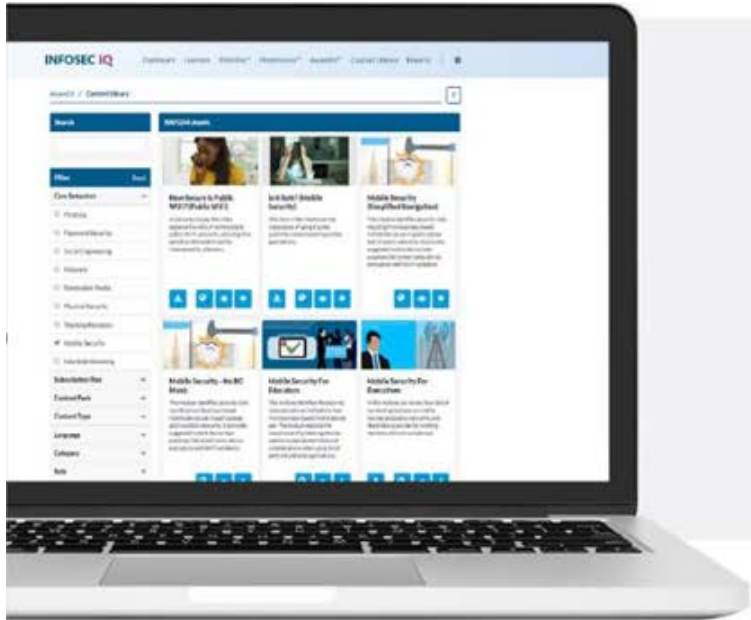
### Reduce security incidents

- 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





# Stay compliant with training aligned with NIST guidelines

Fortify your security awareness curriculum with compliance and industry-based training. Each training module is mapped to one of nine core security behaviors derived from the NIST security awareness and training guidelines to help guide your curriculum.



Phishing



Working remotely



Password security



Social engineering



Safe web browsing



Malware



Physical security



Mobile security



Removable media

# 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 website homepage. At the top left is the RCORP-TA logo with the tagline "RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE". To the right is a "SITE SEARCH" box with a magnifying glass icon. Below the logo is a navigation menu with links for "Event Calendar", "About", and "Contact Us". A secondary navigation bar contains links for "Home", "Trainings and Resources", "Grantees", "Cohort Resources", "Request TA", "Funding", and "LMS". The main content area features a "Welcome to the RCORP-TA Resource Portal!" section with a brief description of the program's mission. To the right, there is an "Upcoming Events" section listing two webinars: "ED Initiated Buprenorphine for Opioid Use Disorder Webinar" on September 30, 2021, and "Outcomes Driven MOUD, Part II: Stabilization and Retention" on October 5, 2021. Below the welcome message is a "Resources of Interest" section with links for "COVID-19", "Stigma", and "Sustainability". At the bottom right, there is a "Download the latest RCORP-TA Newsletter" section for September 2021 (724.68 KB) with a "View past issues" link. The background of the page features a blurred image of hands holding a tablet with glowing data points.

# 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>







.....  
**Thank You**  
**for Attending!**  
.....

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