

Shine a Light on Stigma Podcast

Transcript - Episode 5: Stigma and Harm Reduction - A Conversation with Shred the Stigma's Drew Cook

Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.

This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.

Brittany Rodriguez: Hello and welcome to the Stigma Podcast. In this podcast, we're talking about the ways that stigma impacts people living with substance use disorder. We aim to inspire and empower our listeners to shift away from the culture of stigma towards one that promotes healing and recovery in a supportive and respectful way. I'm Brittany, and I'm here with Mia, as well as our guest today, Gresha Eberly. Before we jump into our conversation with Gresha, just a reminder that if you haven't already listened to our first three podcasts, we encourage you to go back and give them a listen. We think there's some pretty good stuff in there, and we want you to join the conversation. Send us your comments, questions, ideas for future topics to stigma_podcast@telligen.org. Mia, how are you?

Mia Croyle: Hello and welcome to the Stigma Podcast. In this podcast, we're talking about the ways that stigma impacts people living with substance use disorder and the people who love them. We aim to inspire and empower our listeners to shift away from the culture of stigma towards one that promotes healing and recovery in a supportive and respectful way. I'm Mia and I'm here with Brittany and our guest today, Drew. Brittany's going to tell you a little bit about Drew in just a minute. But first, I want to remind you that we this is going to be episode number five. So, we have four episodes prior to this. If you haven't taken a listen yet, we think they're pretty good episodes, pretty good conversations. So, you might want to consider going back and listening to one through four. And we also want to remind you that we love, love, love feedback. So please send any comments, questions, ideas for future podcast guests, and subscribe so that you never miss an episode.

Brittany Rodriguez: Well, that was an awesome introduction to introduce you to Drew Cook. He is local to Oklahoma famous and for all the good things. So, we're very excited. And I want to tell you a little bit about his kind of professional history. But he's actually the executive director and board president of Safety Harm Reduction Education and Delivery. And locally, it's known as Shred the Stigma. He works part-time as an employee navigator supervisor for team and has dedicated his weekdays and weekends to the mission of Shred the Stigma. He's a recovery support specialist, a peer recovery support specialist, and is actively engaged with the local recovery community for over a decade, which is actually how I heard about him. He is very active in this area, and people know his name, and that's always a good thing in this world. So, tying all these things together has been a huge thing. But what really is impactful is that he has lived experience with substance use and has a passion for helping others. And so, he understands the importance of harm reduction even while in active substance use. So, Drew, welcome.

Drew Cook: Thank you. I'm so excited to be here. Y'all are amazing. Thank you so much.

Mia: So we always start off our podcast wanting to know people's why. So why is stigma and this work important to you?

Drew: I'm going to take y'all back to October 10th, 2010, and I was hanging out with a very good friend of mine, Joe and Joe, myself, and a couple of other people were, uh, partying. Had a lot of fun that evening. Um, and, you know, stayed up most of the night. Next day, uh, me and a friend left the apartment, left Joe there sleeping. And, uh, we, we went and caught some more narcotics. And when we came back to the apartment, Joe was no longer with us. Um, it was a very horrific night that did not need to be that way had stigma not existed. Um, you know, we were, we were all trying our best to bring 'em back, you know, uh, we were afraid to call like nine one or whatever. And, um, that's, that's the thing that drives me. That's, that's a very large source of that. And Joe is just one story outta so many different ones, you know? Um, but yeah, this is a very real mission. You know, ending overdose in Oklahoma is something that we're striving for.

Brittany: Wow. That is impactful because it's so personal. Yeah. And when you have someone so close to you that you're watching, you know, these types of things happen to you, it, it definitely drives your work. Yeah. That's for sure. Yeah.

