



STIGMA
OF ADDICTION
SUMMIT

2022 Innovation Abstracts

with 2021 Innovation Abstract Updates

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★ - *Winners* ★ - *Finalists*

Submission #1

Title:

#SeeTheLives Video Series: What Families Want You to Know About Opioids, Stigma, and Harm Reduction

Authors:

Rebecca Haines-Saah PhD, Heather Morris RN, PHD(c), Elaine Hyshka PhD, Emily Jenkins RN, PhD, Petra Schulz MA

What is the project or initiative:

A video series and website focus on parent advocacy for ending stigma and drug policy reform. The #SeeTheLives project was funded by the Alberta Ministry of Health, through the Opioid Response Public Awareness: Grants to Communities funding, awarded to our team for 2018-19. The intent of this funding was to ensure the development of community-based projects to address the stigma of drug use, to support harm reduction, and to ensure participation by people with lived experience (people directly affected) with substance use. Our team produced the #SeeTheLives video series and the See-Beyond.ca website, in partnership with the Edmonton-based company Hoolpa Media, academic partners at the University of Calgary, University of Alberta and the University of British Columbia, and two community-based organizations of parent and family advocates: mumsDu and Moms Stop the Harms.

Why was the project or initiative developed:

To reach communities and decision-makers by sharing family stories of drug poisoning and drug related death. This project is a direct outcome of a previous community-engaged qualitative research project with mothers whose child's death was attributable to substance use or opioid overdose. Qualitative interviews with 43 mothers across Canada were conducted between June-November 2017 to systematically collect, analyze and share the stories of Canadian mothers who have experienced the substance passing of their child, and who have subsequently engaged in advocacy on the issue of problematic substance use. Mothers provided us with poignant insights about the impact of stigma connected to their child's use of substances while often expressing profound disappointment in how their children were cared for within the current health care system. Research participants also expressed strong support for harm reduction interventions and drug policy reforms and noted that, as mothers and parents, their voices have become a powerful presence in calling for a response to the public health crisis in substance use and death.

Who is the target audience:

Families, communities, decision-makers

How does the project or initiative work:

Videos that can be shared at screenings, online and in training sessions. Each of the four videos in this series focuses on a different story of the death of a child related to substance use, through the eyes of a bereaved parent. Three of the videos speak to the context of overdose and one to substance-related suicide. In each video, the parent participant is pictured listening to the audio of a letter they have written to their child since their death. The medium of the letter provides each parent with an opportunity to express their emotions about this loss, what they have learned from it, the stigma they have experienced, and what needs to change to support people who use drugs. The videos end with our 'calls to action' for scaling up harm reduction efforts to provide a safe drug supply and to end the silence and shame that prevents people from speaking out and getting help.

What are the results? What results do you hope to achieve:

Our videos generated 175K+ views on YouTube and have been integrated into primary care training in our province. The project has also been replicated in Scotland and has won a national award for community university partnerships.

Submission #2

Title:

Adolescent Substance Use: A Mix Methods Assessment

Authors:

Kenneth Verbos II, MD, MPH, MSC1; Alma Jusufagic MPH1; Anthony Alvarado BS2; Aleksandra E. Zgierska MD, PHD1

What is the project or initiative:

Rise Together (RT) is a non-profit, recovery peer-led program, that presents substance use-related educational content, programs, workshops, and trainings to middle and high school students.

Why was the project or initiative developed:

Early adolescent initiation of substance use is a risk factor for progression to more substantial use and misuse later in life. Data is limited in adolescents <13 years old. Effectiveness of school-based prevention programs remains unclear.

Who is the target audience:

Data were collected from middle and high schoolers to provide the scope of adolescent substance use. The information will inform prevention intervention development and implementation.

How does the project or initiative work:

Data were collected from middle and high school students across 53 WI counties between 2014 - 2020. Survey questions focused on substance use, recovery, and mental health related topics.

Thematic qualitative analysis was conducted in response to an open-ended question about the utility of the RT services:

- Show us some love! Tell us what type of positive impact Rise Together made on you by leaving us a comment here.
- Inductive thematic coding was used.
- Two researchers reviewed the themes; discrepancies were resolved by consensus.

What are the results? What results do you hope to achieve:

The Rise Together program was well received by students and could be an important strategy to reduce substance use and its harms in adolescents. Effective prevention and identification of adolescent substance use and use disorders could reduce the impact and scope of future substance use disorders. School based prevention program led by individuals with lived experience of addiction recovery may be effective and may need to be initiated early on, in elementary school.

Submission #3

Title:

Building Up People; Tearing Down Stigmas: Addressing Substance Use Disorder in Rural Pennsylvania

Authors:

DeAnna Brooks YT AA BA MBA

What is the project or initiative:

Our Stars Program is an all-inclusive, comprehensive initiative dedicated to addressing the immediate and long-term needs of people who use drugs and struggle with Substance Use Disorder. Once entered in the program, our 'STARS' basic needs are met, thereby enabling them to focus on the real work of recovery. Once accepted, other than housing, one of the most important tenants of the initiative is that clients consistently work the TIEway Program (a faith-based wellness program that can be applied to various areas of life.) Designed to help practitioners be the Best Versions of Themselves, no matter what obstacles or unforeseen, unwanted challenges arise. The TIEway program is simple, effective, and practical. Clients must work conditions of probation (if applicable) and cooperate as necessary to complete steps for employment and/or to complete their education (if applicable). Upon program intake, TIEway coaches assess short- and long-term needs, goals, and dreams relative to Stars' family, friends, housing, and employment prospects.

Why was the project or initiative developed:

The TIEway and the STARS programs were developed with grace and guidance to positively affect the recidivism rate in Elk County, to help flatten the curve for those returning to society from incarceration (to help those suffering), to help the loved ones of those who suffer, and to help Elk County. It is a well-known fact that when people suffer from SUD, the disorder does not only negatively and brutally affect the individual, but the family and the entire community as well. Any time, the likelihood of success rises, and chances of recovery improves for anyone, we would not only be foolish, but also extremely negligent not to fully explore the opportunity. The simplicity, practicality, and efficiency of The TIEway program, coupled with the almost 'hot' hands-on approach of this initiative, will provide clients with increased chances for long-term success.

Who is the target audience:

The target audience is people who reside in Elk County, Pennsylvania, struggle with Substance Use Disorder, and are ready to make changes towards sobriety, without regard to age, race, gender, sexual orientation, socioeconomic status, religion, or ethnicity. Plans are to implement and run a test facility, to validate results on a large scale, as opposed to current operations, which are fragment, but still successful. Eventually, the model could be implementable virtually anywhere conditions are conducive. Also, the model can work in many situations. Due to transportation issues in rural Pennsylvania, it is important to have a central location; in other areas, this may not be as pressing a need.

How does the project or initiative work:

This body of work is based on various principals from Maslow's Hierarchy of Needs to The Golden Rule. It has been proven that it is hard to find time to search the want ads for a job or to try to find childcare to make a 'required' appointment when you do not know where you are going to sleep at night. It is also based on the belief that, if we assist people in feeling, thinking, and living like they could be contributing members of society, and if we enable them to become such, they will live up to the expectations set for them.

Clients The Mecca-Mann Mission, Inc. are introduced to are screened; if found to be a good 'fit,' and the client accepts, a STAR is born. Once the client accepts, a contract, which details the program expectations, requirements, and specifics of the program is signed by both parties. Client agrees to work with 100% effort to meet appointments and follow program requirements. The Mecca-Mann Mission, Inc, agrees to works to support the client, to include, but not limited to coaching the TIEway program, providing hope, positivity, realism, optimism, and encouragement; assist/provide affordable temporary and permanent housing; assist with paperwork/forms, errands; help find childcare and locate various resources; etc.

What are the results? What results do you hope to achieve:

Our implementation timeline has been distorted due to Covid and many other factors. We have had some very successful results, even in its fragments delivery state. However, this initiative is creative and flexible, it CAN and HAS saved lives without the entire vision in place as proposed.

Submission #4

Title:

Can a Rock Musical Reduce Stigma? An Unconventional Approach to Age Old Problem

Authors:

Mark Levine LICDC-CS, Matthew Gellin, Eric Knechtges

What is the project or initiative:

A rock musical performed live on stage. The rock musical HIGHER was written (music, lyrics, and book) by a licensed independent chemical dependency counselor (ML), produced by American Legacy Theatre (MG) with the score written by a trained musician (EK). The world premiere run was from Oct 29, 2021 through November 7, 2021 for six performances at the Carnegie Theatre in Covington, KY. A talk back session was held at the end of each performance to gather feedback. Further feedback was obtained directly and unsolicited in the weeks after the run, including a critic from the Cincinnati Theater League. Before each performance, at intermission and after each performance counselors were available for anyone triggered by the material, and an organization was present to teach people how to administer Narcan and given a free dose.

Why was the project or initiative developed:

To reach an audience that might not otherwise engage with the topic of addiction and stigma in traditional settings.

Who is the target audience:

Adolescents and adults of all backgrounds

How does the project or initiative work:

It's based on the musical HIGHER which premiered last Fall in the Cincinnati metropolitan area. It uses the medium of theatre to address stigma in a safe space.

What are the results? What results do you hope to achieve:

Audiences expressed profound appreciation for the novel manner in which addiction was portrayed and a desire for the show to reach a wider audience. Days after seeing the show audience members continued to report its impact on the way they view individuals and families in addiction.

Submission #5

Title:

Overcoming Stigma in the Nursing Populations With Alcohol Use Disorder

Authors:

Jill Rathburn, BSN, RN, BCC, CPRC

What is the project or initiative:

Capture the current challenges of diagnosis and treatment that nurses face with mild, moderate, or severe AUD, a problem that is often hiding in plain sight largely due to stigma, but includes other barriers too such as diagnosis and treatment.

Why was the project or initiative developed:

AUD is a disease that is often overlooked in the nursing population due to a high focus on SUD. Therefore, the editor-in-chief of NURSING2022 (Wolters Kluwer, Lippincott, Williams and Wilkins) requested an article on AUD in the nursing population, detailing the current challenges and offering solutions. The article was submitted for peer review, and accepted for publication for the July issue (in press).

Who is the target audience:

The nursing profession is the intended audience, however it will likely be well received by all healthcare practitioners (MD, NP, PA, etc.) since AUD issues are common amongst all who practice in the healthcare field.

