No Wrong Door for Opioid Safety: How to Communicate for Impact

December 5, 2019
11 AM – 12 PM Pacific
2 – 3 PM Eastern

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Today’s moderator

Carmen R Nevarez, MD, MPH
Director
California Opioid Safety Network
Vice President
External Relations and Preventive Medicine, Public Health Institute

californiaopioidsafetynetwork.org
No Wrong Door for Opioid Safety: 4 Part Webinar Series

Building Partnerships (October 8, 2019)
“What are the elements of successful partnerships that we can apply to strengthen our response?”

Local Data for Local Action (November 5, 2019)
“How is locally available data being used for measurable results to save lives?”

Communicating for Impact (TODAY)
“What are the most effective messages and means of communication to mobilize local opioid crisis response?”

Sustaining Our Response (Date TBD)
“How can we ensure that our most effective strategies are secure for as long as they are needed?”
COSN is a network of coalitions and organizations working at the forefront of the epidemic.

We provide access to knowledge, training and resources to implement proven strategies that save lives.

www.californiaopioidsafetynetwork.org
CDC: Partnerships across sectors are necessary for effective response.

Remember... strong messaging and communication strategies are the ‘glue’ to an effective local response.
Think about...

- What communications strategies do we currently have in place?
- What is our communications goal, who is our target audience, and what is our call to action?
- Who do we currently involve in developing our key messages?
- Are there ways our language may be stigmatizing?
- What elements of existing public campaigns could we start to build now?
LeShaundra Cordier, MPH, CHES
Associate Director of Communication
CDC’s National Center for Injury Prevention and Control
Division of Overdose Prevention (DOP)

cdc.gov/drugoverdose/
Rx AWARENESS CAMPAIGN

Creating & Delivering Opioid Messages that Matter

LeShaundra Cordier, MPH, CHES
Associate Director of Communication
Division of Overdose Prevention

December 2019
Challenges in Opioid Communications
The Changing Opioid Landscape

RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

A Multi-Layered Problem in Three Distinct Waves

399,000 people died from an opioid overdose (1999-2017)

- 1990s mark a rise in prescription opioid overdose deaths
- 2010 marks a rise in heroin overdose deaths
- 2013 marks a rise in synthetic opioid overdose deaths

- Shifting demographics nationwide
- Rise in opioid overdose deaths can be outlined in three waves

Rx OPIOIDS
Include natural, semi-synthetic, and methadone and can be prescribed by doctors.

HEROIN
An illegal opioid.

SYNTHETIC OPIOIDS
Such as fentanyl and tramadol are very powerful and can be illegally made.

Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

Rx Awareness Campaign
Centers for Disease Control and Prevention
Opioid Communication Challenges

- Evolving crisis
- Stigma/assumptions around substance use prevention, treatment, and recovery
- Terminology
- Limited time and resources
- People not “hearing” the message
- Communication noise
- Misinterpretation of data
Appropriate Language (Terminology)

- Person in recovery or person with a substance use disorder/opioid use disorder
  - Not “addict” or drug abuser, etc.
- Positive or negative toxicology screen
  - Not “clean” or “dirty”
- Medication-assisted treatment
  - Not “replacement” or “substitution”

Source: Office of National Drug Control Policy, Changing the Language of Addiction, 2017
Reducing Stigma

- Don’t use scare tactics
- Humanize the topic/issue
- Avoid imagery of paraphernalia
- Ensure that the tone is empathetic, supportive, and informative
- Include a call to action or link to more information
Creating Effective Communication Resources
Effective Communication Contributes to Success and Sustainability

- Raises awareness and increases knowledge
- Persuades others that you can help
- Generates buy-in for programs
- Encourages behavior change
- Establishes credibility
- Deepens old partnerships and forges new ones
Creating Materials

Step 1: Setting a communications goal
- Begin with the end in mind.
- What do you want people to know?
- How will you know if you are successful?

Step 2: Identifying and prioritizing audiences
- Audiences have different needs.
- You cannot reach everyone in the same way.

