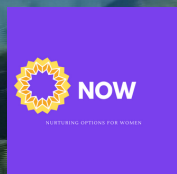


RCORP-ETC



COMMUNITY SPOTLIGHT:

Erin Read, Knox County Health Department



Q: Can you tell me about your position and work?

A: I work with the Knox County Health Department (KCHD), as director of the Substance Misuse Response Division. My team coordinates the All4Knox initiative to address substance misuse, facilitates the Knox County Overdose Fatality Review Team, provides Harm Reduction Navigation services to KCHD clients and others, coordinates a peer navigator program at Covenant emergency departments, and offers education and outreach around substance misuse and related issues. My job is to make space for this work, collaborate with partners and find funding to fill additional needs in the community.

Q: What would you say is the most rewarding part of your work?

A: The most rewarding part is seeing people who are struggling with substance use disorder (SUD) realize there is support out there for them. One of the principles of harm reduction is to honor all positive change. When someone is actively using substances, positive change includes reducing frequency of use.

Many people living with SUD have been told their efforts are not good enough unless they can get and stay entirely “clean and sober.” But the reality is that reducing frequency of use not only makes them safer, it also is a vital first step toward self-care. SUD erodes self-esteem and can lead people to think they can’t change their situation. For many, it feels revolutionary to do something to take care of themselves, even if it is small. It helps them ask, “what else can I do?”

Q: How did you or what inspired you to get into opioid use disorder prevention work?

A: My previous work with KCHD was in community-level strategic planning, and substance misuse just kept coming up. In many ways, I feel that substance misuse hits the heart of our inability to engage with ourselves and each other. Even though not everyone has SUD, it’s a symptom of a much deeper rift in ourselves and our community. When my cousin passed away from an overdose in 2020 it led me to examine how this dynamic plays out in my own life as well. We have a lot of healing to do, both inward and outward.

Q: How can community members support individuals battling OUD and those in recovery?

A: The first thing community members can do is fight stigma: use people-first language (ex. “person with substance use disorder” instead of “addict” or “junkie”), work to change the conversation from one of condemnation and hopelessness to one of realistic optimism.

As long as there’s breath in the body, there’s hope for healing. The second thing community members can do is realize that our community includes everyone. If a recovery house is in your neighborhood, take the time to understand what the people in that house are doing: they’re working hard to find a new way of being and they are deserving of respect.

UPCOMING EVENTS

March 26th - 7th Annual Foster Care and Adoption Conference. Click [here](#) for more information.

March 30th - World Bipolar Day For more information on The World Bipolar Day and Substance Use Disorder click [here](#).

April 12th - Facts about Fentanyl Training. Click [here](#) to register.

April 22nd - RCORP-ETC “Opioid Use Disorder and the Health of Women and Children”

Click [here](#) for more information on local health promotion events and opportunities

Social Media: @TNOPIOID



DIGITAL STORIES

APRIL'S STORY

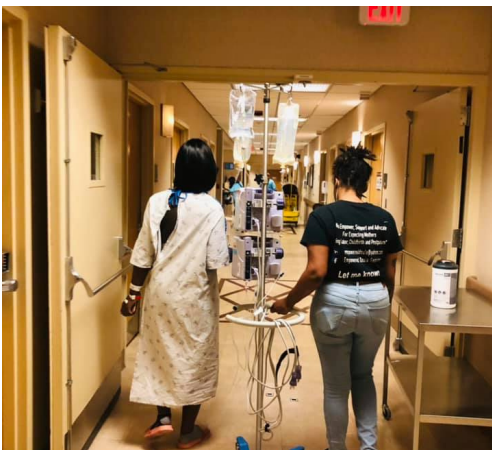


April is a young mother whose life was turned upside-down by opioid use disorder. April's 7-year long battle with opioids began when she was looking for relief from back pain after giving birth. She eventually lost custody of her two sons. April conveys that once she lost her children, she no longer had any reason to even try to "be normal." April tells us about the intensive outpatient treatment program for mothers that provided her with the coping skills, resources, and friendships necessary to enter recovery successfully and ultimately help her regain custody of her children. Follow April's story [here](#).