How does the project or initiative work:

Once the article is published in the July issue of NURSING2022, there are adjunct communications planned such as a national podcast, as well as other potential speaking engagements, editorials, or followup articles. Additionally, the associations involved will potentially begin discussions on how they can advance the cause.

What are the results? What results do you hope to achieve:

Ideally, this is the beginning of a new stigma-free movement, which begins by garnering renewed interest in the 2016 *Joint Position Statement on Substance Use by ANA, ENA, and IntNSA* which calls upon healthcare facilities to educate nurses and other staff on substance and alcohol abuse; to cultivate safe, supportive, and drug-free workplaces via solid policies and practices; and to adopt compassionate ATD approaches to treating nurses and nursing students with SUD and AUD. The goals of a stigma-free professional practice include retention, rehabilitation, and re-entry seamlessly and compassionately. Potentially, there could be an official response or an updated Position Statement for SUD by the original stakeholders and/or additional stakeholders committing to a stigma-free workplace environment, process, and support system for all nurses struggling with any addiction.

Initiatives recommended in project include:

- A national public relations (PR) campaign to reduce AUD stigma.
- Conduct scientific studies on nurses with AUD.
- Offer workplace educational programs.
- Implement compassionate, shame-free national ATD policies that protect nurses.
- Allocate public or private funding so nurses can afford treatment.
- Have support staff dedicated to healthcare workers' psychological needs.
- Bolster collegiate education for nurses and physicians.

Submission #6

Title:

De-Stigmatizing SUD through Creative Expression

Authors:

Rickey J. Green, Dolla Green

What is the project or initiative:

As a recording artist, I have released a tell-all hip hop album where I unapologetically disclose my journey regarding Substance Use Disorder and Recovery from that. The album "Face Off - The Story About a Boy" is the spearhead I am using to lead the way for my mission of De-Stigmatizing those in recovery from Substance Use Disorder. "Face Off - The Story About a Boy" addresses (2) major barriers our communities face regarding Substance Use Disorder head-on. This project was designed in order to aid clinicians in their attempts to encourage self-disclosure with those in early recovery while simultaneously confronting those who view those in recovery as somehow inferior in our life experience.

Why was the project or initiative developed:

I am a person in long-term recovery. I am also a successful entrepreneur and professional entertainer. I am a public figure whose reputation is built on standing in my truth; The truth that I am a person recovering from SUD. I am currently an owner and partner in 4 different LLC entities. Most of which are 2nd chance employers, employing those rejected by society as a result of their S.U.D. I have experienced professional consequences from choosing to Recover Out Loud. I am now in a position where their Stigma has no power over me and my message of hope. I created this project to, both, inspire connection and willingness in persons recovering, while clearing the way and creating less resistance from the world as they begin to grow in their own journeys. My professional experience also includes serving on the Board of Directors at The Volunteers of America), Cochair for VOA Restorative Justice, and a member of Ky's Advisory Council for Recovery Ready communities.

Who is the target audience:

The target demographic for this project is as vast and all-inclusive as those affected by S.U.D. as well as anyone who appreciates creative expression through music. The box that a normal hip-hop album would be confined to regarding genres of music is transcended by the message behind the production. I have experienced profound connections with those in recovery who love hip hop music as well as folks who have never even heard a hip hop song. While it can be primarily experienced by an individual in recovery; it can also be leveraged as a therapeutic tool for connection and self-discovery in treatment. This project can also be aligned with any entity that has an interest in reducing Stigma in our society. Kentucky Governor, Andy Beshear, uses my personal story as his Benchmark for what all persons seeking recovery can aspire to achieve.

How does the project or initiative work:

My initiative is very dynamic and can be engaged with in many different ways that I will list below: 1- In our experience the most profound connection and impact is from leveraging the entertainment aspect of the messaging by performing the music live to sober audiences coupled with speaking engagements and even PowerPoint presentations where I explain my mission. I can be booked online for these engagements. 2- Partnering with likeminded entities for social media marketing campaigns grounded in the De-Stigmatizing of those with S.U.D. 3- Simply using the music from the album as a therapeutic tool for clinicians to encourage disclosure among clients. We have witnessed profound leaps in willingness to participate in treatment employing songs from the album in a group setting. This allows treatment plans to become much more personalized, effective, and efficient. This can save clinicians valuable time in efforts to encourage participation in treatment.

What are the results? What results do you hope to achieve:

As a person in long-term recovery, I have a unique perspective that people affected by SUD can connect with on a much deeper level. My message being tied into the music allows clinicians to enjoy the benefits of the bottom up approach described in Cognitive Behavior Therapy. The music is allowing for repressed traumas to be experienced and perceived as manageable thus clients become personally interested in their own recovery, even after treatment. Through strategic partnerships we have been able to gain a lot of traction in helping employers and community members see those affected by SUD in a much different light. These experiences have been very rewarding for me. I believe these relationships have the power to create a lot of change in a really short time. This has truly been a magical experience.

Submission #7

Title:

EbbTalk: Connecting People in Recovery with Recovery Professionals. Anytime, Anywhere

Authors:

Melissa Dittberner, Phd, CPS, CPRS, Amelia Skinner Saint, Ian McKenzie, Lord Jonathan Lewis

What is the project or initiative:

A HIPAA compliant app and website for Peer Professionals to work with people in need of support.

Why was the project or initiative developed:

To fill a needed gap in our society.

Who is the target audience:

Anyone who needs recovery or harm reduction support. Moreover, people in underserved areas and underserved populations.

How does the project or initiative work:

We are creating an app and website that will connect Peer Professionals with people that need support while allowing them space to make a living wage.

What are the results? What results do you hope to achieve:

We aim to connect people with the support they need at the time they need it. We hope to connect people in real time.

Submission #8

WINNER

Title:

Educational Trainings to Reduce College Students' Stigma

Authors:

Jennifer Murphy, Ph.D., Brenda Russell, Ph.D.

What is the project or initiative:

We conducted educational training sessions with college students to improve knowledge of addiction and naloxone and to reduce stigma. Decreasing stigma levels is critical for improving treatment access and outcomes for individuals with substance use disorder (SUD). This research evaluated the effectiveness of an educational session for students in criminal justice and psychology on the science of drug addiction and naloxone use in improving attitudes toward addiction, comfort using naloxone, and reducing stigma. Students attended a three-hour session that included education about SUD and treatment, speakers in recovery, and naloxone training. Post-educational intervention surveys revealed greater acceptance of the disease model of addiction, knowledge, and comfort using naloxone and reduced stigma. Educating students before they enter mental health and criminal justice professions could help increase addiction knowledge and reduce stigma among these professional groups.

Why was the project or initiative developed:

We targeted students majoring in criminal justice, psychology, or human services because these students will likely enter professions where they must interact with people who have SUD. The goal was to reduce stigma before they enter those professions.

Who is the target audience:

Educators, Criminal Justice Practitioners, Students

How does the project or initiative work:

We have analyzed the data from the initial training sessions. The trainings are ongoing and are now also in a virtual format. Stigma reduction and addiction/naloxone education involve lectures, interactions with people in recovery, and a naloxone demonstration.

What are the results? What results do you hope to achieve:

The educational training session reduced stigma and improved comfort/knowledge using naloxone. Effects were seen pre/post-test and also between experimental and control groups.

Submission #9

WINNER

Title:

EMERGENCY: Hospitals Can Violate Federal Law by Denying Required Care for Substance Use Disorders in the Emergency Department

Authors:

Sika Yeboah-Sampong, J.D., Ellen Weber, J.D., Sally Friedman, J.D.

What is the project or initiative:

Our project is a campaign to ensure emergency department (“ED”) adoption of the following evidence-based practices for substance use disorder (“SUD”): (1) SUD screening and diagnostic assessment, (2) an offer to administer opioid agonist medication for untreated opioid use disorder or opioid withdrawal, and (3) connection to ongoing SUD treatment via a facilitated referral alongside naloxone for patients who use opioids or drugs with which opioids can be combined. After releasing a report that analyzed how Emergency Medical Treatment and Labor Act, disability rights laws (e.g., the Americans with Disabilities Act), and race discrimination law could be used to improve access to SUD care for people who present to the ED with substance use-related emergencies, we have begun working with community members, healthcare providers, and regulators to put these legal theories into action and drive wholesale ED adoption of evidence-based practices for SUD.

Why was the project or initiative developed:

We developed this project because the ED offers around-the-clock care for individuals who are often unable to access healthcare regularly due to inaccessibility, insurance status, and pervasive stigma against people who use substances. And because recent data also show the overdose crisis’s outsized impact on Black, Brown, and Indigenous people, our project foregrounds racial equity in our approach to this crisis.

Who is the target audience:

Directly-impacted people, healthcare providers, hospital administrators, policymakers, attorneys.

How does the project or initiative work:

Our project involves developing cutting-edge legal theories based on the application of four federal civil rights laws to emergency department provision of care for people who use substances. These theories use established research on evidence-based practices for SUD and build upon the work of physician-advocates and researchers who have studied the feasibility and impact of these practices in the ED.

Our project works by (1) engaging with community members – with a particular focus on Black and Brown people – to gather and elevate ED stories and empower them to enforce their rights to SUD care in the ED, (2) filing complaints with federal regulators when EDs do not offer evidence-based practices for SUD, (3) conducting federal and state outreach and policy education to increase ED adoption of these practices, and (4) bringing litigation, as necessary.

What are the results? What results do you hope to achieve:

We hope to: 1) Motivate hospital associations to examine their emergency department SUD practices, revise those that are not evidence-based, and integrate them into emergency department protocols. 2) Improve enforcement efforts by federal and state regulators through education about SUD-based discrimination and recommendations for expanded data collection that can help identify racial disparities in ED treatment practices. 3) Work with state and local partners to develop resources that help hospitals to implement evidence-based practices for SUD. 4) Empower directly-impacted people to fight stigma by elevating their stories and filing complaints with regulators when they experience SUD-based discrimination in the ED.

Submission #10

Title:

Glorious Recovery - Experience of Pure Joy

Authors:

Aleksandra Bembsita

What is the project or initiative:

Recovery is the New Cool. Glorious Recovery has one goal in mind: to inspire people recovering from SUD to stay in recovery and go all-out for long-term recovery.