Step 3: Creating and delivering messages
- People want to know what’s “in it” for them.
- It is not what we want them to hear, it is what they are able (and willing to hear).
Best Practices for Creating Materials

• Always keep your audiences’ needs, beliefs, and values in mind.
• Meet them “where they are”
• Have a purpose for the kind of product you are creating
• Consider the messenger(s)
  • From whom will your audience want/need to hear?
• Pretest Messages
• Plan for evaluation
**Rx Awareness: Communication Goals**

- Increase awareness that prescription opioids can be addictive and dangerous
- Lower nonmedical, or recreational, opioid use
- Increase the number of patients seeking nonopioid options for pain management
Rx Awareness: Identifying and Prioritizing Audiences

- Designed to reach as many people as possible about this public health crisis
- Considered prevalence/overdose death rate data
- Conducted and reviewed research
- Prioritized, despite broad audience segment
Rx Awareness: Audiences

• Adults Ages 25–54
• Have taken prescription opioids at least once for medical or nonmedical (recreational) use
Rx Awareness was Designed for States

- Engaged CDC-funded states as campaign messengers
- Tested campaign materials and resources with state partners
- Developed materials in customizable/taggable formats
- Ensured materials were adaptable to state efforts
Rx Awareness: Campaign Resources

• Digital
  • Thirty-second testimonial videos
  • Web banner ads
  • Online search ads
  • Five-second bumper digital video ads
  • Social media ads

• Radio
  • Thirty-second ads

• Out-of-home
  • Billboards
  • Newspaper ads

• Website
  • [www.cdc.gov/RxAwareness](http://www.cdc.gov/RxAwareness)
Rx Awareness: Tagline and Reality Statement

• Campaign tagline and reality statement were developed with input from the target audience

• Tagline: It only takes a little to lose a lot

• Reality statement: Prescription opioids can be addictive and dangerous
Rx Awareness: Real Stories
Rx Awareness: Pilot

- Pilot in 4 states, 9 counties
- Digital: 14-week flight (launched in December 2017)
- Radio and out-of-home: 10-week flight
- Counties
  - **West Virginia**
    - Cabell
    - Kanawha
    - Berkeley
    - McDowell
  - **Ohio**
    - Cuyahoga
  - **Oregon**
    - Multnomah
    - Lane
    - Jackson
  - **Rhode Island**
    - Providence
Rx Awareness: Launch

- Digital launch in 4 states, 16 counties
  - Fourteen-week flight
- Campaign materials
  - Video testimonials (8)
  - Static banner ads (2)
  - Dynamic banner ads (2)
  - Bumper digital video ad (1)
  - Radio ads (7)
  - Billboard (1)
- Radio and out-of-home
  - Ten-week flight
Rx Awareness: Results

- Campaign messaging was successful and widely viewed across channels.
Campaign Exposure Led to Increased Awareness and Intention

- Consumers exposed to the *Rx Awareness* campaign reported higher:
  - Awareness and knowledge of the risks and dangers of prescription opioids
  - Intentions to seek information or talk to others about prescription opioids

35% increase in planning to ask a doctor for alternatives to prescription opioids, if needed

27% increase in planning to avoid prescription opioids recreationally and/or medically
Rx Awareness: What We Learned

- The audience connected with personal stories and emotional messages
- There was common concern across communities about opioid overdose
- There is a need for multichannel dissemination strategies that reach the whole community
- Despite audience prevalence on digital platforms, billboards were important
Rx Awareness: Key Takeaways

• Ensure a multichannel, strategic approach
• Leverage testimonial stories to highlight the impact
• Use tested materials, resources, and tools
• Host webinars and trainings to help organizations adapt materials
• Work with a marketing/media buying expert to expand the reach of the campaign (if budget allows)
• Partner with other groups/organizations in your area to disseminate
Resources