Mia: And it really strikes me when you say, you know, we were, we were afraid to call for help. It's like, you know, when we think about how our communities fund these organizations, right? We fund 911 and the ambulance and fire and police, and the expectation is that they're there for us in those moments when we really need help. And the idea that stigma could create these conditions where people have to really consider, is it safe for me to call out for help for someone I, I care about, yeah. Someone I care about needs help. I'm not able to provide it, but it doesn't feel safe for me to call on those helpers that are supposed to be there. Yeah. Um, so I really, I really, um, resonate with that story. Like, I've heard that story, or similar to that story over and over, you know, we were, we didn't know if we could go into the ER with somebody. We dropped 'em, you know, in the driveway of the er mm-hmm. <affirmative>, we didn't think we could call 911. 'cause we knew we'd all get in trouble too. You know, that story. We hear it over and over. And that's, that's stigma right there. Um, yeah. And,

Drew: And I would say, just to expand on that, so out of stigma breeds misinformation, and it's just the two go hand in hand every time. And so, you know, for somebody like me, the only knowledge that I had about narcotics when coming up was Dare. And, you know mm-hmm. This is the DARE program that told me that marijuana and heroin were equally detrimental to a person, you know? And obviously that wasn't true. So, you know, for me, the first time I smoked marijuana, I was like, well, they lied about that. I'm sure they lied about everything else too. And, you know, fast forward to when I'm in, you know, uh, in, in those circles, you know, kind of, kind of go into the, the getting spot, you know, when somebody gave me heroin for the first time and they said, listen, just don't use this for more than three days in a row and you won't be addicted. I believe that, right? I believe that because Dare had lied to me. And so there has to be that, that stigma that is right there in between those two camps is preventing any type of realistic dialogue and communication to be occurring within these circles. So eliminating that stigma is going to breed positive health outcomes for everybody.

Mia:

And that, that leads me, um, to our next question, which is, you know, just we wanna hear a little bit about your organization. It sounds like it's doing some, it's moving and shaking in the community <laugh>. So tell us a little bit about Shred the Stigma.

Drew: Absolutely. Uh, so Shred the Stigma was initially created as, uh, we were Out of Harm's Way OKC. Mm-hmm. Uh, back in July of 2022. And, um, this whole thing started out because some very, I, I, I got to meet the, uh, some people at shots in Tulsa shots stands for mm-hmm. Stop Harm on Tulsa Streets. And I had a conversation with them, and they talked about this concept of harm reduction. And mind you, I'd been an intravenous drug user in Oklahoma. The majority of my life harm reduction was not anything, neither myself or any of the people I was running with had ever heard about, like, it was such a foreign concept to provide clean equipment to active drug users. But when I was asking, uh, the people at shots about it, they, they spoke with so much passion and fire that I, I just couldn't help but, you know, know that this is something that I wanted to do here.

And so, um, I, I bugged them multiple times a day for weeks and weeks and months and months, and just asking all the questions and essentially just kind of passed the hat among some friends. We got, uh, some seed money together for our first round of supplies. I bought the supplies and we were live July 6th, 2022. And, um, what that looked like, uh, was me just putting a bunch of flyers about our services at like gas stations, laundromats, anywhere where I knew our people would find us. And, um, the very first person that contacted the, the, the number, so to engage in the services, all we need is like, you will text a Google Voice number with your address, and then we show up. And that simple. And, um, the very first person having me at a gas station, and they gave me an obviously fake name, and, uh, that was okay, you know, because I would do the same thing.

I mean, like, this is definitely the police, you know, was what I would <laugh> Yeah. And, um, the cool, something cool started to happen. So not only did that one person tell their friends about this, and then we started to experience exponential growth, but that very first person, the next time they contacted me, they wanted me coming a little bit closer to their house. And then on that third, fourth, and fifth trip, I'm actually at their house. I know their real name. I'm getting to learn a little bit of their story. They're getting to learn a little bit of mine. And we've developed a relationship, we've brought community to the outcast, and that's been the most beautiful part of this mission. But, uh, so anyway, we, like I said, we started as Out of Harm's Way OKC, uh, got enough money together to be a 501c3, went through the whole process, got a board of directors bylaws, the whole works, went to file with the state, and they were like, there's another Outs of Harm's Way already existing in Oklahoma, so you're going to have to change your name <laugh>.

