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# HCA Opioid Campaign Research Report

Summer 2017



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## Executive Summary

In July and August 2017, DH conducted research in Washington state to garner insights about current awareness and perceptions of opioid misuse and abuse and safe storage/safe disposal including:

- 6 focus groups, two per target audience of young adults, parents and older adults.
- 26 insight interviews with representatives from partner organizations, coalitions or other subject matter experts.

### **These are the key findings that were consistent across both research studies:**

- Audiences want to know more about opioid abuse prevention and safe storage/safe disposal. They are paying attention to this topic.
- There is a lack of knowledge, as well as some confusion, across all target audiences regarding aspects of the opioid crisis. New information and greater understanding increases the likelihood to take an action.
- It will be important to personalize the topic, helping to move people past the notion this is a problem that impacts “other” people by connecting for target audiences how it could affect them, their family or their community.

### **These are the key findings that were unique to target audiences (young adults, parents and older adults):**

- People were drawn to a bold headline, imagery they could relate to and specific information they felt they could act upon.
- People wanted specific information and clearly defined actions. Recommended actions need to be practical and direct.
- Participants wanted a hierarchy of information they could easily digest: brief, clear and compelling. They wanted to be empowered and educated, not preached to.

### **These are the key findings that were unique to subject matter experts and partners:**

- These participants echoed the same themes we heard in target audience focus groups.
- This audience is eager to receive campaign materials and will greatly enhance the reach of the campaign as they distribute to their audiences.
- Participants requested materials that can be localized to some degree.
- Future outreach efforts should start with youth in middle schools and high schools.
- Integrating providers and pharmacies in this effort will be important in future phases of this campaign in order to increase impact and change behaviors.

### **Based on the research findings, DH recommends the following creative and messages for the campaign:**

- Implementing the “It Starts with One” concept with some revisions. This concept met the criteria participants felt strongly about: a positive and clear message, an informational approach, a focus on simple actions they could take and eye-catching graphics.
- DH recommends the following revisions to the concept:
  - Emphasize a message around “get the facts”
  - Remove the “speak up at a party” message
  - Refine the “use as directed” message to focus more on “talk to your provider about alternatives” or something that addresses their concerns about providers prescribing too much.
  - Additional photos should be added to the campaign that depict more types of people. Photos should be positive (i.e. a hug instead of a lecture).





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# HCA Opioid Campaign Key Audience Focus Groups Key Findings Report

August 2017



## Overview & Methodology

In August 2017, DH facilitated six focus groups for HCA to gather information from three key audiences across Washington State. The purpose of these focus groups was to gather information to inform a statewide campaign about opioid misuse and abuse prevention, as well as opioid safe storage and disposal.

### Methodology

- On August 16<sup>th</sup> and 17<sup>th</sup>, 2017, DH facilitated six, 90-minute focus groups – two groups were conducted for each of the three key audiences.
- Three groups were held in Seattle and three were held in Spokane.
- Three audiences participated in this research: young adults ages 18 to 25, parents of young adults ages 18 to 25, and older adults ages 65 and older.
- DH and partners recruited participants using the following channels:
  - Seattle young adults and parents – Craig’s List (pre-screened participants at the suggestion of UW ADAI), DH social media channels, and our Seattle-area network
  - Seattle older adults – Ballard NW Senior Center recruited community members
  - Spokane young adults – Eastern Washington University recruited students in on-campus housing
  - Spokane parents and older adults – DH social media channels and outreach to our local network
- Participants were given a \$100 Amazon gift card incentive for their time.
- Groups were audio recorded and live notes were taken to ensure reporting accuracy.
- 61 people participated: 17 young adults, 19 parents, and 25 older adults.

	August 16, 2017 Spokane		August 17, 2017 Seattle	
	Location/Time	Number of Participants	Location/Time	Number of Participants
<b>Young Adults</b>	Eastern Washington University Noon	9	University of Washington 4:00pm	8
<b>Parents of Young Adults</b>	DH 6:00 pm	10	University of Washington 6:00pm	9*



<b>Older Adults</b>	DH 9:30am	12	Ballard NW Senior Center 2:00pm	13
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\*This group originally had 10 participants, but one was asked to leave after ongoing inappropriate actions and comments. She was compensated for her time.

