

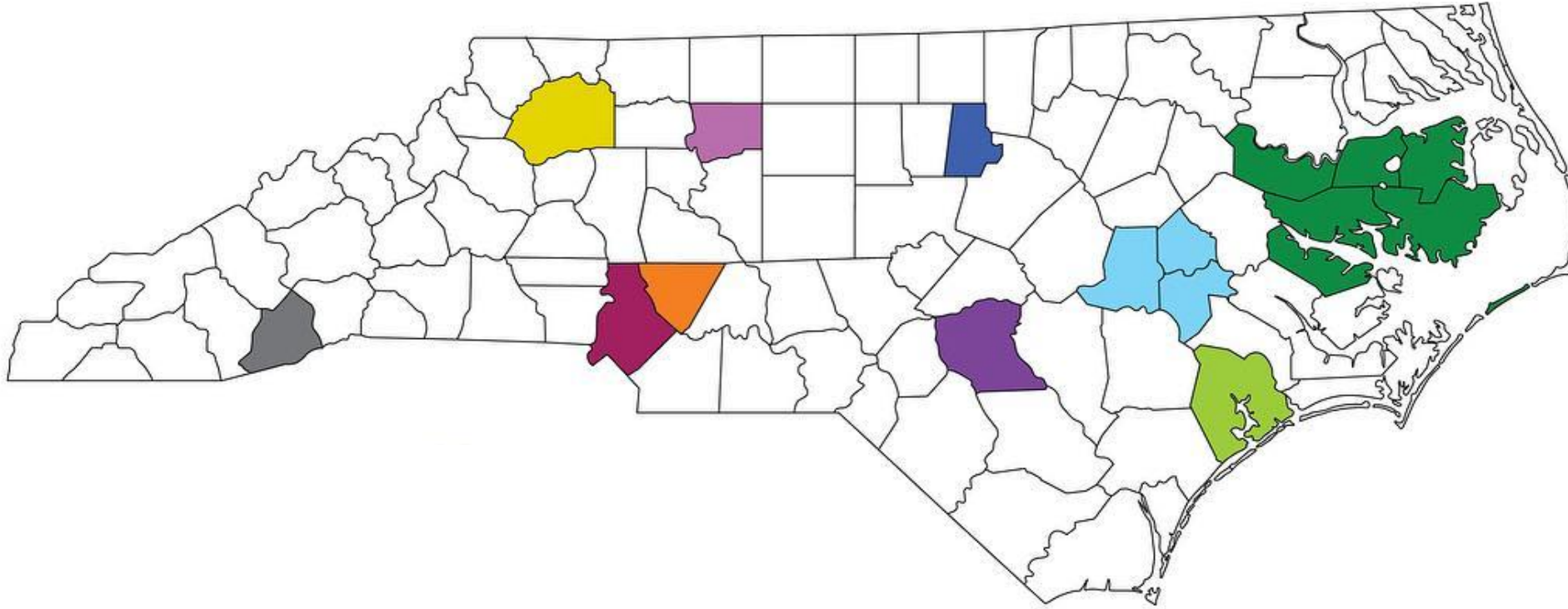
Community Outreach and Education

Sara J Smith
Steve Mange
Tobi Gilbert
Cindy Murphy
Moderator: Patrice Roesler

WEBINAR
SERIES

THE
OPIOID
RESPONSE
PROJECT

Opioid Response Project



SCHOOL OF GOVERNMENT
ncIMPACT Initiative



BlueCross BlueShield
of North Carolina

An independent licensee of the Blue Cross and Blue Shield Association

Webinar Series:

Communities Responding to the Opioid Crisis

- Expanding Treatment Options Available on demand
- Outreach and Education July 18, 2019 1:00-2:30 PM
- Syringe Exchange Programs August 15, 2019 1:00-2:30 PM

<https://www.sog.unc.edu/courses/communities-responding-opioid-crisis-webinar-series>

In 2017, over 6 North Carolinians died each day from unintentional medication or drug overdose.

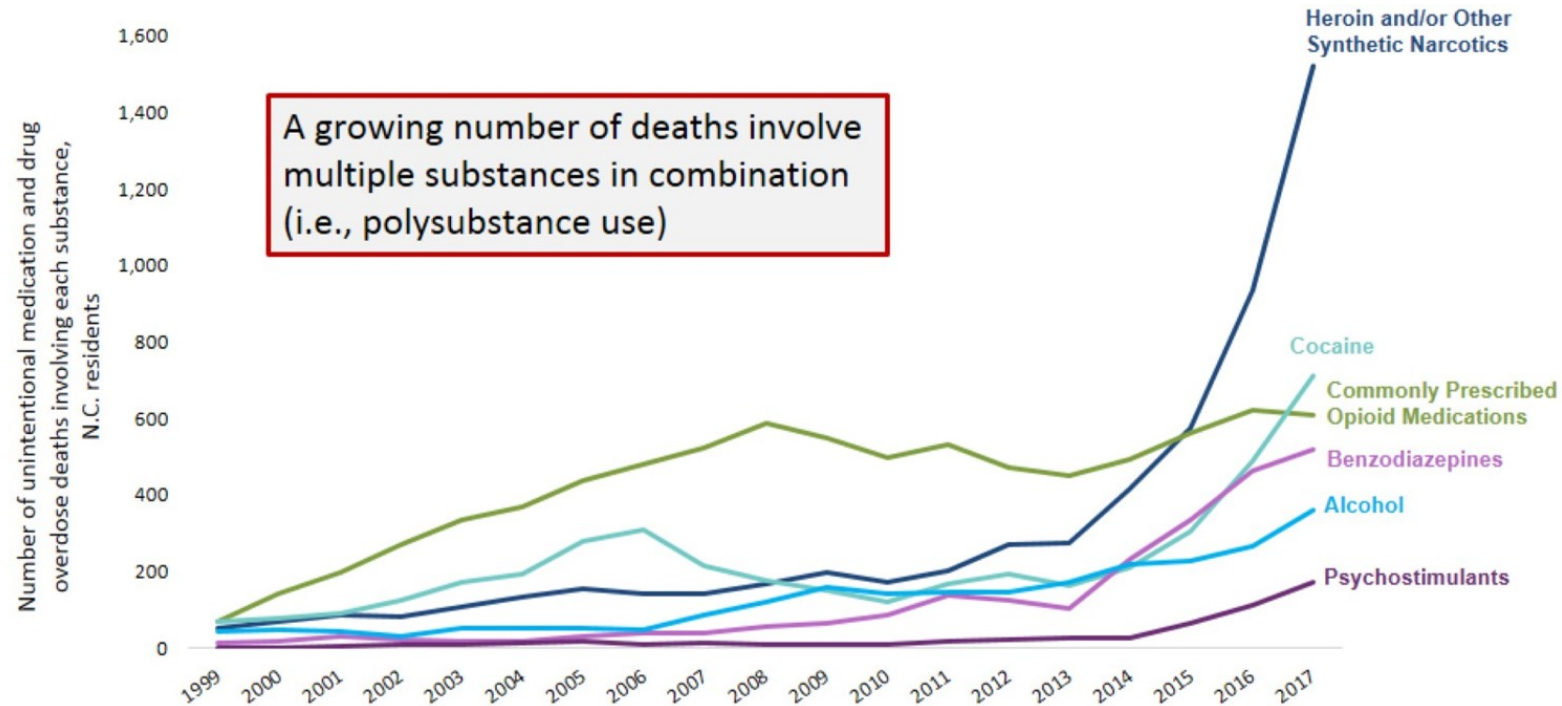
Technical Notes: Unintentional medication and drug overdose: X40-X44; Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2017
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