BLACK MATERNAL AND CHILD HEALTH WEEK IS APRIL 11-16, 2022

Q&A:

DOULA ALEXIS ALSUP, EMPOWERED DOULA SERVICES



Q: What inspired you to become a doula?

A: I fell in love with the concept of birthing after having my first child at a young age. My Mother gave me knowledgeable resources when I was pregnant. She didn't want me to experience a traumatic birth like she did. Therefore, she hired a birth doula to really prepare my mind and body for a natural birth. After my experience I knew I wanted to support, inform and empower women during pregnancy, birth and postpartum period. In conclusion, my biggest inspiration was my own birth experience that led me to become a Doula in my community.

Q: For individuals who do not know much about birth work, how would you describe what doulas are in one word and why?

A: ADVOCATORS!! I will say that describes a Doula in one word because we are supporting what you want your birth experience to be. Not only are we preparing your mind and body but we are making sure everything from your environment during labor is going how you expect it to! We are making sure your voice and choices for care are being heard and valued.

Q: One of your most memorable experiences so far as a birth worker?

A: There are so many memorable moments I have as a birth worker. Here is a one birth story that I'll share. I had a family who were expecting their fourth child. Once I received a call at 6am, I heard my client's voice and knew it was time to go. I arrived at Tennova Hospital before the family arrived. I had my doula bag with tools and a birthing ball. As soon as the mother was admitted, I started setting up her room. I dimmed the lights, played her music and started aromatherapy in the room. I used a birthing ball to do figure 8's with her. As I'm guiding and coaching her through each wave, Alicia keys song "If I ain't got you" started playing. Her husband was messaging her lower back and supporting her. With all the love, support and warmth that filled the room, within 30 minutes the mother started pushing. The medical staff rushed in the room to assist her in bringing her baby earth side. She achieved a natural birth that she wanted. Once the family saw their baby, they burst into tears. There was a moment, the mother looked up towards the ceiling in complete shock that she birthed just how she wanted too for the first time. Setting the atmosphere and having support in a hospital setting is so monumental. They had a healthy baby boy named Bryant.

[Empowered Doula Services](#)

DID YOU KNOW? CESAREAN DELIVERIES & OUD

Did you know that Cesarean delivery, or C-section, is the most common major surgery done in the United States, and opioids are almost universally prescribed for pain management after a C-section? As the rate of opioid use disorder (OUD) continues to rise, researchers recommend implementing opioid prescribing guidelines to reduce risk and improve outcomes for women in the postpartum period. Research indicates that 1 in 300 U.S. women who are prescribed opioids after a C-section go on to develop OUD. For future safety it is within the best interest of the patient that the process and care provided after C-sections becomes more standardized and gains the attention it deserves. This would bring us one step closer to helping ensure that every woman, regardless of demographics or where she lives, receives the same high quality level of care throughout the birth experience.

Visit [CDC Recommendations](#) for more information.



BRAIN DEVELOPMENT, TRAUMA, AND RESILIENCE FOR YOUNG PEOPLE

RCORP-ETC has produced an online training that provides information on adolescent brain development and how adverse childhood experiences (ACE's) impact this development. Participants also learn strategies to help build resilience in youth through trauma-informed strategies. Both the PowerPoint and recording of the training can be found [HERE](#). Please contact Laurie Meschke at LLMeschke@utk.edu if you wish to schedule a training in the RCORP-ETC service area.

CONTINUING MEDICAL EDUCATION: OPIOID CRISIS TRAINING

RCORP-ETC has an online opioid crisis training, facilitated by Dr. Brian Winbigler of The University of Tennessee Health Science Center. The University of Tennessee College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Learning objectives of the training include:

- Integrate new opioid and controlled substance prescribing regulations into daily practice
- Assess what role Naloxone plays in harm reduction
- Determine which patients are candidates for prescribing Naloxone
- Outline the various causes of NAS
- Assess the risks versus benefits of prescribing opioids for women of childbearing age
- Summarize the effective use of the CSMD

The training can be found [HERE](#).