Why was the project or initiative developed:

As a person in recovery, I need to enjoy life, safely and with people who are fun, compassionate, and caring. Glorious Recovery is a 501(c)3 non-profit organization whose mission is to help people recovering from substance use disorder (SUD) to strive for long-term recovery. We put an enormous effort into creating a judgment-free environment, eliminating any and all stigma against those in recovery and those who want to begin the journey of recovery, meeting them where they're at, demonstrating that recovery is absolutely possible and can be incredibly amazing no matter regardless of their demographic background or challenges they have experienced in the past. Glorious Recovery unites, encourages, and empowers people impacted by addiction to discover their pathway to recovery, and experience a happy, joyous, healthy life by organizing super fun diverse events and promoting compassion with a lot of laughter.

Who is the target audience:

Anyone impacted by SUD, including those in recovery, their families, kids, besties, persons of loss and simply anyone supporting the cause. Glorious Recovery has partnered and collaborates with many organizations across CT to engage peer support services that can assist individuals in early recovery to find courage, motivation, and assurance to attend our amazing events.

How does the project or initiative work:

All volunteer supported, where we teach them organization, planning, budgeting, and technology skills. First, individuals in early recovery experience intense substance cravings due to imprinted memories of use and the depletion of the brain's reward system. From our own experience, we know that social gatherings full of laughter and human connections are very healing both emotionally and physically; our teams work very hard to host events frequently that are extremely fun and diverse in nature.

Moreover, often we in recovery experience disconnect from our families and friends. Initially, this is due to our active addiction and, later, due to our significant commitment to our recoveries. We want to stop that separation! We encourage every individual to include their kids, significant others, and friends in their recovery journey allowing them to fully enjoy substance-free life together with their loved ones. We understand that many individuals entering recovery life are financially drained, whether due to high treatment costs, job loss, or being released from prison. Frequently, the entire family is financially impacted.

Glorious Recovery will strive to make our events affordable for the entire family so everyone can attend regardless of financial status. We will provide our programs to those who need our help, regardless of race, gender, economic status, or other characteristics or demographic. Roughly 50 percent of the recovery community lives below the poverty line; about 75 percent are on Medicaid, and nearly 10 percent do not even have health insurance.

In addition, Recovery Coaches are paramount in addressing the need for more complete and comprehensive care. As peer supports, preferably in recovery, Recovery Coaches possess the emotional knowledge that only those in recovery can understand and will pass that knowledge along to others struggling with recovery's complicated and stressful emotional landscape. Recovery Coaches are mentors, motivators, and lifelines to those who need help navigating their recovery journey. They provide a safety net for Recoverees and make it so Recoverees have someone to accompany them on a journey that is physically difficult, emotionally draining, and a test of will and inner strength. Through their guidance, confidence is regained, lives are saved, and futures are realized. Glorious Recovery will partner with organizations providing Recovery Coaching peer support services and help people in early recovery to find the courage and strength to attend our amazing events.

Lastly, people struggling with SUD hide and suffer in silence due to the unforgiving stigma that still exists in our communities. One of the ways we are planning to smash the shame, the guilt, and the stigma is by launching the "Recovery is the New Cool" campaign, which will include apparel, social media posts, blogs, videos, and activities. We are proud to be in recovery because we are not victims, we are survivors of this non-discriminatory disease!

What are the results? What results do you hope to achieve:

We have held over 100 events, large and small, in person and virtual, have had over 10K people attend, and over 100k social digital reach.

Submission #11

Title:

Hard Reset: Harm Reduction Approach to Alcohol Use Disorder

Authors:

Melissa Dittberner, PhD, Amelia Saint, MA

What is the project or initiative:

Harm reduction for “gray area” drinkers: those who regularly use alcohol, but may not self-define as having a substance or alcohol use disorder.

Why was the project or initiative developed:

We saw a gap in treatment options for people who do not necessarily require lifelong cessation from alcohol.

Who is the target audience:

“Gray area” drinkers: people who regularly drink a moderate amount of alcohol.

How does the project or initiative work:

This draws from habit modification, cognitive behavioral therapy, mindfulness practice, neuroscience and other areas of science and practice. Hard Reset is a self-led curriculum with daily educational readings, journal prompts, and habit tracking.

Hard Reset is a 66-day mindful break from alcohol, which guides participants through brief, daily education units, and gives a space for guided journaling and habit tracking. Our evidence-based approach combines cognitive and dialectical behavioral therapy, neuroscience, mindfulness, self-reflection, and various other practices to help participants change their relationship with alcohol for good and for life. We lead participants through critically examining alcohol through the lenses of biology, nutrition, neuroscience, marketing, and culture. By picking apart all the biases, stigma, and baggage that we have built up around alcohol, we strip the substance down to what it is: an addictive and toxic substance. We then lead participants through the process of deciding how or if they want to incorporate the substance back into their lives, and how to do so in a way that results in minimal harm. We teach that substance use disorder is about the substance, not the user.

We do not use the term “alcoholic,” and write against the idea that addiction is a personal failing. Rather, we teach our participants that addiction or substance use disorder, is the natural and inevitable result of regular use of addictive substances. The Hard Reset method is not for those who require lifelong cessation from alcohol use, but rather for the “gray area” drinkers who sometimes overdo it; the folks who drink a few glasses of wine every night, but still get up at six to do yoga, get the kids to school, and work a full day. Our method is not for the people who are considering rehab or need medication-assisted detox, but for those who are healthy and thriving in most areas of their lives but could use some help to develop a healthy relationship with alcohol.

What are the results? What results do you hope to achieve:

The program is currently in beta testing. We hope to achieve a significant reduction in overall alcohol use for the significant majority of participants.

Submission #12

Title:

How to Support a Loved One with Addiction – Community Reinforcement and Family Training (CRAFT)

Authors:

Alex Colyer & Patrick Doyle, MSW, LICSW

What is the project or initiative:

The Albertus Project is a 501(c)(3) non-profit with a mission to: Redefine addiction; Empower those suffering; Educate the public; and Destigmatize addiction.

Why was the project or initiative developed:

The most often question asked in the field of addiction is "How can I be there for my loved one suffering from addiction...what can I do?" After learning about Community Reinforcement and Family Training (CRAFT), which has been clinically proven to increase the likelihood of a loved one entering treatment, I knew that this was something that the public should be educated on. However, before this resource, there has not been a comprehensive document covering what CRAFT is and how a loved one can utilize its methodology. This resource seeks to empower loved ones of those suffering from addiction and provide them with the education needed to improve their ability to support.

Who is the target audience:

Family members and friends of those suffering from addiction. Doctors, clinicians, social workers, etc.

How does the project or initiative work:

One way in which the organization does this is through the publishing of '101' resources on various topics to include how family member can support a loved one with addiction and what resources exist, in an effort to make such a complex and misunderstood topic understandable and simplified. CRAFT is a scientifically based approach designed to help concerned significant others (CSOs) to engage loved ones who are not wanting to enter into treatment for their addiction.

What are the results? What results do you hope to achieve:

Family members and friends are the often forgotten part of the addiction community. We must empower them by providing them the tools, knowledge, and resources to be able to take care of their own mental health and well-being as well as their loved one with addiction. We hope to foster and create a destigmatized and welcoming environment where those suffering are more inclined to seek treatment.

Submission #13

Title:

Hushabye Nursery: Supporting Opioid Dependent Pregnancies Through Collective Impact

Authors:

Michael C. White, MCJ, Tara Sundem

What is the project or initiative:

Support pregnant mothers as agents of their own change. Responding to pregnant women struggling with opioid use disorder. Hushabye Nursery has been operating since 2017, providing pre and postnatal education in the greater Phoenix, Arizona metropolitan area through its Hushabye Opioid Pregnancy Preparation and Empowerment (HOPPE) program. Hushabye Nursery's mission is to embrace substance exposed infants and their caregivers with compassionate, evidence-based care that can change the course of their entire lives.

Why was the project or initiative developed:

In response to community need, Hushabye Nursery created a new care model for family systems and communities impacted by the opioid use disorder (OUD) public health crisis. This is due in part to generational addiction, and no one else wanted to help these families.

Who is the target audience:

Anyone engaging with pregnant OUD or child bearing OUD clients and families struggling with opioids or opioid addiction.

How does the project or initiative work:

We are a small 1 to 1 care NICU but focus on pre- and post-natal support and system/resource navigation. We are building a system of care for pregnant women from moment of conception through birth to twelve years.

In November 2020, Hushabye Nursery opened its doors and began offering an innovative and trauma-informed medical care model created by nurse practitioners to treat infants experiencing Neonatal Abstinence Syndrome (NAS). Hushabye Nursery is an inpatient detox nursery customized to treat babies born with NAS and provide intensive outpatient family services as part of prenatal and postnatal continuous care. Hushabye Nursery practices the model of Collective Impact, a community model that organically grows a system of care for the families of Arizona using existing community providers and agencies to provide support and services that Hushabye does not. Audience members will learn how Hushabye Nursery was developed, how the agency supports families, trends in opioids around Arizona, and how community agencies are pulling together to serve Arizona Families struggling with opioid dependence differently.

What are the results? What results do you hope to achieve:

77% of the children go home with mother, average length of stay is 7 days compared to national average stay, and at a third of the cost.

Submission #14

WINNER

Title:

Incorporating Patient Voice and Experiences in De-stigmatizing Language Training

Authors:

Samantha Ciarocco LICSW LADCI, Andrew Maier

What is the project or initiative:

We created a multi-disciplinary staff training on the impact of stigmatizing language has on our patients in retention and accessing care for substance use disorders that is co-facilitated with a member of our CAB and incorporates patient's experiences that were learned from a patient experience survey was conducted around stigma and SUDs.

Why was the project or initiative developed:

A lot of stigmatizing language around SUDs is used in everyday language. After completing a patient survey to understand how this language impacts the care our patients receive, we wanted to educate staff throughout our entire program about the impacts of stigma and strategies to mitigate stigma in conversation and documentation throughout our program. We hope that by incorporating patient voice into the training it will resonate with staff on a more personal level.

Who is the target audience:

BHCHP staff of all disciplines included volunteers and AmeriCorps members.

How does the project or initiative work:

This initiative draws upon the work our Quality and Efficiency Committee does around improving our services throughout our program. Our program was also launched during Recovery Month where we host a series of educational events throughout our program.