## Focus Group Topics

The discussion guide was split into three distinct sections – facilitated discussion, message testing and materials testing.

- **Facilitated Discussion**

- Awareness and Perceptions – what is an opioid, what the word makes them think of, if they’ve heard about opioids on the news and/or social media, what they know about misuse/abuse, if they know someone affected by opioid abuse, what they know about safe storage and disposal, how big of an issue misuse/abuse is in WA
- Opioid Misuse (young adults & parents only) – defining misuse, who misuses them, risks or consequences, what is not understood about opioid misuse, awareness of resources
- Safe Storage and Disposal (parents & seniors only) – if they have prescription medication at home, if they lock it up, if they feel it’s important to lock it up and why/why not, what “safe storage” means to them, how they dispose of prescriptions, what disposal resources they know of

- **Message Testing**

- All groups participated in this activity. Each participant was given a document that contained messages tailored for their demographic. For each message, they were asked to do the following:
  - Rate the effectiveness of each message on a scale of 1 (very ineffective) to 5 (very effective)
  - Identify the call to action
  - Answer yes/no for whether the message resonates with them
  - Elaborate on why they chose yes or no
- After participants completed their work individually, each group discussed messages they rated 4 or 5, messages they rated 1 or 2, and then talked about which messages they found most effective.



- **Materials Testing**

- All groups participated in this activity. They were given pieces of marketing collateral that represent three distinct concepts used to communicate key messages. Copy varied slightly between audiences but concepts remained consistent. After an individual review of the materials, the group discussed the following about each concept through a facilitated conversation:
  - What the main takeaway of the ad is
  - Who the ad is for
  - What they like and dislike about the ad
  - What, if anything, is unclear or confusing
  - In the end, which concept stands out and would they take any actions



## Key Findings

*The summary key findings that follow are representative of feedback from all participants, regardless of the audience they represent or the area of the state in which they reside.*

Audiences are very aware of the growing opioid problem and many have seen the topic covered in the news and politics.

Opioid misuse and abuse is a hot topic right now and participants were definitely aware of it. They have seen pieces in the news about doctors being blamed for overprescribing and how opioid addiction is claiming the lives of celebrities. They also discussed hearing how quickly people can become addicted and how some will do anything to get more pills like faking pain, stealing from family and friends, etc. Several participants also recalled a national opioid epidemic being discussed during election season specifically by Donald Trump's campaign.

Participants understand opioid misuse and abuse is a significant problem in Washington State.

While many participants noted opioid abuse and addiction is prevalent in places throughout the United States, they are also very aware of its presence here at home in Washington State. Very few participants felt it was a “minimal problem” here. The chart below illustrates how members of each audience voted and the differences between the two sides of the state.

	August 16, 2017 Spokane			August 17, 2017 Seattle		
	Minimal problem	Moderate problem	Statewide crisis	Minimal problem	Moderate problem	Statewide crisis
Young Adults	0	9	0	0	6	2
Parents of Young Adults	0	6	4	2	1	8
Older Adults	0	5	7	2	6	4



### The majority of participants know someone affected by opioid abuse.

Many participants know someone affected by opioid abuse and they told heartbreaking stories about friends, family and colleagues, without disclosing any personal information. Some even knew people who passed away from addiction. During every group, participants mentioned how opioid abuse can impact anyone, the “junkies” and “homeless” that are the stereotypical users, but also “soccer moms,” “grandparents,” and “people I see in class” that they might not expect would have a problem or become addicted.

### People want more facts and information about opioids including how they work, statistics on how many people abuse them, and how to safely store and dispose of them.

Participants have an overwhelming desire for more information. People want to understand the facts in order to educate themselves and share information with others. Many asked questions about how the drugs actually work and why they are so addictive. They want to understand exactly what the problem looks like in terms of numbers of people addicted and types of people impacted. They want information on how to safely store prescriptions and dispose of them properly. They even want information about alternatives so when they have an upcoming surgery they can understand their options and have an informed conversation with their doctor.

### Confusion exists about which prescription drugs are opioids, and that leads to further confusion about which drugs should be locked up and/or disposed of in a specific manner.