- **Rx Awareness Campaign** ([www.cdc.gov/rxawareness](http://www.cdc.gov/rxawareness))
- Opioids Portal ([www.cdc.gov/opioids/](http://www.cdc.gov/opioids/))
- Drug Overdose Data ([www.cdc.gov/drugoverdose/data](http://www.cdc.gov/drugoverdose/data))
- Opioid Shareable Graphics and Videos ([www.cdc.gov/rxawareness/resources/socialmedia.html](http://www.cdc.gov/rxawareness/resources/socialmedia.html))
- Opioid Materials for Patients ([www.cdc.gov/drugoverdose/patients/materials.html](http://www.cdc.gov/drugoverdose/patients/materials.html))
- CDC Opioid Guideline Resources
  - Guideline resources ([www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html))
  - Clinical tools ([www.cdc.gov/drugoverdose/prescribing/clinical-tools.html](http://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html))
  - Provider training ([www.cdc.gov/drugoverdose/training/online-training.html](http://www.cdc.gov/drugoverdose/training/online-training.html))
  - Mobile app ([www.cdc.gov/drugoverdose/prescribing/app.html](http://www.cdc.gov/drugoverdose/prescribing/app.html))
- Opioid Overdose Prevention for States Microsite ([www.cdc.gov/drugoverdose/microsite/index.html](http://www.cdc.gov/drugoverdose/microsite/index.html))
THANK YOU!

For more information, contact CDC: 1–800–CDC–INFO (232–4636)
TTY: 1–888–232–6348  cdc.gov/rxawareness

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
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Words Matter: How Language Impacts Stigma

Harm Reduction Coalition
A Note on Changing Language

“Language changes so quickly these days, the right to speak about people, trauma, about identities, about gender, about geography — everything is in motion on a regular basis. I know that in writing this book I am creating something infinitely dated.”

Adrienne Maree Brown, excerpt from Pleasure Activism
The Problem:

- We are seeing more national discussion of the overdose crisis but **many people are still using stigmatizing language or frameworks**
- Many providers, physicians and national media frame the issue in ways that can increase stigma, are incorrect and can be harmful.
The Problem:

- We need to **reshape perception to humanize people who use drugs** & have the most effective strategies because
  - Research shows that using language like “abuse” or “substance abuser” instead of “use” or “substance use disorder” leads to more punitive medical care, and negative judgements
  - Research shows the language contributes to stigma therefore addressing our language around substance use isn’t merely semantics or political correctness. Widespread use of stigmatizing language has led to misunderstanding of the fundamental nature of addiction creating some deadly misconceptions about how it should be managed.
The Solution:

There are a few questions we’d like to pose for you to reflect on your own language practices when it comes to communications & interpersonal interactions...
Are You Using Person First Language?

**Changing the Language of Addiction**

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

**Terms Not to Use**
- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

**Terms to Use**
- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder
Are You Talking About All Drug Use As a Disorder?

A Continuum of Language About Drug Use

- No Use
- Experimental or Situational
- Social
- Regular Use
- Ritual Binge
- Habitual/Daily
- Chaotic/Persistent
Are You Using Sensational or Fear Based Language?
Overcoming Pushback:

- It is challenging for people to change long standing language patterns – and people question whether it’s important

- We make sure we give actionable ways people can address their own language and **acknowledge that it is challenging but emphasis the importance**
Overcoming Pushback:

Choose an accountability buddy to share your areas of growth and to correct and support you.

Perform a language audit of existing materials (forms, brochures, signs) and replace with inclusive language.

When developing new materials, seek input from various stakeholders including people who use drugs.

Stay teachable! Follow reputable sources for information and be open to ongoing growth and change.
Successes: Know Overdose Campaign

• One example of a public health overdose prevention campaign that reflected on these three questions is the Know Overdose campaign released by Harm Reduction Coalition’s DOPE Project in San Francisco, California.

• *Know Overdose* expertly addresses real risks for overdose while incorporating people who use drugs themselves as the storyteller, experts and consultants – which is our biggest advice.

• If you want to create a similar media campaign make sure you:
  • Reflect on your language
  • Include people with lived experience at every stage of creation (concept, photographing, editing & roll-out)
Our Experts & Their Strategies

Know Overdose
We're better together
Know the signs if someone is overdosing.
Carry naloxone and know how to use it.

Change it up
Injecting drugs carries the highest risk of overdose, so try smoking or snorting instead.