Our project offers an hour-long training to all departments on a rolling basis many times a year for all members of our staff regardless of role. By providing education and learning the patient's perspective on how stigmatizing language impacts engagement and retention in care we hope to reduce stigmatizing language used by staff in everyday conversation, patient encounters, and documentation and reduce the negative consequences stigmatizing language has on our community.

What are the results? What results do you hope to achieve:

While we do not have results yet, we aim to survey our patients around stigmatizing language yearly to measure our goal of lessening the occurrence and impact of stigmatizing language of our patients.

Submission #15

FINALIST

Title:

Influencing Nursing Unit Culture to Address Stigma of Substance Use Disorders (SUD)

Authors:

Todd Harvey BSN, Erin Flanagan MSN, Kate Fournier BSN, Amy Greenawalt MSN, Charles Guthrie MSN

What is the project or initiative:

Collaboration between addiction medicine services and nursing leadership of an acute integrated psychiatric and medical nursing unit to provide nursing staff with education to decrease stigma and increase skills in working with patients with SUD.

Why was the project or initiative developed:

In an urban hospital setting, nurses on an integrated medical and psychiatric unit expressed inexperience and uncomfortableness with addressing addiction and behavioral issues directly without offending or breaking the nurse patient relationship and trust.

Who is the target audience:

Nursing and nursing support staff

How does the project or initiative work:

Through a shared partnership with addiction medicine, the unit developed weekly huddle talks to discuss tactics and approaches to increase confidence and compassion. In addition, staff are offered the opportunity to shadow addiction medicine to increase knowledge and understanding of patients living with SUD.

This project draws from past research that shows negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal care (Van Boekel et al., 2013). In the hospital setting, nurses are on the front lines of caring for patients living with SUD, yet nursing education provides little to prepare nurses for this work, while their position provides ample opportunity to engage patients in health concerns related to substance use (Compton and Blacher, 2020). Addressing nurse attitudes and practices, particularly building their empathy and ability to suspend judgement, can be a key tactic to decrease stigma and improve engagement in care of persons with SUD.

Baseline attitude and capability data were collected from nurses in April 2021. Subsequent weekly huddle talks and orientation shadow experiences were offered to nursing to discuss topics and build skills, using constructivist learning theory.

What are the results? What results do you hope to achieve:

We anticipate nurses will report increased capability and confidence in working with patients with SUD. Staff have experienced numerous successful engagements of patients with SUD into post-acute SUD treatment.

Submission #16

Title:

Listen Up: Bringing Narcan to Music Festivals Across the Country

Authors:

Ingela Travers-Hayward, William Perry. Founders, This Must be the Place

What is the project or initiative:

Accidental fentanyl poisoning is the leading cause of death for Americans aged 18-45, so Listen Up is our initiative to get Narcan, the life-saving medicine that reverses opioid overdoses into the hands of a privileged yet extremely underserved demographic when it comes to harm reduction: younger people who don't identify as opioid users. Recreational and infrequent drug users today are extremely susceptible to accidental overdoses on account of the increasing rate of pills and party drugs being laced with fentanyl. Through this program, we will travel to ten music festivals across the country this summer - from Bonnaroo to Let's Get Free to Capitol Hill Block Party - handing out 10,000 doses of free Narcan. We want to destigmatize asking for help, having non-judgmental conversations surrounding the do's and don'ts of dealing with this problem, what to look out for with an overdose, and most importantly, equip an army of civilian lifesavers with Narcan.

Why was the project or initiative developed:

Fentanyl is causing mass overdoses all across the country; but at the same time, Narcan is proven to be a tool that can make a life-saving difference. Take, for example, Pittsburgh, the city where we will be kicking off our efforts on May 21st at Maple House Festival. According to the Pennsylvania Department of Health, 75% of the 5,089 overdose deaths statewide in 2020 involved fentanyl. In Allegheny County specifically, 85% of the 683 overdose deaths in 2020 involved fentanyl. Data from the City of Pittsburgh Office of Community Health shows 15% of overdoses reversed with Narcan were administered by bystanders. That was a higher percentage than police and fire. This means that equipping everyday people with Narcan makes a monumental difference when it comes to saving a life.

Who is the target audience:

Fentanyl is a drug that has now made its way into all types of recreational drugs. As a result, a massive segment of the population - casual, infrequent drug users, or the users of non-opioid substances - are now susceptible to accidental overdoses. According to YouGov.com, more individuals between the ages of 30 to 44 said that they were regular festival goers than any other age bracket. Eventbrite concluded that nine out of ten 18-34-year-old have attended at least one live event within the last 12 months.

How does the project or initiative work:

This is a project that we came up with last year, and are officially putting into practice in summer of 2022. Though we have learned valuable lessons from other people who have experience in the music and harm reduction spaces, the goal we have set for ourselves - being able to bring this quantity of Narcan to this specific demographic - has never been done at this level before.

At each music festival, we will have a booth setup within the festival grounds that will serve as our home base to give Narcan to anyone who requests it, as well as informing them on how to administer it, and helpful tips on overdose warning signs, and how to navigate opioid overdoses should you witness one. We will be providing pamphlets with this same info, along with contact numbers for social service options in each city and surrounding areas. Additionally, we will be moving throughout the festival itself, proactively handing out Narcan and speaking to people who may not have been inclined to come to the booth and seek it out themselves.

What are the results? What results do you hope to achieve:

We will collect data from everyone we speak to, in order to get a better picture of what this fentanyl epidemic looks like across the country. For every dose of Narcan that we hand out, we will have a series of questions that we ask the attendee including zip code, age bracket, racial makeup, whether they have ever received a Narcan kit before. This data is crucial to learning where expanded access to Narcan and additional information is desperately needed. We will surmise where efforts need to be better targeted with expanded Narcan access and information about the increased risks of overdoses.

Submission #17

Title:

Medical Students' Responses to a Brief Opioid Stigma Scale Before and After Educational Seminar and Group Discussion

Authors:

Rachel Lynn Graves MD, Joshua B. Kayser MD, Frances S. Shofer PhD, Jeanmarie Perrone MD FACMT

What is the project or initiative:

Educational seminar for first year medical students including panel session with plenary, reading materials, and small group discussion.

Why was the project or initiative developed:

To address the impact of stigma toward people with opioid use disorder and provide needed education to physicians in training.

Who is the target audience:

Medical students

How does the project or initiative work:

A validated opioid stigma scale is used to assess perceptions of stigma toward opioid use disorder among medical students before and after a multi-faceted educational intervention.

Stigma toward people with opioid use disorder (OUD) compounds the severe, widespread problems associated with opioid addiction. Individuals on the receiving end of overt and subconscious stigma from their communities and medical providers may be less likely to seek treatment for OUD, further restricting their access to already limited resources. In this study, the authors assessed perceptions of opioid stigma among first year medical students at a large academic medical center using a brief validated opioid stigma scale before and after an educational intervention. After the educational intervention, students were more likely to respond that 1) they believed most people held stigmatized views about people with OUD and 2) they personally disagreed with negative statements about people with OUD. Educational interventions for medical students as part of their medical curriculum may help reduce stigma toward people with OUD.

What are the results? What results do you hope to achieve:

After the educational intervention, students were more likely to respond that 1) they believed most people held stigmatized views about people with OUD and 2) they personally disagreed with negative statements about people with OUD.

Submission #18

FINALIST

Title:

Nipping it in the bud: A Pre-clinical Curriculum and Assessment to Reduce Stigma Associated With Substance Use Disorders

Authors:

Julia Benville (MSTP1), Mordechai Caplan (M1), Kaitlyn Clausell (M2), Emma Brezel (M2), Melissa Stein MD, Tiffany Lu MD MS

What is the project or initiative:

Our team of addiction medicine physicians and medical students is developing an innovative 2.5-hour preclinical educational session that focuses on addressing stigma around substance use disorders (SUD). The session is being incorporated into the new Health Systems and Health Equity course required for all first-year medical students at Albert Einstein College of Medicine in the Bronx, NY.

Why was the project or initiative developed:

Over the past five years, drug overdose deaths have increased in New York City, reaching a record high of 30.5 deaths per 100,000 residents in 2021. When compared to other boroughs, the Bronx has been disproportionately affected by overdose deaths for decades. Despite the greater burden of overdose mortality in the Bronx, disparities in the treatment of SUD remain pervasive. One source of stigma is from healthcare providers. A 2013 systematic review found that most healthcare workers had negative attitudes towards patients with SUD compared to other patients with chronic illnesses. They were more avoidant in these patient encounters and the patients themselves were less likely to complete treatment due to perceived discrimination. A 2020 study surveying incoming first year medical students, showed that the students had a greater knowledge of overdose prevention than the general population, but that they held similarly negative attitudes towards patients with SUD. A 2009 randomized control study of clinicians, showed that stigmatizing language shapes how providers see their patients and thereby affects the quality of their care. These studies demonstrate that healthcare provider stigma reflects a gap in addiction medicine training and that preclinical years are a critical time for developing foundational knowledge of SUD and fostering positive attitudes towards patients who use drugs. Our curriculum aims to show how stigma, especially from healthcare providers, impacts our patients, help students develop the skills to identify stigmatizing language in medical settings, and practice a more objective "addiction-ary". This curriculum is just one step in addressing long standing disparities in SUD treatment in our institution's home borough.

Who is the target audience:

183 first year medical students enrolled in the Health System and Health Equity course at Albert Einstein College of Medicine.

How does the project or initiative work:

Our curriculum is based on extensive literature detailing the impact stigmatizing language has on treatment outcomes of patients with SUD. Various medical schools and residency programs have implemented curricula to teach about SUD and the stigma associated. Our program is unique in that it aims to add to medical students' knowledge, skills, and attitudes specifically about the stigma associated with SUD and people who use drugs.

Our stigma teaching curriculum project has five components. First is a pre-work component, which is self-directed resources providing the framework of understanding stigma in caring for patients with SUD. Second, a lecture will be given by Einstein addiction medicine faculty Drs Tiffany Lu and Melissa Stein on stigma's impact on patient care, as well as formative examples of physician-related stigma against patients. Third, we will have a panel of persons with lived experience so that the students can hear firsthand accounts of how stigma can affect patients' access to and willingness to receive healthcare. We hope this panel can help change students' attitudes towards patients with SUD and emphasize the need to avoid using stigmatizing language both during patient encounters as well as in charting. Fourth, we will have an active learning session with students and addiction medicine faculty to review medical documentation using stigmatizing language and re-write charts to practice patient-centered vocabulary. Finally, there will be an evaluation questionnaire of the impact our curriculum intervention had on medical students' knowledge, skills, and attitudes toward the impact of stigma on patients with SUD compared pre-session to post-session.