Many questions arose about which specific prescriptions are opioids and therefore need to be handled differently than other prescriptions. Participants wanted a source to look up the names of drugs they may take or have on hand in order to know if they are included. Some people questioned whether all prescriptions should be treated as opioids and locked up/disposed of in a special way.

### Parents and older adults are not clear on what are safe storage methods, or how to safely dispose of unneeded prescriptions.

People shared interest in understanding how to safely store and dispose of prescriptions. While some shared they likely wouldn't lock them up because they did not feel it was necessary (live alone, feel their kids can be trusted, etc.), a general willingness to consider locking up prescriptions and/or disposing of them properly was apparent. On the topic of disposal specifically, participants feel very uneducated about what to do.



Some participants mentioned places they had seen boxes or signs saying they accepted unneeded prescriptions like Group Health and Safeway, but noted these locations no longer do this.

The “starts with one” concept rises to the top as the direction with the potential to be most effective across all three audiences.

People were drawn to the bold headline, minimal text, clean look, and fact-based messaging. They especially liked it with lighter and warmer imagery, and noted it could be strengthened by clearer direction on what they can do.

Most participants did not find using a cartoon-like look effective in carrying an opioid-related message, unless the intended audience is young children.

A handful of older adults were the only audience to responded positively to showing cartoon or illustration images in materials. All other participants were drawn instead to photos of real people who look like the intended audience. They were quick to point out they did not want to see perfect, stereotype models. Instead real people that look like someone they would pass on the street or see in class – people with a nose ring or tattoo.

Older adults prefer both a phone number and a website be listed on materials, and all audiences want facts/statistics to be cited.

Some older adults mentioned they would go to a website for more information while others wanted an 800-number listed too as they would be more likely to call. All audiences want a source added to the facts on materials so they know who is tracking the epidemic. Some noted having HCA’s name added credibility.

Two key messages did not resonate with participants: “only take your opioid prescriptions as directed by your doctor,” and “you can be the one to have courage to speak up at a party.”

The take as directed message did not resonate across audiences because people felt pain pills are overprescribed and taking them when they aren’t needed may actually cause addiction instead of help someone avoid it. Participants shared stories of being written a prescription for 100 pills when they really only needed a five. Young adults were also turned off by the message about speaking up at a party as they felt it wasn’t always their



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place to tell people they barely know what to do or not do, and they felt like they were being preached to. Instead they felt more empowered when materials suggested they talk to a friend or share facts with someone they know well.





## Implications

*Based on the focus group key findings, DH recommends HCA consider the following implications as the campaign is built to reach key audiences.*

### Build out the “starts with one” concept across audiences.

The “starts with one” concept has elements that resonated best across all three audiences. The simple, modern design with bright colors was attention grabbing and participants noted the theme “starts with one” could have several helpful meanings. To strengthen this concept, we recommend amending some of the imagery to take into account feedback about showing warmth and emotion. In addition, prominent space should be given to the most compelling statistic for each audience.

### Use messages that are simple and direct.

Opioid misuse and abuse is clearly on everyone’s radar, but we must close the gap between people knowing about it and not knowing what they can do to help. Across audiences, people want simple messages and clear direction about what to do. For example, instead of “dispose of medication” tell people to “take old pills back to the pharmacy.”

### Feature startling facts with sources.

Nearly all participants were drawn to facts and figures and said those facts got them thinking about actions they could take. Capitalize on this by leading with the startling facts ensuring you include their sources for credibility. Pair them with actions people can take.

### Demystify which drugs are opioids and what they can do to your body.

Educate people about which drugs are opioids and how this class of drugs works. All audiences, but especially young people shared this “power in knowledge” idea. They also feel this will be helpful in fighting the “it’s just one pill at a party” mentality if they know it sometimes only takes one to get hooked. People seemed drawn to the science of it – what the drug does to your brain.

### Share specific safe storage and disposal methods.

Very little is known about safe storage and disposal. Many people want to do the right thing but just aren’t sure what that is. Share specific actions people can take or use messaging that directs them like “visit (url here) to find disposal locations near you.”