NCDHHS, Division of Public Health | Core Overdose Slides | January 2019

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Unintentional overdose death involving illicit opioids* have drastically increased since 2013



*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

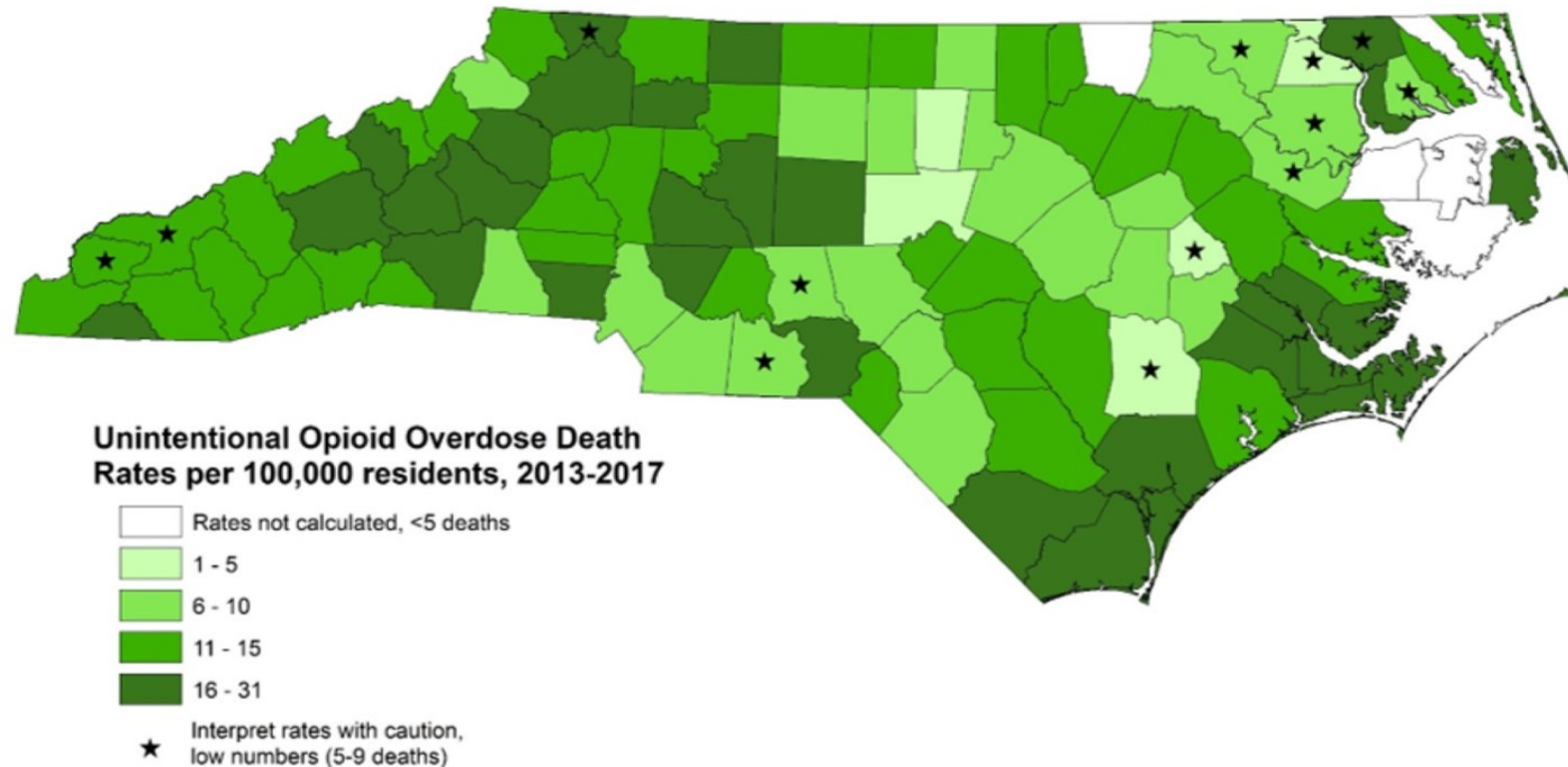
Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances it can be counted on multiple lines; Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017

Analysis by Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

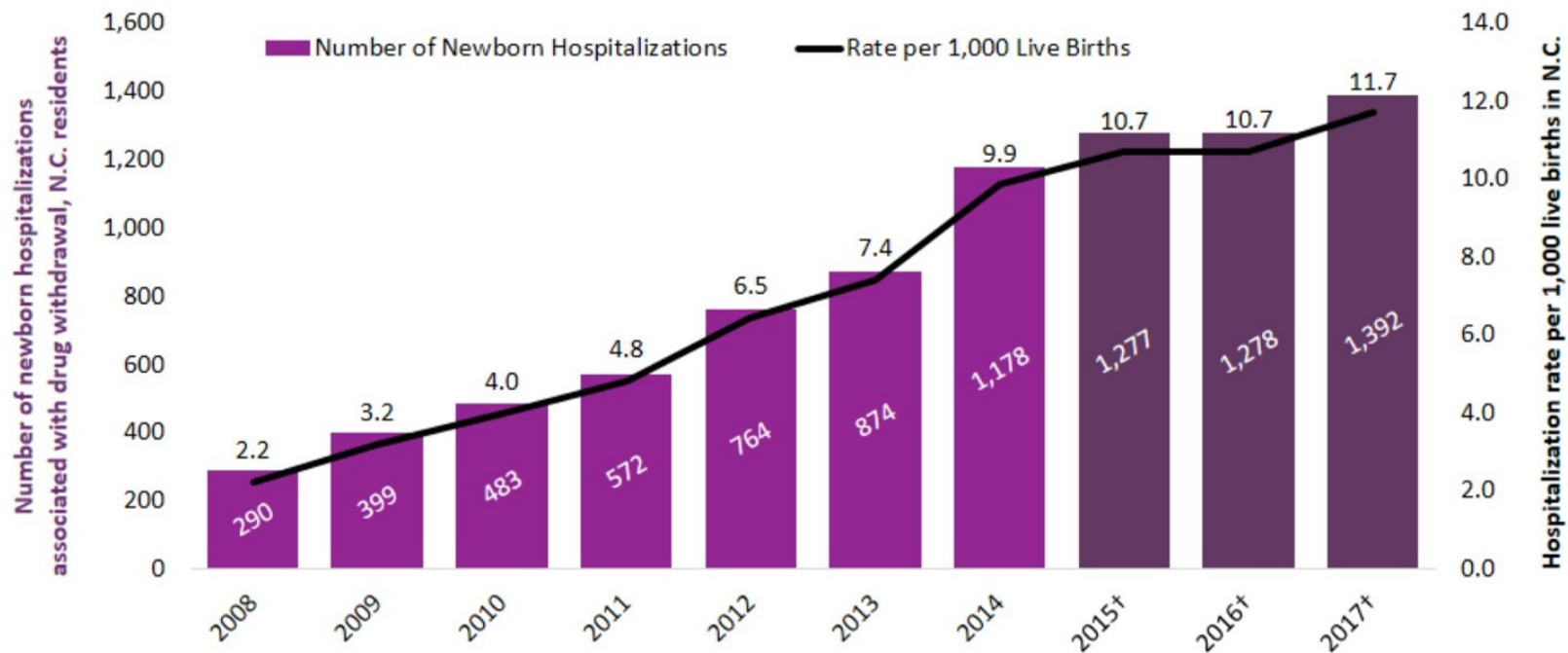
Statewide, the unintentional opioid overdose death rate is 12.1 per 100,000 residents from 2013-2017



Technical Notes: Rates are per 100,000 N.C. residents, Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics)
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2013-2017; Population-NCHS, 2013-2017
Analysis by: Injury Epidemiology and Surveillance Unit

North Carolina
Injury & Violence
PREVENTION Branch

Number of hospitalizations associated with drug withdrawal in newborns increased 380% over last 10 years



†In October 2015, there was a change in the coding system used in administrative data sets that impacted the definition used to identify poisoning-related injury cases. Because of this change, data pre-2015 are not comparable to data collected after this change occurred.