What are the results? What results do you hope to achieve:

Students will complete a 30-question Qualtrics survey pre and post teaching session. The survey aims to assess changes in knowledge, skills, and attitudes towards patients with SUD before and after our educational intervention. Results will be collected on the day of the intervention - May 11, 2022. We hypothesize that medical students' knowledge, skills, and attitudes will significantly improve after our session.

Submission #19

Title:

No Shame: A Tool for Communities to Create Social Change

Authors:

Tracy Steffek, MPA; Maggie Redden, MPA

What is the project or initiative:

A pledge and campaign toolkit that serves as a movement building tool to bring awareness to the stigma surrounding substance use disorder. The stigma of addiction leads to many feelings of guilt and shame. It is oftentimes one of the major barriers to successful treatment and recovery, and community leaders face large obstacles when having to change people's long-standing attitudes and behaviors as it relates to substance use disorders. SAFE Project, a national, non-profit organization, has created a tool called the "No Shame Pledge" which serves as a nationwide movement of solidarity and intentional strategy to grow a local engagement network, share responsibility for a defined social problem to drive social impact, create a sustainable, multiplier effect that changes behavior at scale, and increase support around substance use disorder. The No Shame Pledge has been replicated successfully with national partners and corporations with differing missions, at the community level to address issues as it relates to the disease of addiction, and in sharing the story of people with lived experiences. With nearly 300 people dying each day of an accidental overdose, we all know someone who has been impacted by this epidemic. The No Shame Pledge helps to shine a light on stigma, demonstrates unity and commonality, and opens the door for conversation around actionable goals.

Why was the project or initiative developed:

It is an intentional strategy designed to demonstrate solidarity around stigma, open community conversations, and create engagement to drive social impact.

Who is the target audience:

Primarily communities, but partner organizations and corporations with differing missions have united around this pledge.

How does the project or initiative work:

SAFE Project, as a national non-profit organization, offers many resources and programs to help combat the addiction epidemic. The pledge is a simple ask – sign an acknowledgement and commitment on behalf of the cause. Once an individual takes the pledge online, they receive a printable certificate they can share with their network. People also have access to a free campaign toolkit that we've designed to share their story, provide an example of what they're doing to reduce the stigma, and encourage others to take the No Shame pledge. The toolkit is comprised of a posterboard, flyer, news brief template, graphics, and sample social media posts to replicate the campaign on a community scale. This is an important component of the campaign because many communities, especially more rural communities or even coalitions and small non-profit organizations, lack the capacity to create a comprehensive communications campaign. The downloadable toolkit makes it easy for communities to create momentum around this important issue locally. Communities can also offer rewards or challenges around it to drive engagement and excitement. There are various examples of how communities have successfully used this tool at a local level to spark conversations around substance use disorder and drive down stigma.

What are the results? What results do you hope to achieve:

Not all pledges find their way back to SAFE Project to be tracked. Additionally, even individuals who take the pledge through our website do not need to enter their contact information. This is intentional because it is not an email marketing strategy - rather a tool to demonstrate solidarity and a tool for communities to ignite important conversations and create action around the impacts of substance use disorder.

Submission #20

Title:

Opioid-minimizing Surgery & Recovery: Providing Safer, Faster Option for all Patients, Including Those With History of Opioid Use Disorder

Authors:

Brand Newland PharmD MBA, Mario Leyba MD, John Greenwood

What is the project or initiative:

Goldfinch Health: Enhanced Surgical Pathways, the clinical foundation for the Goldfinch program, have been researched and clinically-validated over the last 20 years in over 4,000 journal articles.

Why was the project or initiative developed:

To help companies and employees save money, time and opioid exposure when it comes to surgery.

Who is the target audience:

Patients, Employers, Insurers

How does the project or initiative work:

Goldfinch Health provides a Nurse Navigator—by phone and/or via our technology platform—to support a member before and after surgery. (Any surgery that will cause the member to miss work applies—orthopedic, women’s health, cancer, and other surgeries.) The clinical foundation for the program is a widely-studied yet lightly-implemented innovation called Enhanced Recovery After Surgery. Specifically, the Goldfinch Nurse explains the benefits of Enhanced Recovery (better managed pain, fewer addictive opioid painkillers, faster return to life); as needed, offers to assist the patient in locating providers locally (and within their existing insurance network) who deliver the needed surgery according to an Enhanced Surgical Pathway; acts as an educator and advocate throughout the presurgical preparation and post-surgical recovery (pain, recovery questions); and helps the patient with transitioning back to normal life, including work, after the procedure.

What are the results? What results do you hope to achieve:

37 days faster recovery, >50% reduction in opioid use, 96% of supported patients using no opioids 5 days post-op, 98% patient satisfaction.

Submission #21

WINNER

Title:

Overcoming Stigma in Pregnancy and Parenting: The Power of Peer Doulas

Authors:

Ruchi M. Fitzgerald, MD FAAFP, Carly Ann Braun Peer Doula, Michelle Kavouras, Peer Doula

What is the project or initiative:

Our community-based clinic is grant funded for two peer doulas (individuals certified as doulas and in peer support). They support pregnant and parenting persons with substance use disorder longitudinally in pregnancy and in their postpartum period. Our initiative included a focused advocacy training for our doulas in our federal, state and local child welfare laws/policies, in order to better advocate for families who may interact with the child welfare system – recognizing that the child welfare system transfers tremendous stigma, shame and punishment upon our patient population, often leading to family separation.

Why was the project or initiative developed:

The initiative was developed as many of our families are already facing child welfare involvement despite engagement in substance use treatment during their pregnancy. Peer doulas are unique in their ability to identify and overcome obstetrical violence (unnecessary C-sections, traumatic births, associated obstetrical racism) and the violence of stigma. By enhancing the understanding of local, state and national policies, our peer doulas were able to discuss and process either an impending child protective services report or navigate the after effects of a CPS report, including family separation. In addition, this initiative was developed so that our families would have an advocate during a time of extreme fragility (CPS interview).

Who is the target audience:

Child welfare workers, labor and delivery nurses, nursery nurses

How does the project or initiative work:

This initiative draws from community-based doula work, recognizing that it is essential to empower families with a birth advocate who has lived experience with SUD. Our doulas, who have lived experience (either personal or with a family member) with substance use disorder, have had the opportunity to work with many families after receiving this focused training in July 2021. In addition, they continue to receive activist-based virtual training from a number of centers, to advocate for solutions to keep families together and parents in SUD treatment. Our doulas as a result of their training create a family support plan that is updated at each outpatient visit, and provided to the patient at the time of delivery as an advocacy tool.

What are the results? What results do you hope to achieve:

In the future, we anticipate that our peer doulas will provide training and technical assistance to other doulas caring for pregnant and parenting persons affected by SUD.

Submission #22

Title:

Recovery Transportation Systems

Authors:

Thomas Lewis

What is the project or initiative:

RTS partners with transportation providers to facilitate free, reliable rides to individuals in addiction recovery, reducing obstacles for recovery success.

Why was the project or initiative developed:

RTS reduces the stigma that individuals in addiction recovery are not reliable. One real stigma is the assumption that everyone, especially those in addiction have access to transportation. For people in recovery to succeed they need safe and reliable transportation to supportive services such as counseling, court mandated programs, medical appointments, work, school and more. This helps alleviate anxiety, isolation and improves recovery outcomes. The positive ripple effect is community re-integration. Those in recovery are more likely to succeed as employees, parents, individuals and as community members.

The Opioid Crisis affects all economic classes and everyone in all walks of life. Transportation is often taken for granted as an obstacle to recovery from addiction. The COVID-19 pandemic created more obstacles by reducing public transit, and in some cases, eliminated it altogether. When available, public transit is often scarce, limited, unreliable and undesirable as drugs are often available at the station or on the bus/train. The pandemic created isolation from support services and many people relapsed, causing increases in opioid related deaths and overdoses.

Who is the target audience:

Transportation alleviates isolation and provides connection to community where healing begins. Lack of access to transportation creates anxiety, stress and other mental health disorders while providing an excuse to relapse. RTS creates solutions in urban, suburban, rural areas and so-called "transportation deserts." Our solutions are getting national attention as a new, innovative way to provide much needed transportation to this vulnerable community that desperately needs it most.

We have the support of all local county non-profit and most for-profit recovery centers, hospital networks providing addiction urgent care such as St. Joseph Hospitals, Providence Health, Partnership Health Plan of California, drug court judges in California and Massachusetts, Sonoma County Supervisors, State Senators, Representatives and Assembly members. They are all in agreement that our solutions for transportation are essential to recovery success.

How does the project or initiative work:

In the health care industry, there are numerous opportunities for agencies and centers to provide transportation. RTS is focused on providing transportation to individuals in or seeking recovery from addiction. There are numerous transportation opportunities for the elderly and disabled however RTS's primary focus is supporting individuals in addiction recovery whatever their health care needs are. We have surveyed addiction recovery centers in a grouping of northern California counties and found that most do not have reliable inhouse transportation and waiting for our non-profit to expand and grow.

RTS has established an account with a "ride-share" company that provides immediate transportation needs. With non-profit funding by RTS or by the client recovery agency ride-share costs are reduced. The value of "ride-share" is the immediacy of available transportation. The immediacy is valuable in a crisis where transportation is critical to get to court appointments, MAT programs, counseling and last minute but critical needs. Also, across the country we have interviewed recovery programs that have none or very unreliable public transportation. Ride-share can be a life saver. RTS has also purchased software that will establish a volunteer driver option. The newly acquired software will reduce costs and give the recovery center more options. The goal is that both the ride-share and the volunteer options will be available in one RTS application to give the end user options and to reduce costs.

What are the results? What results do you hope to achieve:

RTS will create and provide data and critical information for case studies to be shared with addiction research programs in universities and public and private partnerships across the country working hard to for solutions to this persistent opioid crisis. We currently have two years of successful data with our current client. We have been asked to provide consulting services with programs in Tennessee and Michigan.