And when I tell you, uh, I, if I could go back in time <laugh> and, and, and rethink that, I would. But, um, I think, I think I liked what we landed on. So, Shred the Stigma was the name that we came up with. Uh, and that stands for Safety, harm Reduction Education and Delivery. And, um, what we do is, uh, like I said, we deliver the harm reduction kits. We, we are on a mobile basis, so people text us an address. Um, and, and we have a bunch of drivers who go and deliver the kits, uh, over the evening. The Oklahoma City, the metro area is so broad and, and big. Mm-hmm. And the public transit system can't get everywhere. So, we do our best to mitigate that and to try to meet our participants where they're at. Um, since July of 2022, we've driven over 19,000 miles.

We have seen over 725 overdose reversals. We've seen people go to treatment, uh, get, get their life together, um, really dip out of the chaotic portion of substance use and drift into a more stable, manageable substance use, which is perfect for us. Um, you know, especially in recovery circles, we all like to talk about the individual who went the abstinent route, and absolutely we should applaud them and celebrate them. I love them with, with every fiber of my being. But the untold story, uh, and one which we see constantly is the individual, when they first engage in our services, they are covered head to toe and sores, abscesses, I mean, just really, really bad disheveled, you know, looking features. Mm-hmm. <affirmative>. And within a matter of a couple of months, um, you know, we've given them referrals to the Homeless Alliance or to a CCBHC, and guess what, uh, within a couple months, their, their stores have cleared up. They're, they're happier. They, they have clean clothes on, they have their own apartment. They're, they're on medication now, they're getting engaged in services again. And like, that is that thing, right. Wow. Yeah. Seeing that turnaround. So that's, that's what we're about. And, uh, it's just, it's just been beautiful.

Mia:

It really strikes me, you know, when you were first talking about the stigma and sort of the, the dishonesty that stigma can create and how, you know, it's sort of like we, we take these kids and we, you know, we tell 'em these things to scare 'em into not using. And then as they encounter the real world, that trusted ness, that trust gets chipped away. Um, sometimes it's just, you know, one or two chips and all the pieces fall, and sometimes it's, it's a little more incremental than that. But what you're describing is the absolute reverse of that. You know, it's this building trust, one step at a time, piece by piece. You know, first visit, we might get a little, little in there, and then second visit, we've got a little more trust, so we might get a little more of a foothold in. And, you know, it's the exact opposite process of that. And it comes from, you know, the opposite of stigma, which I don't know, I was just thinking to myself like, what is the opposite of stigma? And I think, you know, I'm going to, at the risk of sounding really

unprofessional, but it's love, right? Yeah. And so you just love on these people, and people thrive when they're, when they, they grow and they thrive in atmospheres of love. And so you create that for them

Drew: For sure.

Mia: That's amazing.

Drew: I would say also, like, as far back as recorded human history goes, substance use has been there. This is not a new thing. Stigma is the new thing. That's the newest portion of this whole grand thing that we're doing. Prohibition is not as old as like, you know, the ancient Mesopotamia, you know, utilizing opiates to get through their day. Like, I mean, that's just the way that we look at these things is what, um, is what, what needs to change, I think, right? And so, um, when it comes to stigma and bias and whatnot, oftentimes that's rooted in a personal experience to some degree. Maybe a loved one, uh, just struggled with, you know, chaotic substance use. Maybe they burned you or your family members, like, you know, and it's all understandable. It's only whenever we can remove the emotion from the argument and look at it logically that we can make any type of headway. And I feel like, um, especially with the certain metrics of data that we collect and, and, you know, closely monitor, we're doing our very best to paint that logical, rational picture, uh, with what we see. You know that way we can kind of start helping to bridge that gap that is very, very predominant within these, uh, conversa conversation circles.

Brittany: Yeah. And I feel like that's exactly, it is so many times we want it to be so clear cut. Like they're using drugs, we don't want them to use drugs, they need to stop using drugs. And, you know, that seems very black and white, like it should be that simple. But the more we know about addiction as a disease, we understand that actually science is showing us something else that just the abstinence route isn't always as successful as people who are utilizing medication to transition out of maybe that more chaotic, you know, substance use disorder. And, and so the fact that you even have data to back up the services and the things that we now know in the scientific community to be best practice, you know, we're seeing it happen in real life. And, and I think that is the shift that's going to have to happen for, um, for, you know, the stigma for the demographic of people who are still against giving, you know, people who are in active substance use disorder, you know, syringes or test strips.