Technical Notes: Beginning in 2014, hospital data structure changed to include up to 95 diagnosis codes

Source: Hospital-Hospital- North Carolina Healthcare Association, 2004-2017;

Birth Certificate records- N.C. State Center for Health Statistics, Vital Statistics, 2004-2017

Analysis by Injury Epidemiology and Surveillance Unit

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Phases of Collective Impact

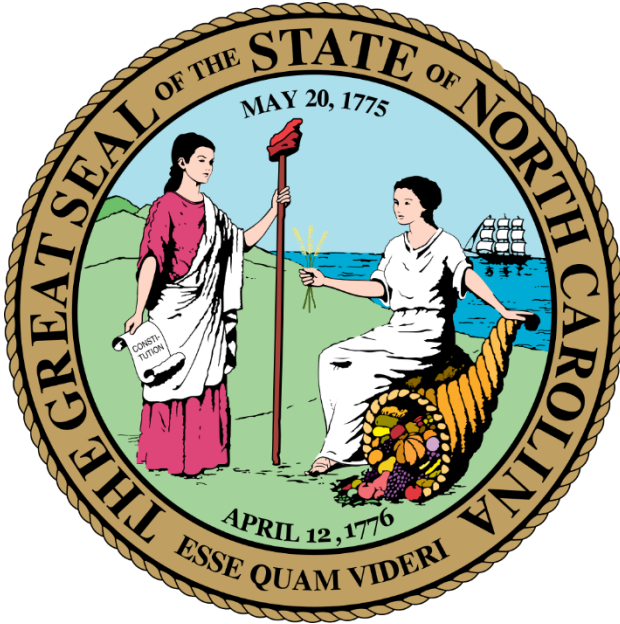
YOU ARE HERE

Components for Success	Phase I Initiate Action	Phase II Organize for Impact	Phase III Sustain Action and Impact
Governance and Infrastructure	Identity champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
Community Involvement	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Community Outreach and Education

Speakers

- **Sara J Smith** Communications Consultant, NC DPH, Injury & Violence Prevention Section
- **Steve Mange** Senior Policy & Strategy Counsel, NC Department of Justice
- **Tobi Gilbert** Psychologist with Jacksonville Police Department
- **Cindy Murphy** Director of Prevention and Intervention Services
Anuvia Prevention & Recovery Center



NC Department of Health and
Human Services

State Efforts to Address North Carolina's Opioid Epidemic

July 18, 2019

Sara J. Smith, MA, CHES®

Injury and Violence Prevention Branch

NC Division of Public Health

CDC Rx Awareness Campaign

CDC R_x Awareness Campaign Goals

- Increase awareness and knowledge about the risk of opioids and discourage inappropriate use.
- Increase the number of individuals who avoid using opioids non-medically (recreationally) or who choose options other than opioids for safe and effective pain management.

Key Messaging

- Tagline: “It only takes a little to lose a lot.”
- Prescription opioids can be addictive and dangerous.
- Prescription opioid overdose can be prevented.

CDC Campaign Overview

- Developed and tested by CDC
- Evidence-driven
- Audience: Adults 25+

R_x Awareness Campaign Materials

- Digital
 - 30-second testimonial videos
 - Web banner ads
 - Online search ads
 - 5-second bumper digital video ads
- Radio
 - 30-second ads
- Out-of-home
 - Billboards
 - Newspaper ads

CDC Campaign Timeline

- Digital and TV
 - Digital ran June 4 – Aug. 19, 2018
 - Focused on downtown Raleigh while legislature in session (6/4 – 7/10)
 - TV ran June 11 – July 29, 2018 (Hiatus July 2-8)
- Statewide
- \$400,000 budget

Results

Digital Campaign Results

June 4 – August 19

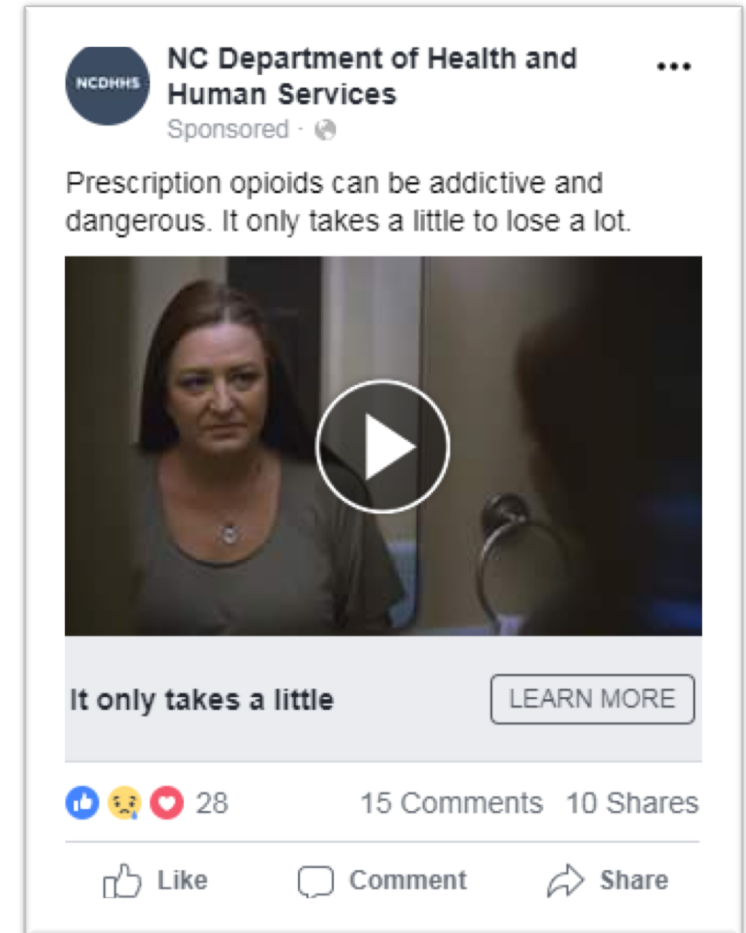
- Campaign performed better than national averages
- Overall impressions: 7 million
- Overall click through rate on ads: 0.25%
- Overall video completion rate: 70 percent
- Performed best in Raleigh, Charlotte, and Asheville



Digital Campaign Results: Facebook

June 4 – August 19

- Facebook portion performed better than national averages
- Video only (Drives higher engagement on Facebook.)
- Overall impressions: 943,492
- Facebook engagement rate: 1.14%
- Performed best in Charlotte, Raleigh, and NE NC/Outer Banks and Robeson/Brunswick Columbus counties