## Findings by Audience

### Young Adults

When young adults hear the word “opioid” they think of many things ranging from:

- A sampling of responses:
  - “Opium itself, going back to China. Negative connotations of many people hooked and struggling.”
  - “Heroin”
  - “Getting addicted and getting to heroin, starting with a painkiller.”
  - “A problem in our country.”
  - “Epidemic and the government trying to gain some sense of control but not a lot of success.”
  - “I think of addiction for pain relief.”

Young adults have heard about the opioid problem in the news and many know someone affected by opioid abuse.

- They were able to name opioids and immediately surfaced a connection to heroin.
- Discussion included the issue of doctors over prescribing opioids, how they had been prescribed way too many pills for a minor issue and know they aren’t alone in that, and hearing about it during political debates from candidates on both sides.
- Seattle participants noted seeing stories about actions King County is taking including “trying to set up a bunch of opioid centers for heroin use.”

Young adults use a range of descriptors when asked to define “opioid misuse” ranging from “people have problems with it after a big surgery or accident” to “getting addicted and getting hooked on heroin.”

- A sampling of responses:
  - “Unstoppable. It’s not a matter of free will to stop your addiction so I’ve heard.”



- “Usually starts with pills. Stuff you’re prescribed.”
- “Addiction, being really addicted. Want to get better but hard to snap out, can’t feel better, physical and mental symptoms.”
- “A lot of people talk about hard drugs being not that bad, no big deal. Shocking! Ten years ago, you were crazy if you did them but now it’s just another thing you can do.”

### Young adults know very little or nothing about the safe storage and disposal of opioids.

- Participants discussed assumptions they have about taking them back to a hospital or pharmacy but were not clear if that was a real solution. Many simply said they had no idea.

### Young adults think opioid misuse and abuse is “a statewide crisis” in Washington State.

- 15 called it “a statewide crisis” and 2 “a moderate problem.”

### Young adults use a range of descriptors when asked to define “opioid misuse” ranging from “taking too much” to “pill popping for fun.”

- A sampling of responses:
  - “Larger doses are being used.”
  - “Overdose to death with bigger doses.”
  - “Sharing prescription.”
  - “Getting addicted. Selling it. Using it for it’s not-intended purpose.”
  - “Creating a tolerance and having to take more. Especially if you’re not prescribed it.”
  - “Bumping up the frequency.”

### Young adults named a range of people they think are most likely to misuse opioids, from those already addicted to alcohol or marijuana, to everyone.

- A sampling of responses:
  - “Those with addictive personalities.”
  - “Everyone, pretty easy to get addicted.”



- “Middle aged people who had severe pain and keep going back because pain is still there.”
- “Hard working middle class, back breaking workers doing hard labor and need something to stop the pain.”
- “Anyone can become addicted.”

Participants named a range of risks and consequences of misuse from loss of loved ones and “bad if you get caught,” to financial consequences and death.

- A sampling of responses:
  - “Affects family, parents who see an overdose in their kids.”
  - “Death”
  - “Constipation”
  - “Seizures”
  - “You know how it distracts. When you can’t function without it and become dependent on it.”
  - “Worst case is death or overdose.”

Young adults think people need to understand how easy it is to get hooked, how many people are hooked, and what opioids actually do to your body because those things are not well understood.

- Discussion included topics like how big pharma companies want to get pills into as many hands as possible, how young people are growing and developing and take things too lightly, and how college kids are “super politically involved” and that could be used to HCA’s advantage to get them to go after pharma or doctors to make it stop being so easy to get pills.
- Young adults talked about how if people know how the drugs work and the serious things they can do to your body then people might understand the severity. They suggested there is power in knowing how bad it can be. Many noted when they were in school they saw speakers come talk about smoking who breathed from a hole in their throat and that woke them up to the consequences.



Participants are largely unaware of ways for people to get help with prescription drug issues.

- Most participants did not know of resources; only a couple of participants mentioned things like methadone clinics, narcotics anonymous and talking to a doctor.

The fact “Prescription pain meds are the leading cause of accidental death in our state – more than guns and car crashes.” is very effective in grabbing young adults’ attention about the seriousness of opioids.

