



About Appalachia



APPALACHIAN REGION



- 205,000 square miles
- Encompasses all of West Virginia and part of 12 other states

















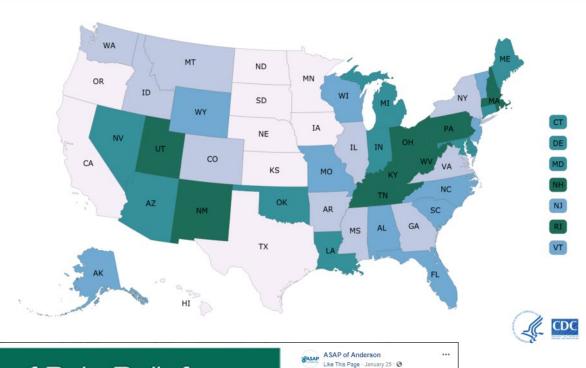
Exploring opioid communication

- 2015 Began conducting social media training for 5 community-based organizations in Appalachia
 - Operation UNITE London KY
 - S.T.A.N.D. Oneida, TN
 - Roane County Anti-Drug Coalition Kingston, TN
 - ACTION Coalition Mountain City, TN
 - Community Connections, Inc Princeton, WV

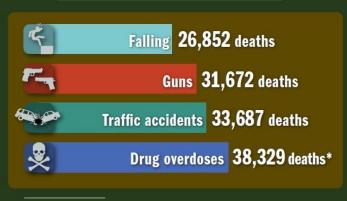












*30,006 of which were unintentional.

Source: CDC Wide-ranging OnLine Data for Epidemiologic Research (WONDER) on Mortality: http://wonder.cdc.gov/mortsql.html (2010)

Mathematics of Pain Relief

Healthcare providers wrote >259 MILLION prescriptions for OPIOID PAINKILLERS in 2012.

Over the counter or prescription:

200mg of ibuprofen - 500mg of acetaminophen

The most effective pain relief combination:

What's most effective?

Drug overdose - mostly from painkillers - now kill more people than car crashes.

> Opioid painkillers may not always be the best

way to treat acute pain.

Overdose











FAST FACT: The most effective pain relief combination is 200mg of ibuprofen + 500mg of acetaminophen, according to recent research. #Opioid painkillers may not always be the best way

to treat acute pain. #preventionworks



Exploring opioid communication

- 2015-2016 Identified a need for guidance on messaging
- 2016 Literature review revealed no best practices for communicating about opioids in Appalachia
- 2017 Began formative research to fill gap
 - Explore how the opioid crisis is uniquely affecting different communities within Appalachia
 - Identify effective communication strategies for CBOs to use to support opioid abuse prevention, treatment, and recovery



Methods

- 24 Virtual IDIs with experts from 12 Appalachian states
- 12 in-person focus groups with community members
 - London, Kentucky
 - Kingston, Tennessee
 - Oneida, Tennessee
 - Princeton, West Virginia





Focus Groups

- Audience segments
 - Ages 25-39
 - Ages 40-54
 - Ages 25-54 in recovery from opioid addiction
- 47 participants
 - Approximately 66% women, 34% men
 - Range of education and income levels



Key Findings

- Tremendous parity in findings between interviews and focus groups.
- Public health impact was the most commonly reported concern
 - Number of overdoses and fatalities
 - Neonatal abstinence syndrome
 - Outbreaks of HIV and Hepatitis C
 - Dental issues
 - Mental health issues
 - Malnourishment
 - Automobile accidents
 - Suicide





Key Findings

- Other concerns:
 - Crime
 - Local economy impacts
 - Impact to families
- Community awareness of the dangers of prescription opioids was mixed

"Everyone knows someone who has been affected [by opioid addction]."