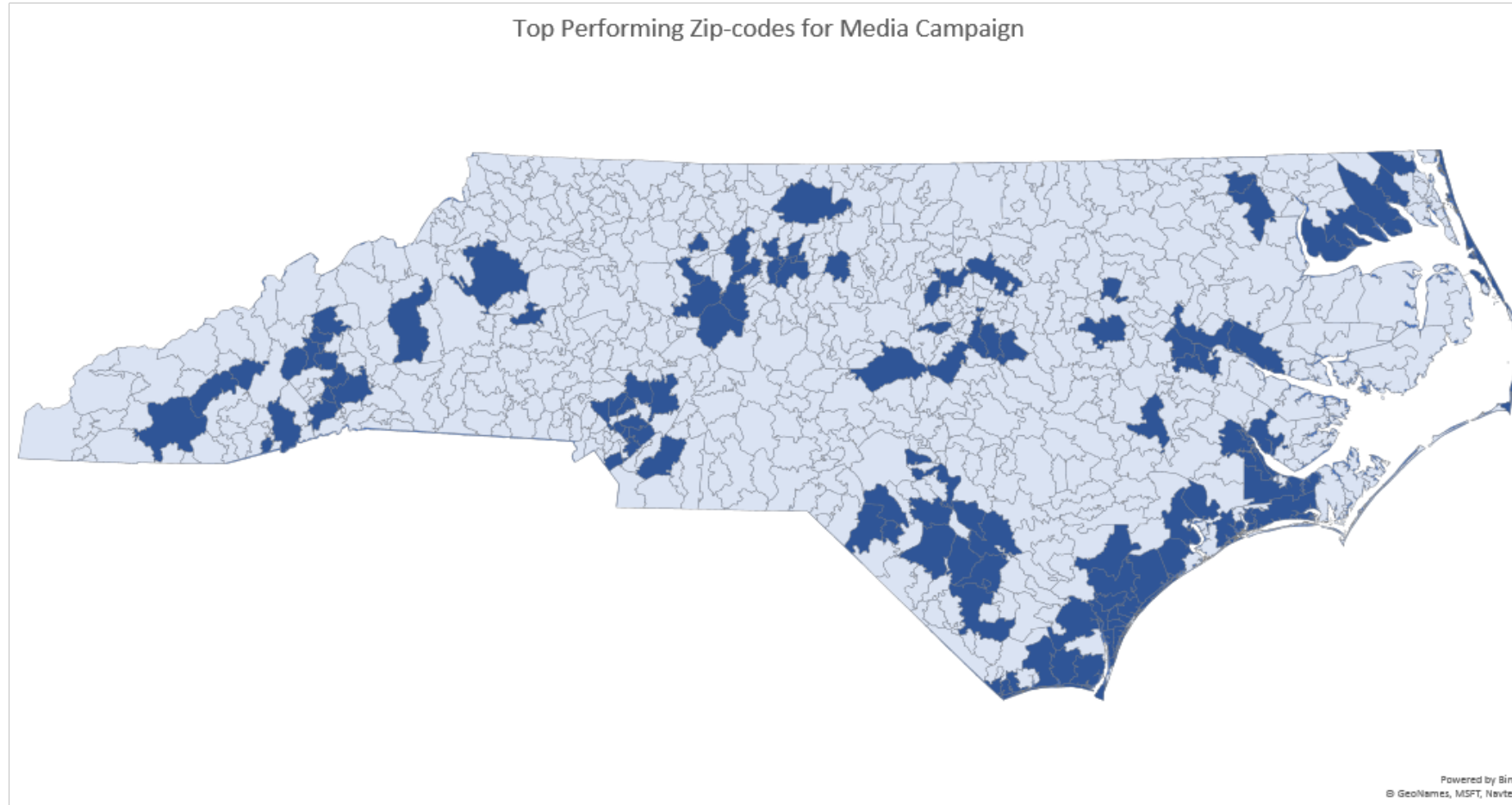


Geofence Results

Geo Fence	Performance Impressions	Performance Clicks	Performance CTR	Video Events Complete Rate
A55+	1,054,146	2,127	0.20%	71.68%
Hospitals	1,000,049	1,947	0.19%	72.17%
Raleigh Legislature	266,031	448	0.17%	70%
Total	2,320,226	4,522	0.19%	71%

Raleigh Legislature geofence ran 6/4 – 7/10

Top Performing Zip Codes by Region



Network and Cable TV Results

June 11 – July 29

- Greater emphasis on 30-second videos
- Network TV: Focused on peak times when people are paying most attention (AM/PM news)
- Cable TV: Placed on networks popular with adults 25+
- 70-80% effective reach (People saw message at least three times)
- The overall average frequency of seeing the message was 9-12 times Some people saw it more, some less.

Guide for Messaging

Audience and Message Testing

Audience

- Diverse
- Representative of issue
- Multichannel dissemination

Message Testing

Formative research

- Focus groups
- In-depth interviews
- Environmental scan
- Social media assessment

Messages Tested for the R_x Awareness Campaign

Messages That Tested Well	Messages That Did Not Test Well
Know more before you take more. Visit cdc.gov/drugoverdose . ⁴	Is taking the risk worth losing everything?
Prescription opioid pain meds are addictive and dangerous.	Are they really worth the risks?
	Don't take the risk.
Prescription opioid pain meds. It only takes a little...to lose a lot.	Just one prescription for opioid pain medication is enough to get addicted and overdose.
	Prescription opioid pain meds. It only takes a little...to lose everything.
	Just one prescription can lead to addiction.
	Prescription opioid pain meds. You're taking a risk each time you open the bottle.

Addressing Stigma

- Avoid negative language
- Talk about substance use disorder in an accurate and humanizing way



Negative language and stigma regarding substance use disorder and addiction have shown to be a key barrier to seeking and receiving treatment for people who take drugs. Stigmatizing words such as “addict” reduce a person to only their drug use. Talking about substance use disorder in a more accurate and humanizing way can reduce stigma and help people receive appropriate treatment and support.

Reframing the Narrative

↪ Instead of these words... Try using these! ↩

DRUG ABUSE
SUBSTANCE ABUSE

"SUBSTANCE USE DISORDER"

"DRUG MISUSE"

"SUBSTANCE MISUSE"

Although the term "substance abuse" is widely used—including in the names of federal and state agencies—use of the term "abuse" in the context of substance use is no longer favored in the mental health community. The word "abuse" connotes violence and criminality and does not fit with a view of substance use disorder as a health condition.

Substance use disorder is a diagnosable condition that refers to drug use that has become significantly problematic in a person's life. This term is defined in the DSM-V.

ADDICT
ABUSER
JUNKIE
DRUGGIE

"PERSON WHO USES DRUGS"

"PERSON WITH A
SUBSTANCE USE DISORDER"

"PERSON USING DRUGS
PROBLEMATICALLY/CHAOTICALLY"

Person-first language affirms people's individuality and dignity. It promotes the message that a person is more than just their addiction.

NOTE: How a person chooses to self-identify is up to them, and they should not be corrected or admonished if they choose not to use person-first language.

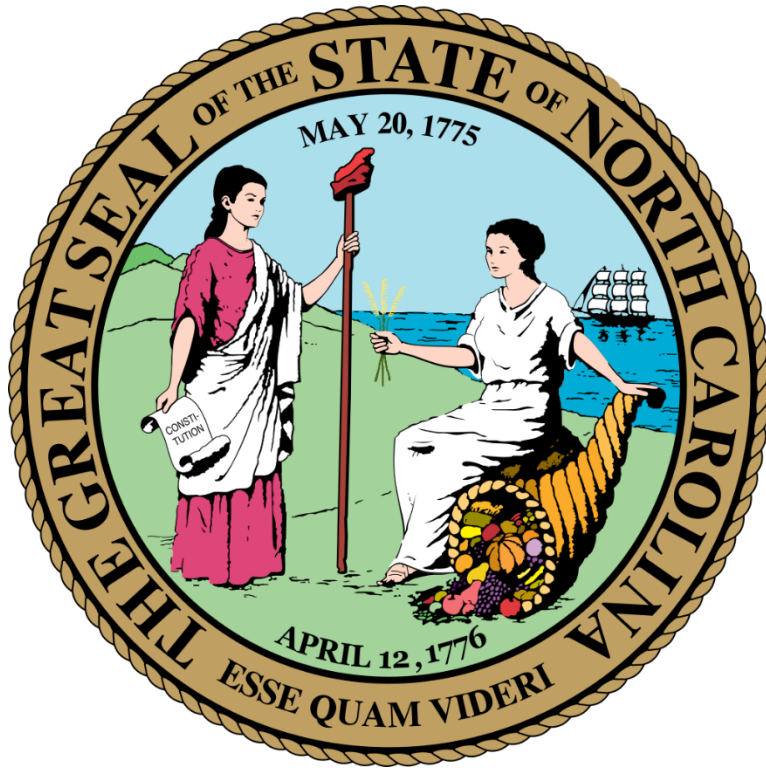
CLEAN/
DIRTY

"STERILE/USED SYRINGES"

"POSITIVE/NEGATIVE
DRUG TEST"

"PERSON IN RECOVERY/
PERSON WITH PROBLEMATIC DRUG USE"

The term "dirty" is often used to describe syringes that have been used or to describe positive drug screens. People who are no longer using drugs are often referred to as "clean." However, the clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean.