- Participants liked the comparison to guns and car crashes because those are things they know and think about. Many were shocked by the statistic so it also helped to grab their attention.
- Without sources for statistics and facts listed, young adults will second guess the validity of the message.
- Participants voiced positive comments about using data like this including: “numbers/statistics are effective,” “it’s to the point,” and “straightforward.”
- Some even said it would be effective in motivating them to help a friend.

Young adults did not like messages about taking action at a party.

- They discussed how they felt they were unlikely to act on this request and how it made them feel preached to which turned them off immediately.
- Messages like “help a friend” or “share the facts” seemed more realistic and resonated much better with participants.

Young people want to see photos of “normal” peers they would see in class or on the street in materials – including those with a more “modern” look like with nose rings or tattoos.

- Participants liked seeing faces, versus an outstretched hand with no visible face or group of hands, and are drawn to acts of compassion like the embrace because it’s more emotional.
- They applauded the photos that showed people with a nose ring because they felt unlike perfect models and more like people they know or see in daily life.



Participants voiced mixed reaction to using a cartoon look for materials. Spokane youth liked it, while youth in Seattle felt it was childish and lacked seriousness.

- A sampling of responses:
  - “I don’t like it, really not for our age and feels like Captain Underpants.”
  - “Don’t like comedy with a serious topic – is it serious or taken lightly?”
  - “It’s catchy. Drop the little guy and make a bookmark or something.”
  - “I like it, granted only for high schoolers or lower. I like unmask the truth, catchy, image draws you in.”
  - “It seems more directed toward a younger age group. Diary of a Wimpy Kid – it reminds me of that.”
  - “Feels more childish to me.”



## Message Testing

Each participant completed a messaging worksheet independently, during a break in the focus group. The following chart indicates the average rate of effectiveness of each message tested with young adults, across both groups in Spokane and Seattle. The rate of effectiveness was measured on a scale of 1 to 5, with 1 being very ineffective and 5 being very effective.

MESSAGE	EFFECTIVENESS RATING - AVERAGE	REASONS
<b>Help a friend. Share the facts.</b>	3.9	<ul style="list-style-type: none"><li>• Reminds us of our responsibilities to be a good friend</li><li>• Reminds us that we can have a large influence on the people we care about</li></ul>
<b>80% of heroin users first misused prescription pain pills.</b>	3.8	<ul style="list-style-type: none"><li>• Shows what addiction can lead to</li><li>• High statistic adds credibility</li><li>• Statistic that is not well known so catches attention</li><li>• Add a source to make it more credible</li></ul>
<b>Treatment works. If you think you need help, reach out.</b>	3.8	<ul style="list-style-type: none"><li>• Gives people hope</li><li>• Reminds us to help people out</li><li>• Can be difficult for some people to ask for help</li></ul>
<b>Prescription pain medications are the leading cause of accidental death in our state – more than guns and car crashes.</b>	3.4	<ul style="list-style-type: none"><li>• It's compared to something big and something everyone understands and is aware of (guns and car accidents)</li><li>• Less relevant because don't know people who have overdosed on prescription meds</li><li>• Lacks a clear call to action</li><li>• Less relevant because not everyone takes prescription medication</li></ul>
<b>You can be the one to have courage to speak up at a party, to tell a friend, or to talk to your doctor.</b>	3.2	<ul style="list-style-type: none"><li>• Good reminder to watch out for your friends and support them if they are struggling with misuse</li><li>• This age group wants to fit in so may not be as effective as it would with an older audience</li><li>• It's a bit cliché/heard too often</li><li>• Confusion about what the message means (talk to your doctor at a party?)</li></ul>



<b>Addiction can happen to anyone.</b>	3.2	<ul style="list-style-type: none"><li>• Many will think it won't happen to them</li><li>• Heard repeatedly</li></ul>
<b>Only take your opioid prescriptions as directed by your doctor.</b>	3.2	<ul style="list-style-type: none"><li>• Feels too common sense</li><li>• Everyone knows this already</li><li>• Clear and specific</li></ul>
<b>Never share your opioid prescription with someone else.</b>	3.2	<ul style="list-style-type: none"><li>• Clear and to the point</li><li>• Hard to say no to a friend</li><li>• Young adults don't like being told what to do/will do what they want to do</li><li>• It's an order without a reason</li></ul>