While it feels kind of counterintuitive, if you really step back and think about how are we going to get from point A to point B, it is building trust. It's rapport. These are people that have been burned too. They're just as miserable as a family member. They're burning, that's miserable. And that's the reality. And so, they need that acceptance, they need that compassion. And that's how you get to, okay, I know you're not judging me, so this is actually what I need. You know, and we can address the, it's the Maslow's hierarchy of needs. We start addressing these basic needs, housing, food, shelter, safety, and then we can start talking about these big changes. But I love it. I'm a big fan. Big Shred the Stigma fan <laugh>.

Drew: Yeah. Yeah. This is, it's been, um, and, and, you know, and, and it's a process, right? So I am uniquely aware that it, when I have these conversations about what we do and like what our program consists of, I'm uniquely aware of the audience that I'm speaking to. So if it's more of a, you know, a, you know, pro prohibition crowd, I'm going to be leaving leading with the Narcan and the Fentanyl test strips and talk about referrals to treatment. Um, if it's a more progressive, uh, crowd, we're going to be discussing more, you know, the, the actual full spectrum of the services that we provide and kind of give some success stories that are within there as well. No matter what crowd we're speaking to, there is a topic of conversation to be had, um, utilizing the successes that we've seen. And I think that that's, that's a really important part.

And, and for a lot of folks, I think where it really clicks for them. So, like, we give out anywhere from 250 to 350 kits every week. So every two weeks, uh, on a Saturday, there's a big group of people that get together and we just have a big kit, assembly line, and everybody's building kits. And I'm talking, we have people from all walks of life. We have communists, we have libertarians, we have Republicans, we have Democrats, we have every single political spectrum, uh, uh, from people from all walks of life, all gathering at the same table, laughing and smiling and having the best time of their lives. And I think that that is that moment where it starts to click that we are engaging in something that

is so far beyond the petty little grievances that we see in our daily lives, and we're actually finding a tangible solution to some of the problems that we see facing Oklahoma City residents. And that's a beautiful thing,

Brittany: Truly. And it almost sounds like that is what your call to action is, is to get involved and to maybe listen to stories or be open. And I feel like that's something that Mia and I have talked about in previous episodes of it can be that simple. You're not having to go out on the street and find someone who maybe isn't, you know, a substance use disorder. That's not really the call, the call is to have that open mindset, to be willing to care for that person in whatever way and capacity with, you know, healthy boundaries. We can.

Drew: Yeah. Yeah. Absolutely. And I, and so like, there's, there's participants that I've seen that I promise you I have wanted to just like grab them, throw them in the back of the car and drive them to detox because like, they were not, okay. Like, there has been times where I've been uniquely and deeply concerned for the individuals that I serve. However, I know that there's a certain approach that works and there's a certain approach that doesn't work. And I know that from my own personal experiences. So, the very best shot that I have at this person having positive health outcomes is to educate them as best as I possibly can, give them the tools necessary in order for them to have that positive health outcome and follow up with them and be that main, that maintaining point in contact with no barriers whatsoever. Like, I don't care if you tell me you're going to stop engaging in our services and you call me for another kit next week, we're still going to bring it to you. I'm not going to judge you or criticize you. I'm just going to make sure, hey, you still have Narcan. Right? Cool. You still have clean syringes, right? You're not sharing those with anybody. Right. Cool. All right. Call me next week. That's what it's about.