Questions?

Thank you!

Sara J. Smith, MA, CHES®
Communication Consultant
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Sara.j.smith@dhhs.nc.gov

Injury and Violence Prevention Branch
North Carolina Division of Public Health



The More Powerful NC Opioid Awareness Campaign

Steven Mange

Senior Policy Counsel

North Carolina Department of Justice

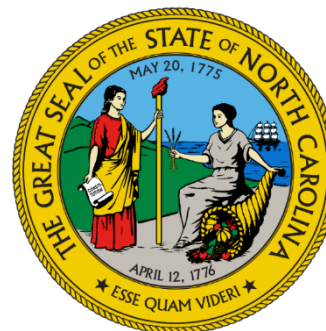
Community Outreach and Education

Why A Statewide Media Campaign?

- Wide variation in awareness & understanding
- Desire to do something / uncertainty about what to do
- Sense of fragmentation, isolation, or hopelessness

Challenges

- Temptation to use fear (and reinforce stigma)
- Focus on pills, heroin, fentanyl . . . or all three?
- Funding an effective statewide campaign



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Atrium Health

**GOVERNOR'S
INSTITUTE**



Community Outreach and Education

Messaging

**TOGETHER, WE'RE
STRONGER THAN
THE OPIOID CRISIS.**



**MORE
POWERFUL**

MorePowerfulNC.org



Anthem video



Calls to Action

- Take back unneeded drugs
- Talk to your health care provider
- Talk to your family



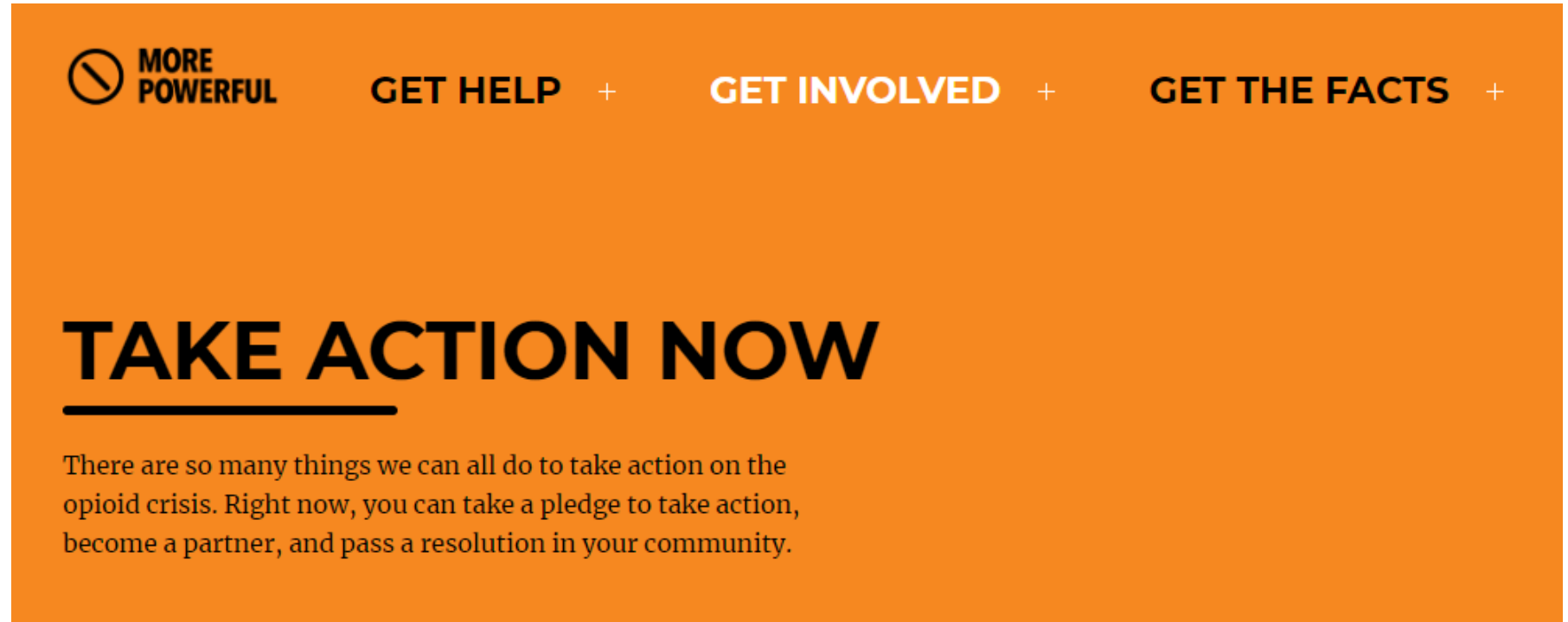
Website Content


- Get help
- Get involved
- Get the facts



Take Action Now

- Take the pledge
- Become a partner
- Pass a resolution



 **MORE POWERFUL** **GET HELP** + **GET INVOLVED** + **GET THE FACTS** +

TAKE ACTION NOW

There are so many things we can all do to take action on the opioid crisis. Right now, you can take a pledge to take action, become a partner, and pass a resolution in your community.

Metrics

- 20 coalitions members
- 105 partners
- 195 individual pledges
- 8 resolutions passed
- 44,000 website users
- 81,000 page views

