

Implement a media and messaging campaign that increases awareness of the signs and symptoms of an opioid overdose, where to access and how to administer naloxone in the event of an overdose, or other harm reduction and overdose prevention resources in the community. The campaign should be action-oriented and focused on providing the community with tangible information that they can use to prevent and/or respond to an overdose (e.g., how to administer naloxone; what the Good Samaritan law is).

Expected Outcome:

- Implementation of a media and messaging campaign that increases awareness of the signs and symptoms of an opioid overdose, where to access and how to administer naloxone in the event of an overdose, or other harm reduction and overdose prevention resources in the community.
- Increase access to harm reduction services, promoting overdose prevention education and naloxone availability, and increasing linkages to care for people who use drugs such as to Medication-Assisted Treatment and syringe service programs (SSPs).

Health Equity Planning Principals:

Health disparities are influenced by the stigma associated with drug use and substance use disorder. Implementing media and messaging campaigns to increase the awareness of the risks of an overdose should include language that actively identifies and seeks to reduce stigma. To make those messages culturally relevant and to ensure that they do not unknowingly perpetuate harm, message development should involve those representing the priority population – in this case, people with lived experience of drug use and/or substance use disorders. The aims of the public health messaging regarding the overdose crisis are to: increase access to harm reduction services, promote overdose prevention education and naloxone availability, and increase linkages to care for people who use drugs e.g. Medication-Assisted Treatment and syringe services programs (SSPs). Normalizing provision of services related to the overdose crisis – naloxone, syringe access, treatment-seeking, use of medications like methadone and buprenorphine - reduces overall stigma and helps communities better respond to urgent needs.

Priority populations should be engaged in the planning, implementation, and evaluation of this strategy. Organizations and community groups representing vulnerable populations should reflect the demographics of the counties and those at higher risk of overdose and substance use disorder. This includes people of low socioeconomic status, those who have experienced trauma, people leaving incarceration (or other periods of abstinence followed by return to use), and non-Hispanic white adults ages 18 to 54, specifically those who currently use drugs, are in recovery, know someone at risk for an overdose, are in highly impacted communities, and/or provide services to people who use drugs. However, overdose and substance use disorder are subject to many of the same social determinants of health as other injuries and chronic conditions, including access to primary healthcare, insurance status, race, class, employment, and housing.



When developing messages for overdose prevention, it is important to use person-first language. Person-first language focuses on the person and not their condition. Using terms that stigmatize addiction can affect the perspective and behavior of community members, patients, clients, scientists and clinicians. Clinicians need to be especially aware of using person-first language and avoid more stigmatizing language. Some examples are included in the table below.

USE these terms:	Terms NOT to use:
Person with substance use disorder	Addict, abuser, junkie, druggie
Person with opioid use disorder	Oxy-addict, meth-head
Person in recovery	Ex-addict
Negative/positive result(s)	Clean/dirty (when referring to drug test result)
Addiction, substance use disorder	Addictions, addictive disorders

Recommended Partners:

• community coalitions • community groups • Department of Social Services • EMS • faith communities • Law enforcement • local syringe services programs • schools • treatment and recovery centers

Intervention Examples:

A. Union County

- Developed a cinema ad to show in their local movie theater on how to recognize signs and symptoms of an overdose and connecting to preventative health care.
- If interested in reviewing their script, please contact Sara Smith at: sara.j.smith@dhhs.nc.gov

B. Wake County

- Developed a Good Samaritan Law video and corresponding campaign.
- The video and more information can be found [here](#).

C. Davie County

- Focused messaging on the justice-involved community
- Developed pamphlets and credit card sized cards to put in a wallet with information on signs and symptoms of an overdose, how to administer naloxone and where to get it as well as information on the Good Samaritan law.

D. Surry County

- Focused more on general information on opioids (what they are), signs and symptoms of an addiction, naloxone, count resources, etc.
- They also have additional information on their [website](#).

Related Programs:



The Injury and Violence Prevention Branch (IVPB) will collaborate with state and local partners to implement a statewide media campaign that will promote access to and raise awareness of evidence-based overdose prevention strategies outlined in the NC Opioid Action Plan 2.0.

Recommended Tools/Resources

North Carolina Resources:

- A. Naloxone Distribution Toolkit
www.injuryfreenc.ncdhhs.gov/DataSurveillance/NaloxoneDistributionToolkitFinalApproved-042219.pdf
- B. Naloxone Saves
www.naloxonesaves.org/
- C. Stop the Stigma Language Guide
<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/StopTheStigma-Electronic-081919.pdf>

Data Sources

- A. The NC Opioid Data Dashboard displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.
<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>
- B. The IVPB Poisoning Data page houses monthly surveillance reports, county-level overdose slide sets, and data tables on opioid dispensing, as well as overdose deaths, hospitalizations, and ED visits.
www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm
- C. Additional information about North Carolina's response efforts can be found on the NC DHHS Opioid Crisis page.
www.ncdhhs.gov/about/department-initiatives/opioid-epidemic