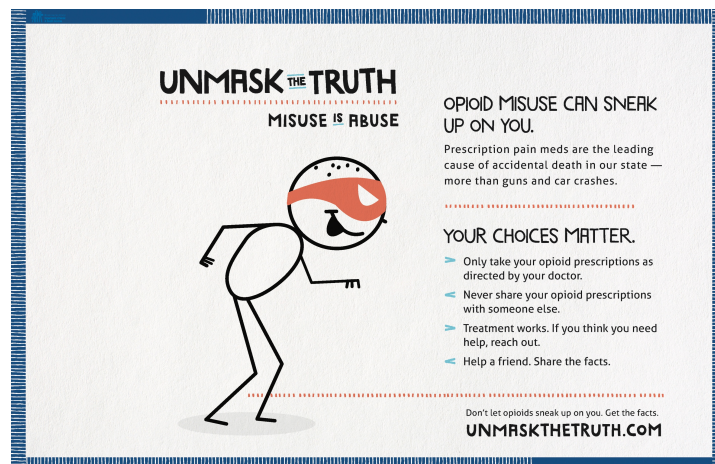


## Materials Testing

The following section indicates the likes and dislikes recorded when young adults were shown three creative concepts to weigh in on.



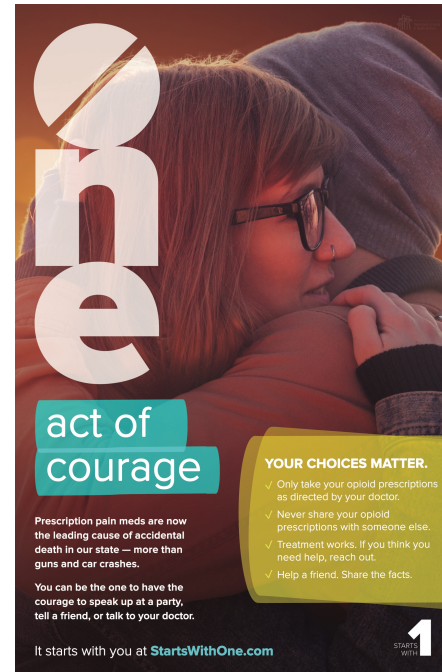
- **Likes:**
  - Message implies addiction can happen to anyone. Makes it more relatable.
  - “Accidentally hooked” is preferred over “accidentally out of control.”
  - Statistic – “Prescription pain meds are the leading cause of accidental death in our state – more than guns and car crashes.”
- **Dislikes:**
  - Too many words. Eye doesn’t know where to go.
  - People in the photos look too happy.
  - Too small of font, especially in callout box on the right where the statistic participants liked most is located. Many participants thought the content in this callout box is the most important and should be emphasized more.
  - Statistics aren’t cited. Including a source would make it more credible.



- **Likes:**
  - Color scheme – white background with dark colors is easy to read.



- Clear message about how addiction can sneak up on you, but communicated in a clever way.
- Character catches your attention.
- **Dislikes:**
  - Feels a little lighthearted for such a serious issue.
  - Feels better suited for a younger audience.
  - Statistics aren't cited. Including a source would make it more credible.



- **Likes:**
  - Photos #1 and #3:
    - Shows results, as if someone has been helped.
    - Brighter photos.
    - Less staged and more real (people with tattoos, piercings, etc.)
  - More personal, plays on interpersonal relationships.
  - Starts With One slogan.
  - Feels comforting knowing you have a support system.
  - Layout is easier to read.
- **Dislikes:**
  - Photo #2 – too dark and faceless. It could be anyone.
  - Statistics aren't cited. Including a source would make it more credible.



## Parents of Young Adults

When parents hear the word “opioid” they think of many things ranging from:

- A sampling of responses:
  - “Highly addictive”
  - “Pain control”
  - “Supposed to be by prescription”
  - “Heroin”
  - “Death”
  - “Crisis”
  - “Misunderstood”
  - “Stigma”

Parents are very aware of the opioid problem having heard about it in the news and many know someone affected by opioid abuse.

- They have heard a lot about it in the media and used words like “all the time” when asked (public radio named).
- Discussion included topics like caregivers stealing people’s medications, people dying from touching some of the drugs or people using them, political issues like safe injection sites, and doctors prescribing too many pain killers.
- Parents in Seattle communicated an awareness of the dangers of mixing prescriptions with alcohol.