Social Media

- 4.6 million impressions
- 250,000 views
- 35,000 clicks

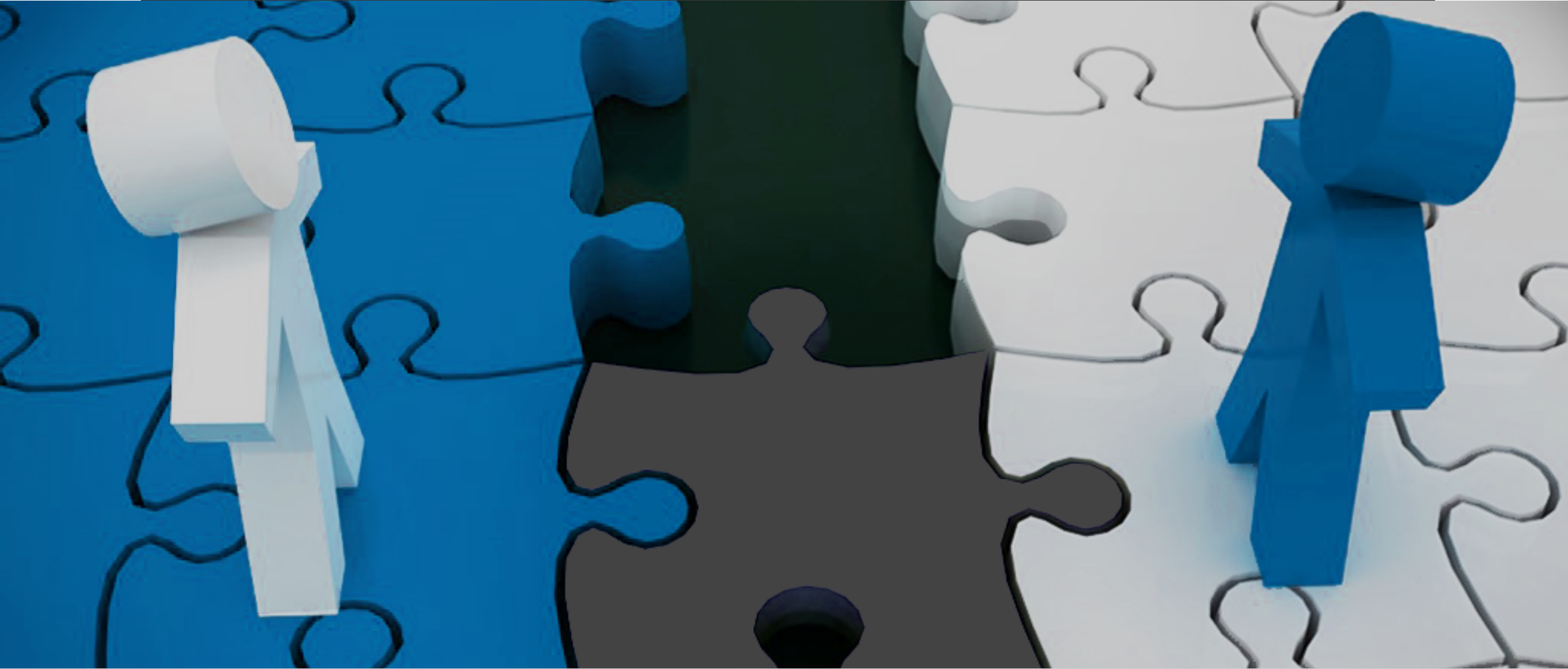
Most Visited Web Pages

- Home page
- Good Samaritan law
- Pill disposal
- About the campaign
- Take action now / pledge
- Partners
- Finding treatment
- About opioids

Questions?

Steven Mange
smange@ncdoj.gov





Strategic Opioid Advanced Response

City of Jacksonville / Onslow County

Community Outreach and Education

Community Opioid Crisis

APRIL 2016

- Castlight Health released a report - The Opioid Crisis in America's Workforce - ranking Jacksonville NC as 12th in the nation for opioid abuse rates, with 8.2% of the population identified as receiving and abusing a prescription.
- Two 21-year old residents who had been prominent high school athletes from the same county high school died from opioid overdoses.
- 2016 Community Health Needs Assessment results showed that of those who responded, 23.4% listed drug abuse as an issue that most affects their quality of life.

Community Opioid Crisis

2017-2019

- 2017- County EMS dispensed Narcan 355 times
- 2017-City of Jacksonville Public Safety dispensed Narcan 18 times: JFD = 11 times dispensed and JPD = 7 times

January 1, 2019 – April 29, 2019

- EMS responded to 83 overdoses, 41 occurring within the City of Jacksonville; there were 8 total fatalities during these 4 months.
- NC DETECT indicated 21 opioid and 13 heroin overdose patients have checked in to the local emergency room, however, this number is an underestimate.
- According to the Jacksonville Department of Public Safety, since July of 2017, there has been a 136% increase in overdoses, a 7% increase in drug-related incidents, a 106% increase in crisis intervention calls, a 26% increase in attempted suicide, a 58% increase in child abuse and neglect with some cases due to opioids, and a 10% increase in reportable crimes, many due to property crimes tied to drug use.
- Of the 263 children in foster care, 65% of the cases have substance abuse as a contributing factor for placement into foster care.

Outreach Strategies Implemented

- Law Enforcement Assisted Diversion (LEAD)
- Quick Response Team (QRT)-24-72 hr response to OD
- Strategic Opioid Advance Response (SOAR)
- Community Paramedic Program (CP)
- Multi-disciplinary Teams (MDT)
- Mental Health First Aid (MHFA)
- Critical Intervention Training (CIT)