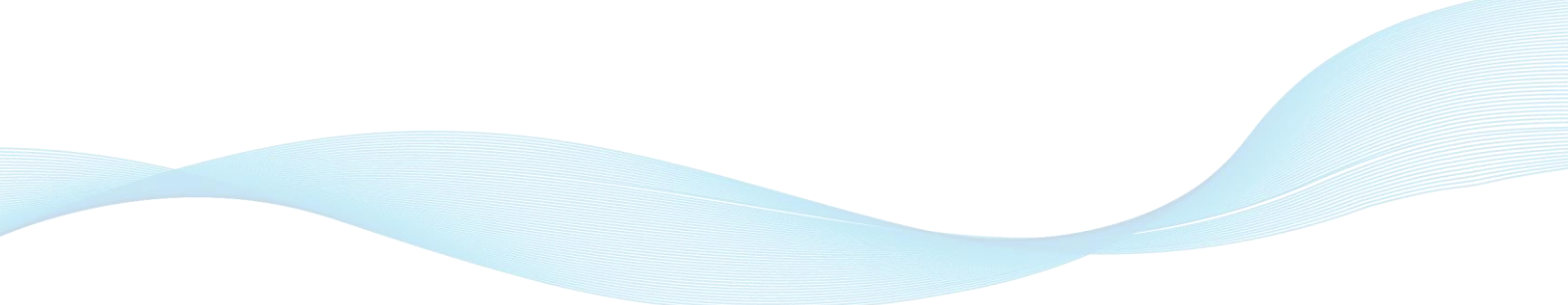
Brittany: It's powerful. Yeah, no, it truly is. Well, gosh, thank you so much for sharing about all of this, and honestly for sharing your best practices, you know, in the state of Oklahoma, Tulsa, and Oklahoma City, our biggest cities, our metropolitan areas, and, and it's huge to have these type of organizations that are leading the way, um, in this type of work, which is so important.

Drew: Thank you very much. I appreciate that. I mean, uh, and can I, can I share one little thing too?

Mia: Yes, absolutely.

Drew: So, you know, we, we talked kind of before about like, you know, how am I seeing stigma, uh, pop up in, in the line of work that we do? So, um, as I said before, the only way, uh, the, the only thing somebody needs to do to do, to engage in our services is send us an address. And when we're, we're compiling our delivery list for the evening, like we'll plug that address into Google Maps. And as long as it's not like a church or a school or a government building, we go, not a problem. Um, this was a Monday night, and this happened several months back. Uh, somebody gave us an address, we got 'em on the list, we delivered a kit. Our kits have Narcan, fentanyl test strips, condoms, clean syringes, uh, alcohol wipes, tourniquet, everything you need to be clean, safe, and sterile.

Late that evening, we get a text from another number that says, Hey, this address that you delivered to was a sober house. I, uh, I'm the house manager. I confiscated the kit. If you come back here, we're going to call the police. No problem. Apologies. We don't want to be a problem. You know, um, we catch wind on Wednesday evening that the person that we had delivered to overdosed and died in that sober house because they removed the Narcan we gave them, there was no Narcan in that house anywhere. So when it comes to stigma around harm reduction, we have found the, the most stigma being prevalent within the recovery community. And I would just say, if you are running a sober house or know somebody who is, you need to have Narcan readily available and accessible to everybody, not just one or two people in that house. There is a maintenance dose that opiate users have gotten acclimated to in their mind, and after a period of abstinence, that maintenance dose that used to just be enough to keep them from getting sick will absolutely kill them today. So, just wanted to toss that out there. It's very important to have Narcan in those environments.



Mia: Yeah. I, I really feel like any environment where someone's initial reaction is, we don't need that. Here is somewhere that really needs some Narcan. <laugh>. Yeah. Without a doubt. Yeah. Yeah. Well, thank you so much, Drew. This has been amazing. Uh, as, as always, you know, I kind of wish we had like an hour to keep chatting, um, and because we could, I, I know that there's so much more we could learn from you. Um, if folks are interested in more, should they go to your website? Yeah, absolutely. That okay. Absolutely. So we'll link that in the, in the description, but it's shredthestigmaok.org. Okay. That's it. You got it. Perfect. Perfect. So for those of you listening along, um, stay tuned, we'll have another guest for you in, uh, next month's time. Thanks y'all. Bye guys.

Thank you for listening to this episode of Shine a Light on Stigma. Join the conversation by sending your questions, feedback, and ideas to StigmaPodcast@Telligen.com. Views expressed in this podcast do not necessarily reflect the official views or policy of CMS or HHS. Any reference to a specific product or entity herein does not constitute endorsement of that product or entity. This material is for informational purposes only; it is not intended to be a substitute for professional medical advice, diagnosis, or treatment.