Parents have vastly different ideas of how to safely dispose of prescriptions.

- A sampling of responses:
  - “Child proof caps”
  - “Don’t they also have community events every once in a while?”
  - “Certain pharmacies will take them back if expired or someone dies.”
  - “My sister is a foster parent and keeps them in a locked cabinet.”



## Parents recognize opioid misuse is a big problem in Washington State.

- Twelve called it “a statewide crisis” and seven “a moderate problem.”

## Parents use a range of descriptors when asked to define “opioid misuse” ranging from “taking it not for the reason prescribed” to “taking someone else’s medication.”

- A sampling of responses:
  - “Xanax and alcohol, mixing prescription drugs.”
  - “For the wrong reason. Maybe anxious or nervous so taking it to calm yourself even if not in pain.”
  - “Give it to a friend, husband, wife, etc. Not as severe as addiction.”
  - “Deviate from the course of treatment, can be any drug.”

## Parents named a range of people they think are most likely to misuse opioids, from young people feeling peer pressure to anyone.

- A sampling of responses:
  - “Everyone, anyone, all ages, backgrounds and statuses.”
  - “People that are suffering from PTSD.”
  - “Peer pressure.”
  - “Anyone under the right circumstances regardless of age, gender, economic position. I think it’s pretty widespread.”
  - “Some people have a certain personality conducive to abuse, other people could have stash of them and not touch any of it.”
  - “Young people.”

## Participants named a range of risks and consequences of misuse from deteriorating family relationships and addiction, to prison and accidental overdose.

- A sampling of responses:
  - “Addiction”
  - “Prison”
  - “Accidental overdose”
  - “Harming someone else if you pass it on to someone who doesn’t need it.”
  - “Your life deteriorates – work, relationships, etc.”



- “Loss of family, money, jobs.”
- “Face to face with the law, risks of going to jail.”

Parents think people need to understand what the drugs can do and how easy it is to become addicted. They also voiced they would like doctors to have an open conversation about alternatives and what the pills are and can do if they are going to prescribe opioids.

- Parents had thoughtful discussions about pain management options and many feel doctors are quick to prescribe opioids without explaining how they work and the risks associated with them. Many wished doctors would warn kids who get prescribed them how dangerous they can be if shared or misused, as they feel their kids would listen to them more than they’ll listen to their own parents.
- Parents also voiced there is a stigma being created that anyone who takes pain medication is an abuser and that it is causing problems for people who take them as intended, whether it’s for chronic pain or just a one-time surgery or injury.

Participants are largely unaware of ways for people to get help with prescription drug issues.

- Most participants did not know of resources; only a couple of participants recalled seeing ads on TV about addiction centers or knowing someone who had been to a treatment facility.
- The few parents who were aware of resources noted they are scarce – including there are not enough spots in programs or beds in facilities to meet current demand.

Parents are at least aware they should lock up drugs, but only one reported doing so.

- A sampling of responses:
  - “If you’ve experienced a situation where they’re stealing, absolutely, or if you have a home where kids and their friends are over.”
  - “I lock [up pills] if friends are over and I’m leaving.”
  - “I think it’s important but in my case I live with one other person and he doesn’t even take an aspirin so for me it’s okay.”



- “I don’t lock it up because of how I was brought up. It’s there, I have three teenage boys. They don’t mess with it.”

### Parents have vastly different ideas about what “safe storage” is.

- A sampling of responses:
  - “Fire safe”
  - “A metal box with a lock on it.”
  - “Even a cupboard with a lock on it that you can’t see through and break the glass.”
  - “In the bottle with the label on it.”
  - “Safe temps, out of hands, out of reach.”
  - “Where you put Christmas presents but better.”

When asked how they dispose of old or unused prescriptions, parents offered a range of actions, with many citing they toss them in the trash. Participants were not aware of disposal resources and noted having issues when trying to take to pharmacies.

- A sampling of responses:
  - “Trash in the bottle it came in.”
  - “Had experience with family member passing way, put them in diapers and put in the trash.”
  - “Take back to my doctor’s office.”
  - “Toss them in trash even though I’ve heard I should do something else with them.”
  - “I’ve tossed them or flushed them.”