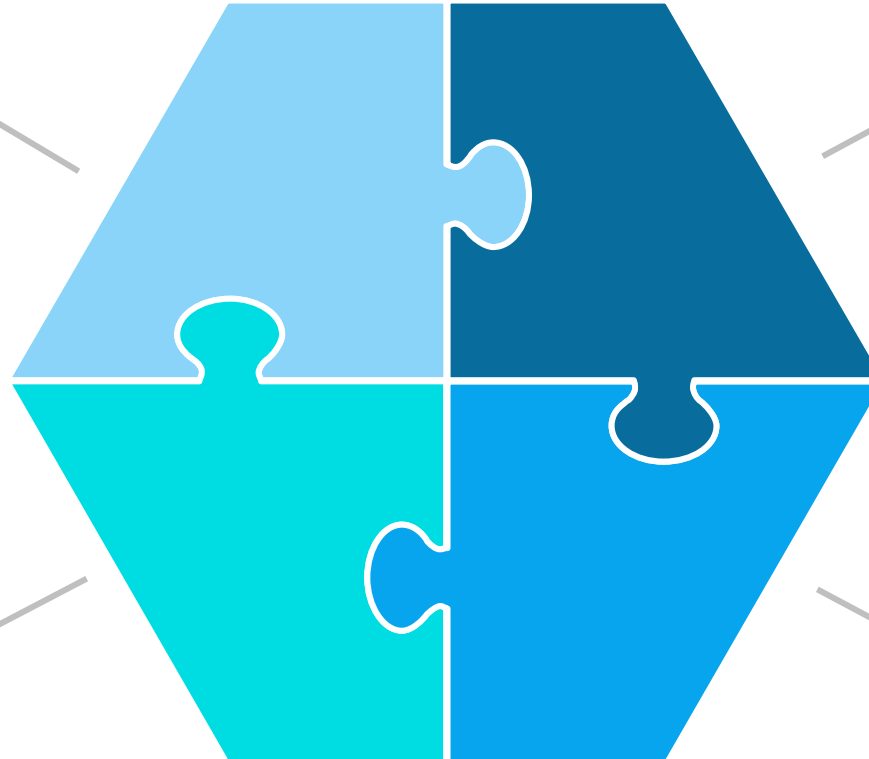
QRT

1. Law Enforcement

2. Community Paramedics

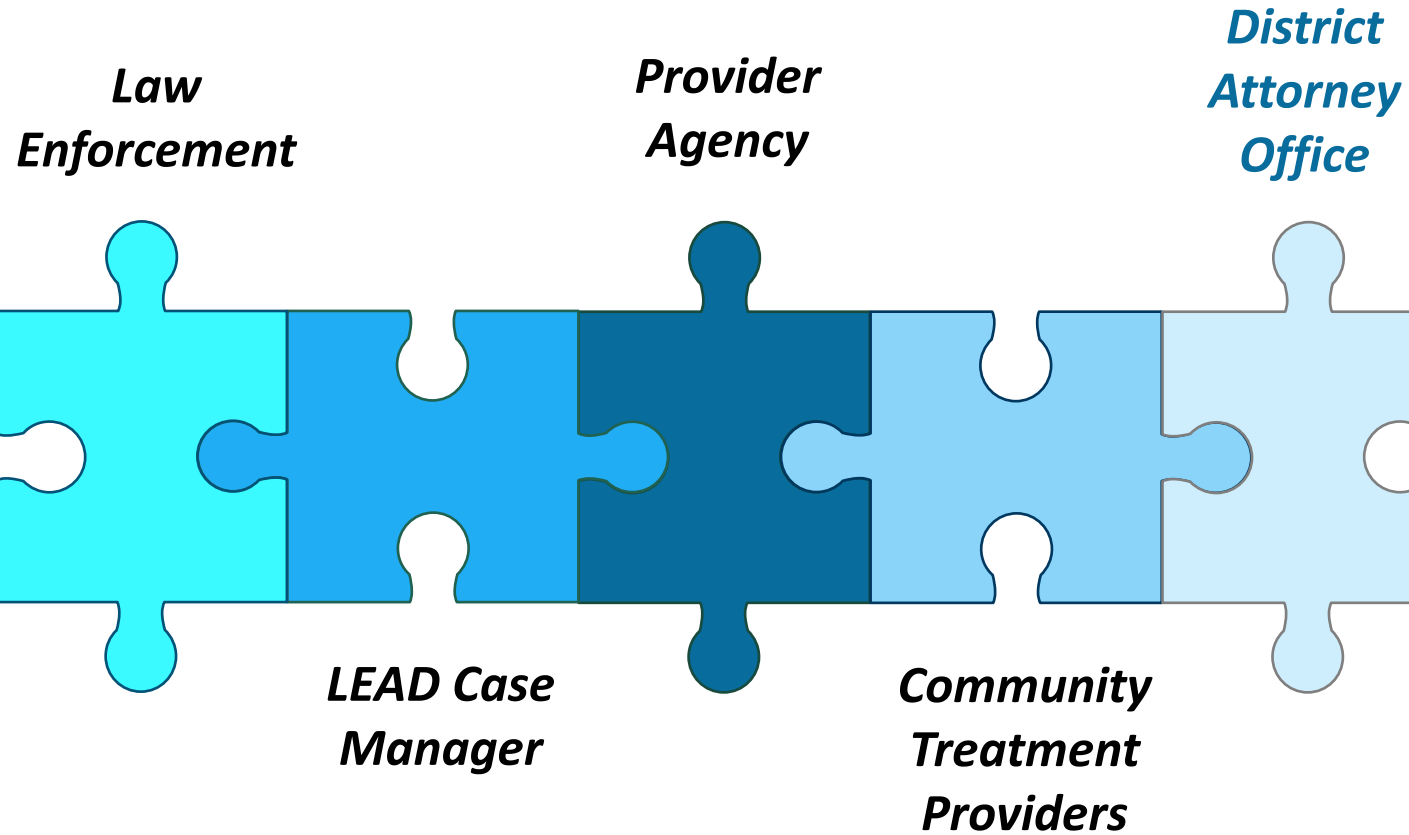
3. Mental Health

4. Peer Support



Community Outreach and Education

LEAD

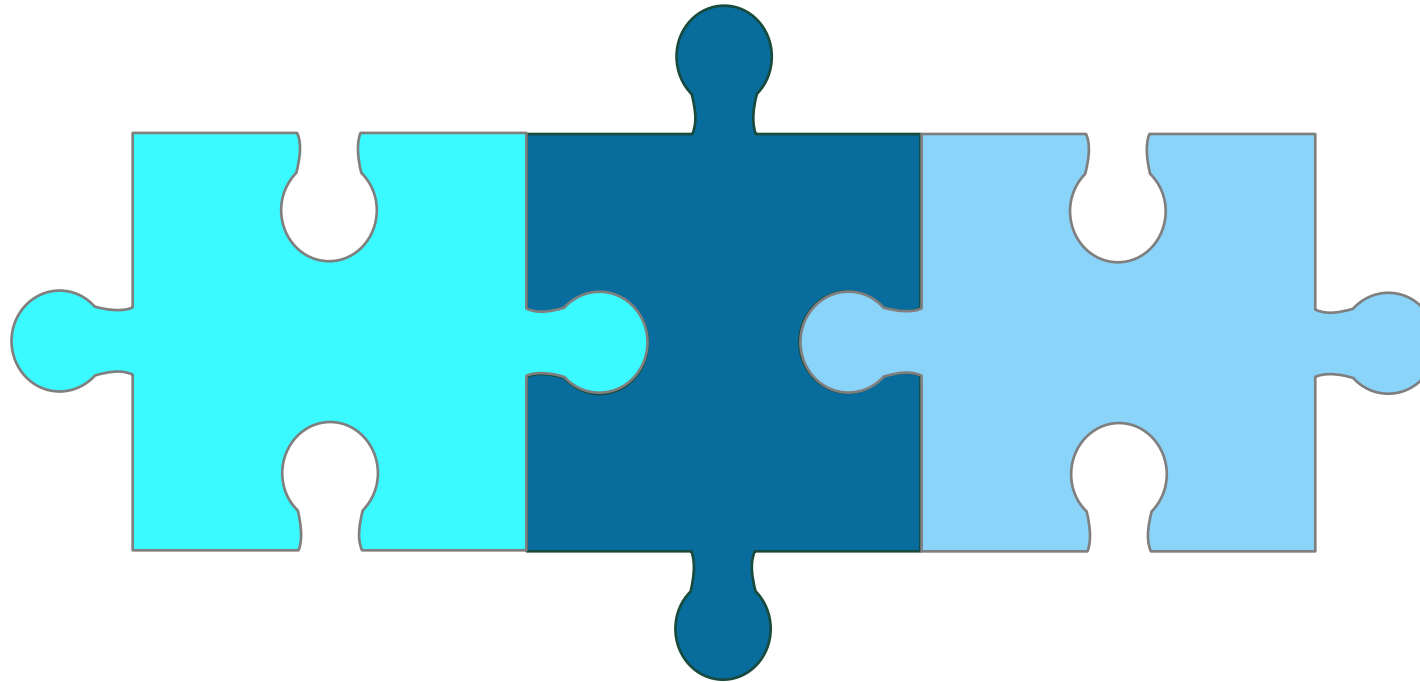


MHFA

*Law
Enforcement
Agencies*

*Jacksonville
Police
Department*

*Coastal Carolina
Community
College*



Community Outreach and Education

Outreach Strategies Con't

- Development of the Dix Facility Based Crisis Center – MH and SA
- Behavioral Health Urgent Care Model in ED since 2015- Stabilize and link
- Gaps and Needs Assessments (Grant-TASC)
- Crisis Continuum Project (Grant)- Identify and address
- QRT Peer Support Specialists Grant- F/U and CM