Let's take care of each other, San Francisco

Use naloxone (Narcan®) to save lives: Naloxone is a medicine that reverses overdose from opioids including heroin, prescription pain pills and fentanyl.
Get free naloxone (Narcan®) + overdose prevention training: Injectable naloxone is available at local syringe access programs. Naloxone nasal spray is available at Crisis Services, 1880 Howard St.

harmreduction.org/dope
Just the Facts

**KNOW OVERDOSE**

People who use drugs, their loved ones, and the greater San Francisco community **reverse around 1,500 overdoses a year.**

**LET’S TAKE CARE OF EACH OTHER, SAN FRANCISCO**

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**KNOW OVERDOSE**

Reversing an overdose with naloxone is **safe, simple, and legal.**

In San Francisco, getting an overdose prevention kit and training is **free.**

**LET’S TAKE CARE OF EACH OTHER, SAN FRANCISCO**
Their Portraits

"I've seen a lot of drug use here. That really doesn't bother me. What bothers me is seeing a lot of people die or come close to death—that can be prevented."

—Frank C., Glide Harm Reduction Services

"I passed out, and there were people around me who saw. They Narcan-ed me... I had no idea. I'm glad I was with them when it happened. I could have been alone."

—Tamy, SF HSP

**LET'S TAKE CARE OF EACH OTHER, SAN FRANCISCO**

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Use naloxone (Narcan®) to save lives. Naloxone is a medicine that reverses overdose from opioids, including heroin, prescription pain pills, and fentanyl.

Get free naloxone (Narcan®) + overdose prevention training: Injectable naloxone is available at local syringe access programs. Nasal spray naloxone is available at CBHS-Pharmacy, 1380 Howard St.

harmreduction.org/dope

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CALIFORNIA Opioid Safety Network

CENTER FOR HEALTH LEADERSHIP & PRACTICE

A Center of the Public Health Institute
Resources:

*Know Overdose* campaign information and materials can be found at Harmreduction.org

https://harmreduction.org/issues/overdose-prevention/recognize-overdose/
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Community Health Institute
The Doorway-New Hampshire

NO WRONG DOOR FOR OPIOID SAFETY:
HOW TO COMMUNICATE FOR IMPACT
The New Hampshire Opioid Problem

http://ontheworldmap.com/usa/state/new-hampshire/new-hampshire-location-on-the-us-map.html
The New Hampshire 2015 Response

The New Hampshire Opioid Problem 2018
The Solution (research findings):

1. Language: empowering, collaborative, trauma-informed
2. Highlight the client’s needs
3. Beyond opioids
4. Emphasize immediate help
5. Success/recovery is achievable
6. Reach friends and caregivers
7. Inform about the Good Samaritan Law and Naloxone
8. Personal stories from a people with lived experience
9. Clear action step – call 2-1-1 or visit TheDoorway.NH.gov
The Solution – Campaign Creation
Overcoming Pushback

YOU ARE NOT ALONE.
And you’re never far from help.
Find a Doorway near you.
For more information on alcohol and drug issues visit
www.theDoorway.NH.gov or Call 2-1-1.
Overcoming Pushback (Cont.)
Successes:

Lessons for trying to build this communications strategy, or other communication approaches for their local opioid response -

1. Decision Maker
2. Use “Real People” in recovery
3. Engage your partners
Successes (Cont.):

3 actionable things you can do now to get the ball rolling to strengthen your approach -

1. Research
2. Test content
3. Engage funder in process
New Hampshire Resources:

https://thedoорway.nh.gov/home This newly created resource connects NH residents to SUD information and services

https://nhtreatment.org/ This NH resource lists treatment agencies and individual practitioners offering substance use disorder services, including evaluation, withdrawal management (detoxification), outpatient counseling, residential treatment, recovery supports and other types of services

https://healthcommunication.jsi.com/ Check out the JSI Health Communication Portfolio, which highlights how we combine our decades of public health experience with approaches that inform and support people to change their behavior
LEARN. DISTRIBUTED. IMPLEMENT.

www.californiaopioidsafetynetwork.org
Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

2. Type your question in the Q&A box

3. Select Ask: All Panelists

4. Click Send
Please submit your questions to our panelists!

- Carmen Nevarez
- Savannah O'Neill
- Karyn Madore
- LeShaundra Cordier
- Jenna Haywood
- Christin D’Ovidio
Thank you to today’s moderator & presenters!

Carmen Nevarez  
Savannah O'Neill  
Karyn Madore  
LeShaundra Cordier  
Jenna Haywood  
Christin D’Ovidio
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No Wrong Door for Opioid Safety: How to Communicate for Impact

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No Wrong Door for Opioid Safety: Communicating for Impact
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