

Healthy Communities Strategy #4: Opioid Media and Messaging Campaign

Implement a media and messaging campaign that increases awareness of the risks of opioid poisoning, signs and symptoms of opioid overdose, and where to access and how to administer naloxone in the event of an overdose.

Expected Outcome:

- Implementation of a media and messaging campaign that increases awareness of the risks of opioid poisoning, signs and symptoms of opioid overdose and/or where to access and how to administer naloxone in the event of an overdose.

Health Equity Planning Principals:

Health disparities are influenced by the stigma associated with drug use and substance use disorder. Implementing media and messaging to increase the awareness of the risks of unsafe drug use practices 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 public health messaging regarding the overdose crisis are: to increase general public awareness and knowledge of related issues (including but not limited to prevention of overdose, infection, and substance use disorder) and to ensure that someone seeking specific information or support (including but not limited to access to preventive health services, naloxone kits and training, and substance use disorder and mental health treatment) knows where to find these services. Normalizing provision of services related to the overdose crisis – naloxone, syringe exchange, 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 24 to 54. 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. Interventions should address current demand and opportunities as well as consider overall health and aim to reduce health disparities in short- and long-term response.

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 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:

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

Intervention Examples:

- A. The local health department implemented the CDC Rx Awareness Campaign in their community. Each week, a different story from a prescription drug user was portrayed and the social media ads were shown to all friends associated with the department’s Facebook and Twitter accounts. At the end of the campaign, the program coordinator provided digital analytics and shared on Facebook and Twitter as well as with their Opioid Overdose Prevention Coalition and Harm Reductionists. Each week, the coordinator reviewed analytics of the Facebook page that showed (1) reach; (2) number of times post was shared; and (3) how the post performed compared to other posts on their page. For Twitter, the number of times posts were retweeted or mentioned was reviewed.
- B. The local health department conducted a billboard campaign that included a crisis line number and a link to the county’s substance use resources directory. They then distributed over 500 English and Spanish information cards based on the billboard campaign to community partners who provide direct services to the community (i.e. Sheriff’s Department, Federally Qualified Health Center [FQHC], Health Department Clinic, community-based organizations)
- C. The local health department, contracted with Screen Vision Media, to develop a video ad to be shown in movie theaters in the county. The video communicates the signs and symptoms of an overdose and how to connect people to preventative health care.

Related Programs:

The Injury and Violence Prevention Branch (IVPB) will collaborate with state and local partners to implement a statewide media campaign that will increase awareness of the risks of opioid poisoning.

Recommended Tools/Resources

- A. CDC Rx Awareness Campaign
www.cdc.gov/rxawareness/index.html

- B. CDC Rx Awareness Campaign (customizable materials)
Please email Sara Smith at sara.j.smith@dhhs.nc.gov for the latest materials.

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/departments/initiatives/opioid-epidemic