Submission #23

FINALIST

Title:

Reporting on Addiction: A Novel, Multi-disciplinary Education and Training Model to Disrupt the Cycle of Stigma and Discrimination found in Media Coverage about Addiction

Authors:

Jonathan JK Stoltman, PhD, Ashton Marra, MS

What is the project or initiative:

Reporting on addiction.

Why was the project or initiative developed:

To disrupt the cycle of stigma and discrimination found in media coverage about addiction.

Who is the target audience:

Journalists, journalism students, journalism educators, addiction science experts, people with lived experience.

How does the project or initiative work:

Since September 2021, we have offered newsroom training and 1:1 support for reporters who cover topics related to addiction. This fall we are launching our journalism curriculum. We focus journalist narratives to talk about harm reduction, treatment, and recovery in addition to using language that reduces stigma. Additionally, we encourage all media to include our story tag that directs individuals to findtreatment.gov. The only privacy-centered treatment locator in the country.

What are the results? What results do you hope to achieve:

This is a long-term project. So far, we have worked with 30+ journalists and various newsrooms. We also beta tested our journalism curriculum this Spring for a wider launch in Fall 2022. Thus far, our recommendations have been well implemented.

Submission #24

WINNER

Title:

Stigma, Self-efficacy, and Success: The Case for Patient-reported Outcomes in SUDCare

Authors:

Juleigh Nowinski Konchak MD MPH, Sarah Elder LCSW CADC, Keiki Hinami MD MS, Tom Lyons PhD, Clay Caquelin, Ravi Madaiah, Nico Hemsley, Ryan Abbott, Grace Narlock, Clara Choi, Jeff Watts MD, William Trick MD

What is the project or initiative:

Cook County Health (CCH) is a large safety net healthcare provider in Cook County, IL. CCH consists of 2 hospitals and 12 community health centers, is the healthcare provider at the Cook County Jail, includes the CountyCare Medicaid health plan, and is the local health department for the majority of suburban Cook County. To better serve our patients, we integrated medications for addiction treatment and recovery coach support across our care settings starting in 2017. We also embedded patient-reported outcome measures of social health into the clinical tools used by recovery coaches in the emergency department, ambulatory care, and jail. Among other questions, we embedded the Patient Reported Outcomes Measurement Information System tools for Emotional Support and for Ability to Participate in Social Roles and Activities. We recognized that these data were not being collected as frequently as intended or systematically used by the clinical teams. To begin to address this, we created a visual dashboard of these measures, along with self-reported substance use, for teams and patients to more easily see progress and challenges over time. In Feb 2022, we began importing these dashboards into patient charts for use by the clinical teams.

Why was the project or initiative developed:

Many medical providers were trained that abstinence is the only goal in substance use disorder (SUD) care and that it can be reached rapidly. This is inconsistent with science's understanding of SUD. We hypothesize that this discordance and a focus on abstinence as the only outcome of consequence can contribute to some providers' lack of self-efficacy for treating SUD, and might be associated with stigma towards patients with SUD. We hope that providing complementary patient reported outcome measures will encourage a more whole-person approach to care and might improve provider self-efficacy for providing SUD care. By improving provider self-efficacy, we hope to improve facilitators of prescribing buprenorphine within primary care. Although these patient-reported outcomes have been available to teams for 4 years, the data were not easily digestible in a meaningful way. By creating the dashboard visuals, we aim to make these data more available to care teams.

Who is the target audience:

The CCH medical providers, recovery coaches, social workers, and trainees working with patients receiving SUD care. In the near future, we aim to share these dashboards with patients for their input.

How does the project or initiative work:

Several published studies inform this work. Yi and colleagues published a promising study of patient reported outcomes in substance use treatment, though its applicability outside of residential treatment and with a diverse patient population is unknown. (Yi, CM et al (2021) Integration of Patient-reported Outcomes Assessment Into Routine Care for Patients Receiving Residential Treatment for Alcohol and/or Substance Use Disorder. *Journal of addiction medicine*). Eastwood and colleagues' study of outcomes of substance use in a methadone program supports a need for alternative measures of success beyond only abstinence. (Eastwood B et al. Continuous opioid substitution treatment over five years: Heroin use trajectories and outcomes. *Drug Alcohol Depend*. 2018;188:200–208).

Prior to launch, we did a training on stigma and the new dashboards for the recovery coaches and social workers, and sent written guidance to the medical providers. Every two weeks we upload new dashboards into patient charts. We send a note in the EMR to the clinical team with a brief reminder of how to read the dashboard and suggest ways to use it clinically.

What are the results? What results do you hope to achieve:

We track completion of the clinical tool that feeds the dashboard and hypothesized that we will see an increase in completion of the tool if the teams find the dashboard useful. In the 6 months prior to launching the dashboards, an average of 39 tools were completed each month. In the first and second months postlaunch, 40 and 79 tools, respectively, were completed per month. These initial data are promising, and we will continue to monitor tool completion. Using a user-centered design approach, we plan to survey the clinical teams and interview patients and care teams to further understand if this tool is useful and effective, including any connections to patient-centered care and stigma in SUD care.

Submission #25

Title:

The Power of Memorial Gardens for Loss Due to Substance Use

Authors:

Laura Vargas, MSW, LCSW

What is the project or initiative:

Our newest initiative is the creation of a six-week pop-up memorial garden in Philadelphia that will launch on Overdose Awareness and Memorial Day of 2022. This garden will create a space for over 1,200 flowers to be planted by bereaved survivors and their loved ones in honor of the individuals that they are grieving. The physical garden will be supplemented by a corresponding memorial garden where individuals can share their loved one's stories.

Why was the project or initiative developed:

We believe this project will humanize individuals who have lost their lives to substance use disorder. We have learned that this crisis cannot be solved by focusing simply on graphs and statistics. Instead, we must ensure that we are sensitive to the complexities and intersecting structural issues that perpetuate drug use. The garden will not only provide a space of hope and healing for bereaved families and friends, but also a venue to nurture empathy among society at large. Having this large installation in the center of our city will call attention and invite people in to learn about it. The goal is for the public to see and hear these stories and recognize the common humanity, which should remove the "other-ing" that allows for the perpetuation of stigma.

Who is the target audience:

On a small scale, the target audience of our project is the city of Philadelphia and its citizens and stakeholders. On a larger scale, the target audience is the nation at large. We have served as a national model of a comprehensive bereavement program that works to lift survivors of loss due to substance use, while working to prevent further loss, so this project will be another one that can serve as a model for other communities.

How does the project or initiative work:

Philadelphia HEALS (Healing and Empowerment After Loss), the Philadelphia Department of Public Health— Division of Substance Use Prevention and Harm Reduction's Bereavement Care Program, offers bereavement support to survivors of loss due to substance use. Services include grief counseling, peer support groups, advocacy work, community events, and more. Since 2019, we have served over 3,000 individuals grieving a loss due to substance use in Philadelphia. A main goal when working with clients is to empower them to reclaim their stories. We work with them to recognize they are not alone and that their stories are powerful. In sharing their stories, they begin to chip away at the stigma that may have prevented them from sharing in the first place. From our existing work, we have seen the healing power of storytelling. For many, they feel a sense of purpose sharing their stories to help others struggling and to educate those who may not be aware of what it means to love and lose somebody to substance use. This project will build on the successes identified in the spaces that we have already created for sharing stories. We brought over a hundred bereaved survivors and their loved ones together for two walks in honor of Overdose Awareness and Memorial Day in 2021, as well as a virtual memorial service that we organized and facilitated. Individuals spoke to how powerful it felt to have those spaces. Since then, we have also facilitated workshops and peer support groups with focuses on advocacy and stigma.

Our initiative works by evolving and growing the platforms that we provide for bereaved survivors to share their stories. Many of our clients have stated that they once felt uncomfortable sharing about their loss due to the stigma surrounding substance use, but after participating in our programs, they have seen the potential that their stories have in humanizing this crisis and thereby reducing stigma. Our newest initiative, the popup Memorial Garden and corresponding virtual memorial, will work by inviting individuals that have lost a loved one to substance use in Philadelphia to request a flower in honor of their loved one that they will be able to plant when the Garden launches on Overdose Awareness and Memorial Day. Individuals will also be invited to submit a photo and/or story for the virtual memorial. QR codes will be on display at the physical garden that will lead passersby to the virtual memorial. The virtual memorial will remain live, and the pop-up memorial garden will be taken down after six weeks. We have brought together several partners to fund this project, so everything will be provided free of charge. Launch day will include a variety of community and supportive events. Programming for the Garden will continue throughout the six weeks to provide support for survivors and a space for education and information for the public.

What are the results? What results do you hope to achieve:

In the past year, we provided over 3,300 support services to over 1,300 bereaved survivors. Our community events brought together over 100 bereaved survivors and mainly focused on advocacy and spreading awareness. Given the successes on smaller scale projects, we believe that this initiative will bring in hundreds of bereaved survivors and spread awareness to thousands of Philadelphians, as we intentionally chose a high-traffic area for the Garden. We hope to bring comfort and solace to survivors and to reduce stigma by elevating our shared humanity and demonstrating that families that have been impacted by substance use are no different than any other family. We hope this serves as a reminder to all to embed this humanity into the development of policies, programs, services, and the way that we treat one another.

STIGMA OF ADDICTION SUMMIT

2021 Innovation Abstract Updates

We are pleased to share updates from the Stigma of Addiction Summit 2021's Innovation Abstract Finalists. The following project updates were submitted to share the following:

1. The current status of the project or intervention;
2. Successes and results;
3. Barriers, challenges, and solutions;
4. How their project or intervention will impact the field of addiction stigma; and
5. Recommendations for others who are developing or implementing addiction stigma reduction interventions.

We hope you find these project and intervention updates to be useful as you implement your own addiction stigma reduction interventions!

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2021 Submission #38

Title:

Innovation and Inclusion: Using Experience Based Co-Design to Improve Care for Patients with a Substance Use Disorder

Authors:

Tanya Lord, PhD, MPH, Carrie McFadden, MPH

Project or Intervention Abstract:

We used a modified Experience Based Co-Design (EBCD) methodology to work in partnership with patients, who currently use or have a history of using drugs and alcohol, to first identify pain points and then develop solutions to improve healthcare delivery and experience in rural, acute care hospitals.