Key Findings

- Attitudes towards those with addiction and those who overdose
 - Awareness of the issue is growing
 - Topic often avoided in personal discussions
 - Stigma "the new leprosy"
 - Resistance to use of Naloxone





Contributing Factors

- Healthcare providers
- Economic decline
- Multi-generational addiction
- Adverse Childhood Experiences (ACEs)
- Lack of access to health services
- Lack of support for prevention programs
- "Nothing to do"







Communication Best Practices

- General population
- Youth
- Parents/caregivers
- Individuals with addiction





General Public



- Stigma reduction towards individuals with addiction/substance use disorders
- Proper use, storage, and disposal of prescription opioids
- Help is available for those facing addiction; people can and do recover
- Risks of taking prescription opioids and questions to ask Dr.
- Opportunities to become engaged in local efforts
- Signs and symptoms of addiction



FRAMING / SPOKESPEOPLE

- Personal stories of individuals in active recovery
- Emphasize impacts of addition on family relationships
- Include details about the "path to addiction"
- Consider "before" and "after" photos
- Pair messages about consequences of addiction with messages about hope
- Trusted local leaders (e.g., sheriff, high-school coaches, clergy)

DISSEMINATION

 Multi-pronged communication approach (e.g., social media, church bulletins, local media, community events, comments section of online news stories)





Youth

KEY MESSAGES

- Promote alternatives to using drugs
- Normalize not using drugs among peers
- Describe prescription and illegal opioids and the risks and consequences of misuse



FRAMING / SPOKESPEOPLE

- Focus on positive alternatives or "gain-frames"
- Avoid statistics unless they are specific to youth in that particular community
- Community-based organizations
- Sports coaches, teen leaders, celebrities
- Discuss risks without judgement and pair with messages aimed at decreasing stigma

DISSEMINATION

- Deliver in-person as part of school, church, or CBO-based program
- Social media via YouTube, Instagram, and Snapchat





Parents and Caregivers



KEY MESSAGES

- It can happen to your child
- Signs/symptoms of substance use in children/teens
- Best ways to intervene if you suspect your child is using drugs
- Proper storage and disposal of prescription drugs
- How to intervene if you suspect your child is using; maintaining open lines of communication
- What to do if your child is prescribed opioids



FRAMING / SPOKESPEOPLE

- Emotional appeals
- Personal stories from community members in long-term recovery (who started as teens) and those who have lost loved ones to drug overdoses

DISSEMINATION

 School-based systems (e.g., school messaging platform - MailChimp, Schoology - emailing, letters, events/assemblies)





Individuals facing addiction

KEY MESSAGES

- Help is available! Talk to someone; find a local provider and get assessed; learn about your different treatment options
- Treatment works! People recover and you can too!
- Consequences of long-term addiction
- Who to call and how to get treatment without insurance



FRAMING / SPOKESPEOPLE

- Individuals in long-term recovery
- Focus on consequences to loved ones
- Convey compassion

DISSEMINATION

- Social media (Facebook, YouTube)
- Leverage networks of those in recovery
- Provide confidential and discrete ways to receive information and counseling on treatment options



Overarching Communication Findings

- Reserve the term "opioid" for partner and professional audiences
 - Prescription pain meds, prescription pain pills for lay audiences
- Emphasize calls-to-action and solutions; awareness is not enough
- Use clear and vivid language; avoid "beating around the bush" (e.g., "he passed")
- Use local organizations to drive conversations using local spokespeople and storytelling
 - Be mindful of Appalachian stereo-types

Conclusions



- Strongest findings:
 - Need for prevention activities targeting youth in Appalachia that address root causes (ACEs) and provide evidenced-based curriculum
 - Small, CBOs are best positioned to deliver prevention programs

 often struggle to show long-term impact because of lack of sustainable funding
 - Need to address stigma

Conclusions



- Further Research
 - Specific channels (e.g., social media, video streaming services) being used by various age segments, in different communities, throughout Appalachia
 - Communication tactics that could be effective in reaching economically distressed and geographically/socially isolated Appalachian families, including home-schooled children
 - Role of and best practices for using faith-based communication channels and spokespeople?
 - Relationship between peer/drug using networks and the social media networks of those with substance use disorders? How can social media and peer-influencers be used to encourage treatment

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For More Information:

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Questions?