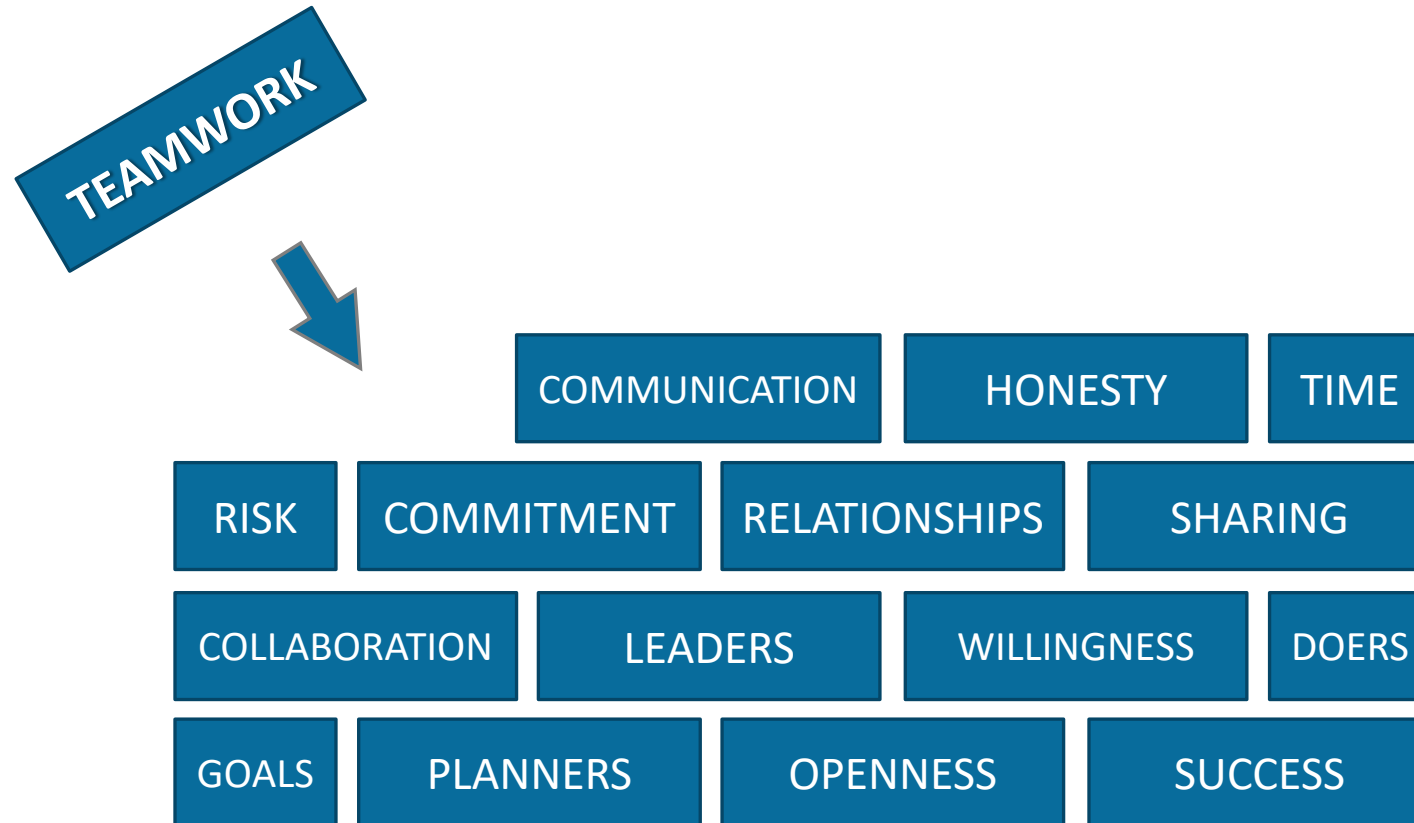
Gaps



Identified Gaps

- Lack of formal processes in place for linking people with opioid use disorder (OUD) to ongoing treatment at the immediate point of release.
- Non-existent SUD treatment services such as Inpatient Withdrawal Management (detox), Inpatient Treatment, Residential Treatment, Partial Hospitalization Programs, and Methadone.
- Lacking cohesive accountability among community providers.
- **Effective Communication**

Resiliency Factors



Community Partners

City of
Jacksonville
City Counsel

City of
Jacksonville Dept.
Of Public Safety
(JPD / JFD)

City of
Jacksonville

Dix Facility
Based Crisis
Center

Integrated
Family
Services

Trillium
Health
Resources

Sneads Ferry
HOPE

Brynn Marr
Hospital

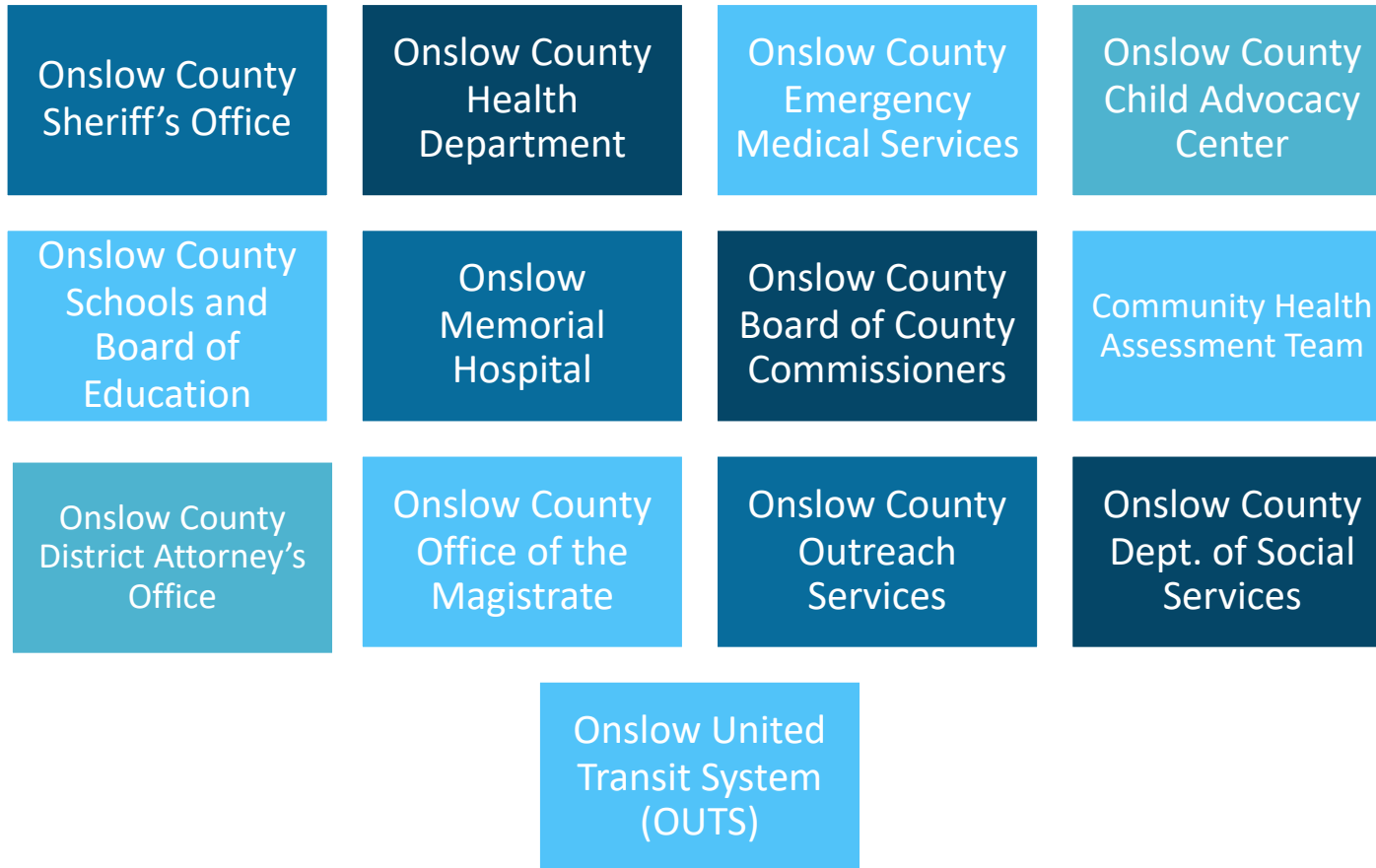
Camp Lejuene

Swansboro
Police
Department

Coastal Carolina
Community
College

PORT Human
Services

Community Partners





Dr. Tobi Gilbert

Jacksonville Police Department
Psychologist / Police Crisis Counselor

tgilbert@jacksonvillenc.gov

Phone: 910.938.5047

Evaluation link: https://unc.az1.qualtrics.com/jfe/form/SV_8pGN14z6oGSUxRr