One year later, what is the status of your project/intervention now?:

We are approaching the end of our project. The four pilot hospitals have successfully worked on their initiatives. We have created a Lived Experience Advisory Panel (LEAP) group to provide ongoing support and input to all hospitals in New Hampshire around substance use disorder (SUD) related initiatives.

Please share your successes and results!:

One of the most impactful experiences of this project period was a new training that we designed titled **Radical Compassion: Caring for People Who Use Drugs**. Tanya Lord, our lead on this project, partnered with a local Harm Reduction professional, Ryan Fowler, to weave a thoughtful look at Harm Reduction as a form of radical compassion. The session went beyond needle exchanges and safer use strategies to include components of conversational harm reduction. Tanya, a mother of someone who uses drugs and alcohol, led a discussion of how she uses this strategy to help build trust and connection with her son and how these same strategies can be used to with patients and families in hospital settings.

This session was very popular and subsequent partnership discussions are happening between the Foundation for Healthy Communities and the NH Recovery Friendly Workplace (RFW). RFW is interested in bringing this strategy to their members to both support employees who are struggling with a loved one who uses drugs and alcohol as well as those in recovery. Radical compassion is a type of compassion in which a person finds themselves compelled to take action to relieve the suffering of others. The response to this webinar demonstrates that so many people are compelled and need direction and ideas that can be implemented by anyone whether mother or nurse. Harm Reduction is so much more than the clinician methods to keep people physically safe. If the opposite of addiction is connection than conversational harm reduction is a method to create and maintain connection.

Did you experience any barriers or challenges to achieving your project's goals and objectives? If so, please describe.

Throughout this project NH has been at the epicenter of COVID-19 surges. Our hospital participants continue to struggle with ongoing staff shortages, redeployments for COVID-19 related needs, and mandatory vaccination policies resulting in further challenges. All these challenges have impacted this project and necessitated a constant review of how we could be helpful in ensuring our partner hospitals' success. We regularly met and supported the four pilot hospitals and adapted as necessary.

At one of the Learning Collaborative meetings, we took some time to brainstorm with the hospitals around how we might be best able to support their initiatives. Three of the hospitals had specifically chosen to have staff training as one of their initiatives and were struggling with how to meet this goal. The other hospital agreed that there was a need for training and, though not one of their specific initiatives, they wanted to increase staff and clinician education. All the hospitals agreed that it would be helpful if we could design and provide a “packaged” training for staff and clinicians that they could either be assigned and access through the hospital learning management system or be able to access on a different site but still receive continuing education credits. Staff and clinicians are finding it difficult to attend live virtual programs or to find the time to search down other training opportunities. Together we decided to design a package of trainings that could be provided to the hospitals, royalty free, and could be placed on a learning system. We reviewed several available trainings to identify existing gaps and potential trainers. The following are the trainings that will be created for all New Hampshire hospitals around stigma reduction:

Stigma of Substance Use Disorders

- **Module 1** - Overview, history, and current research on SUD Related Stigma
- **Module 2** – Institutional Stigma: Institutional Stigma refers to the “societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing for stigmatized populations” (Hatzenbuehler & Link, 2014). This session explores how the hospitals culture, policies and practices can stigmatize and impact the care of people who use drugs and alcohol and how to be an advocate in shifting away from institutional stigma.
- **Module 3** – Self Stigma: Self-stigma refers to the negative attitudes, including internalized shame, that people with behavioral health issues have about their own condition. This session will explore how people internalize public attitudes and how to mitigate the impact that it can have on accessing care and treatment.
- **Module 4** – Public Stigma: Public stigma is the most prominent form of stigma observed and studied, as it represents the prejudice and discrimination directed at a specific group and is often considered acceptable. This session will explore the stigma that people who use drugs face outside of the hospital setting and how to build trust within hospitals to provide the care and treatment patients need.

How do you anticipate your project will impact the field of addiction stigma?

This project was based on doing Experience Based Co-Design to improve the management and care of people who use drugs in rural acute care settings. This model provides authentic inclusion of all stakeholders from frontline staff to patients in identifying the problems to designing, implementing, and evaluating the solutions. We were able to partner with over 25 individuals at different points in their recovery, including those who were currently using substances to design initiatives that would be impactful and relevant to everyone.

Stigma reduction has a long way to go. It is difficult to change the minds and hearts of people who are determined to judge and dismiss people who use drugs. They do not see their value or humanity. People who have reached long term recovery are also stigmatized, sometimes even in the celebration of their accomplishments we send a message that they are “finally” valuable and worthy of being included. By including people who are not in long term recovery in this type of work we break down the stigma around value and relevance. People who use drugs are a diverse group of people, their expertise and current lived experience are vital to reduction of stigma and the improvement of SUD care. This project demonstrated that all people with lived experience are valuable to this work and should be included.

What are your recommendations for others who are developing or implementing addiction stigma reduction interventions?

There is only one true recommendation: Include those with lived experience from the beginning to the end of a project. Stigma reduction will not ever effectively be accomplished if people who use drugs are not included in identifying the problems and generating the solution. When we only include those in long term recovery, we perpetuate stigma. Stories do not need to be solely recovery stories.

The stories shared by those still using or even their quotes tell us that we in healthcare are not treating people in a way that inspires self-care and respect.

- "I don't feel worthy of treatment"
- "I already feel so badly about myself"
- "If you would stop sticking needles into your arm, we wouldn't have this trouble" (said to an active user during a blood draw)
- "They don't care and they made me feel like I was the worst person in the world"
- Share the success stories that touched hearts and were so humanizing:
- "She rubbed my back and it was the first time I had felt love in very long time"
- "There was a guy there that went out of his way"

Stories touch hearts and teach minds. Let's combat stigma by fully sharing the stories of the good and the bad, the beautiful and the ugly, the kind and the unjust. It is in these stories of the reality of lived experience that will humanize and normalize drug use so that each person is met with care and respect, not matter what their recovery status.

The wisdom and the answer to reducing stigma is to include and innovate with those who experience stigma every day.

2021 Submission #40

Title:

Your Rights in Recovery: A Toolkit

Authors:

Julie Burns, President, RIZE Massachusetts Foundation, Maryanne Frangulies, MA Organization for Addiction and Recovery, Members of the RIZE Together in Recovery Advisory Committee

Project or Intervention Abstract:

The "Your Rights in Recovery Toolkit" explains varied treatment options, including clinical interventions, peer-based recovery support, and harm reduction for people with opioid use disorder (OUD). It also includes facts about an individual's legal rights, self-advocacy tips and resources on the topics of families, housing, education, employment, and the justice system that are important to understand. Each chapter addresses a social determinant of health that impacts an individual's recovery from OUD, as well as their overall well-being. For example, the employment chapter explains that most individuals have the right to take up to 20 weeks off work to get treatment for OUD without losing their job. The "Your Rights in Recovery Toolkit" was developed through RIZE's Together in Recovery: Supporting Informed Decisions initiative that was launched in April 2019 to foster an accessible, integrated treatment and recovery network in Massachusetts that champions evidence-based approaches, supports multiple pathways to recovery, and puts people in charge of their treatment choices. The Together in Recovery Advisory Committee, comprised of advocates, clinicians, and public officials, helped create the "Your Rights in Recovery Toolkit" as a means to improve support for individuals living with OUD. The toolkit was launched on April 7, 2021 and in the last two weeks, there were over 500 unique views and the average time spent on the toolkit is 4 minutes.

One year later, what is the status of your project/intervention now?:

The *Your Rights in Recovery Toolkit* led to increased stakeholder participation and commitment, which includes people who suffer from opioid use disorder (OUD) and their loved ones; case managers, especially those who assist with discharge planning and treatment plans; prescribers of medication for opioid use disorder; criminal justice professionals, including probation officers and law professionals; advocates; housing specialists; etc. There are plans to add two additional chapters to the toolkit in the next iteration, which are focused on harm reduction and affordable housing policies.

Please share your successes and results!:

The time spent in interaction with toolkit has stayed slightly under 4 mins, which is ideal. We've had over 4,000 page views. It's our second highest page visited – with the first being our homepage.

Did you experience any barriers or challenges to achieving your project's goals and objectives? If so, please describe.

It proved difficult to keep up to date with relevant information and policies. As a small org this was difficult from both a financial and bandwidth standpoint. There were also many temporary changes to regulations during the COVID pandemic that also made it hard to keep things current.

How do you anticipate your project will impact the field of addiction stigma?

One of the most relevant impacts of our work is that it allows individuals with substance use disorder (SUD) to understand the policies that directly impact their lives. Additionally, one of the most relevant components of the toolkit – a powerful section on self-advocacy – has led individuals to feel empowered to take control of their lives, actions, and circumstances. This is extremely important, given that the stigmas against people with a substance use disorder and people who use drugs result in chronic disenfranchisement and systemic discrimination that can, among other consequences, prevent them from fully participating in society.

What are your recommendations for others who are developing or implementing addiction stigma reduction interventions?

Any team creating a toolkit needs to have a plan for sustainability and have a backup plan available. Additionally, it is important to gather a lot of user feedback. Testing the intervention is imperative. In this particular instance, understand and explaining the difference in policies and how it actually manifests in society – its application – is a necessity. Frequently, the policy says one thing, but is applied very differently.

2021 Submission #56

Title:

Measuring Arab American Public Stigma Towards Substance Use

Authors:

Cynthia Arfken PhD, Mona Hijazi MBA MHA, Hala Mallah LLMSW, Ahmad Ballout AA

Project or Intervention Abstract:

To develop a reliable and valid measure of public stigma to substance use for the Arab American community to guide and monitor as an outcome for interventions.

One year later, what is the status of your project/intervention now?:

Our project on public stigma reported by Arab Americans towards substance use is a collaboration of a university (Wayne State University) and a community-based social service agency (Arab Community Center for Economic and Social Services or ACCESS). Our team completed the four proposed parts to the project including review of individual items by expert panel, initial feasibility of the selected items using community respondents, replication using an independent sample of community respondents with retest two weeks later, and finally direct comparison of responses on individual items for a sample of Arab Americans and a sample of non-Arab Americans where both groups had children in the same school district.

Please share your successes and results!:

We were able to identify individual items that repeatedly appeared to constitute a public stigma scale among Arab Americans. Many but not all items were scored higher (i.e., stigma perceived to be higher in the community) among Arab Americans than non-Arab Americans. However, the scale itself did not replicate all three times and there was a marked decline in perception of stigma in the community over time for the retest group. For these reasons, we will focus on the individual items as opposed to a summary score in the next steps.

These findings suggest that the community may be more diverse than the simple demographics we measured (i.e., gender, age, generational status, and religious affiliation). It also may reflect that the Arab Americans we interviewed were balancing the collectivistic Arab culture with individualistic American culture. Finally, it also may reflect that Arab American community, like many communities, has a changing view on substance use stigma.

Fortunately, the findings did not differ by mode of data collection giving us more confidence in the results.

Did you experience any barriers or challenges to achieving your project's goals and objectives? If so, please describe.

Doing this research can be a challenge! Ideally, we would have used focus groups initially and reached out nationally to conduct the research. We did not due to COVID-19 precautions and budget consideration. We also would have explored the lack of replication for the scale in the third study using qualitative interviews. That study was also the most difficult to recruit for as it required participants to agree to be re-contacted two weeks later.

How do you anticipate your project will impact the field of addiction stigma?

The finding that the individual items were consistently elevated among Arab Americans and higher than among non-Arab Americans can guide interventions and be used for evaluations. We intend to use the findings to inform our prevention efforts and most importantly, conversations with the community on developing a new treatment facility. ACCESS has addressed stigma in the community surrounding cancer, HIV, depression, and domestic violence. They are not afraid of tackling public health problems due to perceived stigma. The leaders of ACCESS believe it is past time to address stigma around substance use.

What are your recommendations for others who are developing or implementing addiction stigma reduction interventions?

Know your community! To address stigma, you must first know your communities' demographic profile, strengths, risk factors, and resources. Conducting a community assessment is essential in obtaining this information. This assessment would cover knowledge, attitudes, behaviors, and resources through surveys and focus groups. In return for their participation, you need to provide the community with resources and education on substance use prevention and treatment.

It is critically important to be culturally sensitive to the community that you serve. This knowledge and sensitivity inform practice and ensure that the services and interventions recommended are acceptable and will benefit the community. Additionally, you must avoid doing all the work for the community; empower the community to become their own advocate. Although you work with the community to lower substance use stigma, they decide what to prioritize for community-based actions to lower substance use stigma.

2021 Submission #58

Title:

Destigmatizing harm reduction and medication treatment interventions: Curricula for Tribal and Non-tribal Substance Use Treatment Professionals in Rural Utah

Authors:

Sandra H. Sulzer, PhD; Erin Fanning Madden, PhD, MPH; Suzanne Prevedel, MEd; Cassandra Manning; Claire Warnick; Tyson S. Barrett, PhD; Mindy Vincent, MSW, LCSW, MPA; Valentina Sireech; Michelle Champoos, LSUDC; Cris Meier, PhD

Project or Intervention Abstract:

Our Utah-based team created novel educational curricula that integrated evidence-based strategies for reducing stigma toward medications for opioid use disorder and harm reduction interventions. We partnered with a rural community advisory board and members of the Ute tribe to create culturally centered curricula tailored to tribal and non-tribal substance use treatment professionals.

One year later, what is the status of your project/intervention now?:

After conducting our face-to-face and synchronous online trainings in 2019-2020, we have achieved two additional implementation goals since our abstract was reported:

1. We are collaborating with an indigenous trainer to disseminate the culturally-centered version of our stigma training that addresses prejudice and discrimination toward use of harm reduction and medication treatment to Utah tribal communities; and
2. We piloted our asynchronous online curriculum and collected feasibility and outcome measures.

Please share your successes and results!:

Using pre/post-training surveys, we found that participants (n=110) in our synchronous courses reported significantly lower stigma after the training toward buprenorphine, methadone, overdose prevention sites, syringe distribution programs, and harm reduction programs in general. Participants in the asynchronous online course (n=36) also reported significantly lower stigma after the training toward buprenorphine and methadone, as well as naloxone, and were significantly less likely to endorse medication cessation or abstinence-only approaches to helping people who use drugs. The results of the synchronous trainings are now published in *Drugs: Education, Prevention and Policy* (<https://doi.org/10.1080/09687637.2021.1936457>).

Did you experience any barriers or challenges to achieving your project's goals and objectives? If so, please describe.

We already know education can reduce stigma toward people who use drugs, but our project designed one of the first trainings that lowers stigma toward evidence-based interventions for substance use, like methadone and syringe distribution, and created a tribally-focused version of the training. Ultimately, we hope this project shows the importance of not only addressing stigma toward people who use drugs but also stigma toward effective interventions that can help this population.

How do you anticipate your project will impact the field of addiction stigma?

Education is one of many tools that are needed to address substance use stigma. In addition to structural changes to laws, programs, and organizations, we suggest training that uses contact with people who use drugs, critical reflection techniques, local data, models respectful language, and explains evidence in plain terms can be especially effective for reducing attitudinal forms of stigma toward evidence-based interventions for people who use drugs.

2021 Submission #60

Title:

Utilizing the Project ECHO Model to Reduce Stigma Toward Patients Receiving Medication for Opioid Use Disorder (MOUD)

Authors:

Adrienne Madhavpeddi, MS; Adrienne Lindsey, MA, DBH; Alison Essary, DHSc, PA-C

Project or Intervention Abstract:

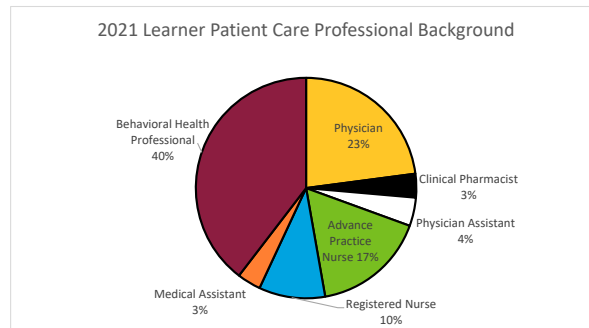
Arizona State University (ASU), in partnership with Blue Cross Blue Shield of Arizona, HonorHealth, and Arizona's Medicaid program developed the Medication-Assisted Treatment (MAT) ECHO program.

One year later, what is the status of your project/intervention now?:

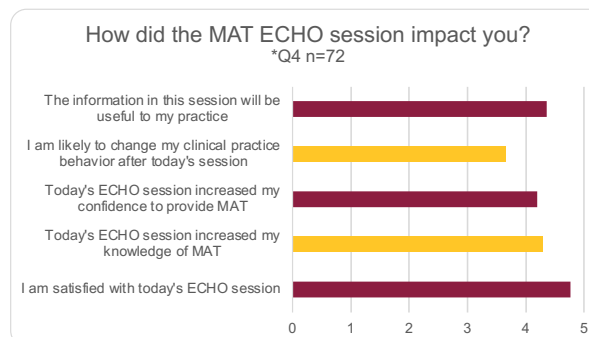
The Medications for Opioid Use Disorder (MOUD) ECHO Program, developed by Arizona State University (ASU), has continued to be extremely successful over the past year. Project ECHO (Extension for Community Healthcare Outcomes) is a proven adult learning model for delivering high-quality continuing medical education to the current healthcare workforce.

Please share your successes and results!:

1. The MAT/MOUD ECHO began in spring of 2020. By the end of 2021, 388 unique learners had attended at least one ECHO session; there were 242 unique learners during 2021.
2. Strong representation across Arizona during 2021; 9 of the 15 AZ counties had a least one learner attend, with 20 Arizona cities and towns represented in the learners.
3. Nation-wide, 20 additional cities and 13 additional states were represented in the learners.
4. Average satisfaction rating from the aggregated post-session surveys was 4.76 (out of a 5-pt Likert scale).
- 5.



- 6.



7.

Changes in Participant Knowledge and Confidence December 2021

Rate your knowledge before and after participating in MAT ECHO...	Mean BEFORE attending ECHO	Mean AFTER attending ECHO	Change
... about the treatment of opioid use disorder	3.35	3.95	0.60
... about medications to treat opioid use disorder	3.35	3.90	0.55
I am confident in my ability to...	Mean BEFORE attending ECHO	Mean AFTER attending ECHO	Change
... initiate a conversation about opioid use with patients	3.60	4.10	0.50
... work with patients who have opioid use disorder	3.80	4.05	0.25
... prevent opioid overdose	3.45	3.95	0.50
... provide comprehensive opioid use disorder treatment	3.20	3.60	0.40

8. The success of this ECHO has led to an extension of the project and the creation of four new ECHOs focused on:
 - a. Women with substance use disorders (SUD);
 - b. Infants born with Neonatal Abstinence Syndrome and other neonatal concerns related to substance use during pregnancy;
 - c. People who are pregnant/postpartum; and
 - d. General SUD (moving beyond opioid use).

Did you experience any barriers or challenges to achieving your project’s goals and objectives? If so, please describe.

Utilizing the ECHO model helped overcome any barriers and facilitated increased engagement during the COVID-19 pandemic, as it has been designed for virtual use from the beginning. In fact, ECHOs across the country have seen increased engagement. This approach also allowed for continuous updating to address changing policies amid the pandemic, which included significant changes to regulations surrounding buprenorphine prescribing, take-home doses, and more. These updates were critical during a period of rapid change that impacted both providers and people using medications for opioid use disorder (MOUD).

How do you anticipate your project will impact the field of addiction stigma?

The success of the ECHO model has been demonstrated, and as such, this intervention and those stemming from its success stand to be effective. However, there are some broader implications. Among some of the most interesting findings including the finding that after participating in the ECHO, participants reported less provider burnout. This is of particular importance given the high rates of provider burnout not only within addiction treatment providers, but also with providers more broadly. If Project ECHOs, or education interventions and modules structured in a similar fashion, decrease provider burnout, that is not only a useful finding within addiction care but more broadly across the medical field.

What are your recommendations for others who are developing or implementing addiction stigma reduction interventions?

The has been the most successful and meaningful portion of the ECHO has been to include a case study. Additionally, it is critical to Include diversity of perspective and background within the ECHO structure (expert hubs, case studies, etc.). It is also important to create an active and engaged network of both experienced and novice MOUD/MAT providers, and to allow for the offline conversations to take place within the network.