The fact “75% of opioid misuse starts with people using medication that wasn’t prescribed for them – usually taken from a friend or family member” is very effective in grabbing parents’ attention.

- Not only was this statistic highly effective, the other fact offered about kids learning about risks from parents being 50% less likely to use was also very effective with this audience.
- Without sources on the facts and stats, parents reported questioning the accuracy.





Parents know they should talk to their kids, but they want to be armed with more facts to do that effectively. They contrast this with feeling their kids are more likely to listen to peers or other influencers over hearing from them.

- A sampling of responses:
  - “It says ‘know the facts’, but I think what I’m missing is what are the facts? What am I going to say?”
  - “With 18-25 year olds you have to be credible. If you don’t know the facts, they want to dispute it and find their own facts. Information is what people need.”
  - “‘Start talking with your kids about....’ but what if you don’t know the facts?”
  - “I would hope that when you go to one of these websites it would give you more detailed facts. If you have a conversation the kid will probably ask why are you using these meds? So, if a parent has an issue and has the meds, there needs to be information on the website about why are these meds staying around in the cabinet in the first place.”
  - “Kids are too blasted with information they don’t listen to me. An aunt or friend, or someone cool, but they don’t want to hear from me.”
  - “[I] can’t be credible to kids.”

Parents like seeing photos of a parent and a child in materials and liked that the photos match what is being said in the materials.

- Photos with parents and kids felt more realistic and helped parents relate to the messages. They said things like “you can see the love they have between each other.”
- They also noted that the descriptions like “proud mom, carpool maven, etc.” really matched the people they saw in the images, they are believable. They also liked that the people look to be middle to upper class, kids that would be “good kids,” etc. which helps to show it can happen to anyone and dispel the “it won’t happen to me” mentality.



Parents related best to materials that communicated an opioid addiction could happen to anyone as it got them thinking about their life and family.

- This included the topic of safe storage. It made them think about who is visiting their home that might have a problem, all the places their kids could access pills if they wanted to, etc.
- They reported asking themselves, have I been a supplier and not known it?





## Message Testing

Each participant completed a messaging worksheet independently, during a break in the focus group. The following chart indicates the average rate of effectiveness of each message tested with parents of young adults, across both groups in Spokane and Seattle. The rate of effectiveness was measured on a scale of 1 to 5, with 1 being very ineffective and 5 being very effective.

MESSAGE	EFFECTIVENESS RATING - AVERAGE	REASONS
<b>75% of young adult users get their opioid drugs from friends and family.</b>	4.4	<ul style="list-style-type: none"><li>• High statistic makes it more effective</li><li>• Makes you consider your kids friend's houses and whether they have opioids easily accessible</li><li>• Makes you consider locking up your medications – especially when your kid's friends are over</li><li>• Makes you want to avoid unintentionally harming your children or their friends</li><li>• Have personally witnessed this</li></ul>
<b>You have the greatest influence on your children's decisions about drugs and alcohol.</b>	3.7	<ul style="list-style-type: none"><li>• As a parent, it's your job to educate them and set the right example</li><li>• You are the greatest influence on your kids</li><li>• It's a reminder that opioid misuse can start at a young age</li><li>• Should also consider that friends/peer groups are also very influential</li></ul>
<b>Kids who learn about the risks about their parents are 50% less likely to use.</b>	3.7	<ul style="list-style-type: none"><li>• High statistic indicates parents really can help reduce the risk for their children</li><li>• Should also consider that friends/peer groups are also very influential</li><li>• Add a source to indicate this statistic is accurate/increase credibility</li></ul>
<b>Prescription pain medications are now the leading cause of accidental death in our state.</b>	3.6	<ul style="list-style-type: none"><li>• Surprised by the statistic – not well known</li><li>• Shines a light on the size of the problem</li><li>• The word death catches attention</li><li>• It wasn't this way 10 years ago – growing at an alarming rate</li><li>• Needs to include an action</li></ul>



<b>Lock up your opioid medications.</b> <i>*Two participants did not circle a rate of effectiveness for this message.</i>	3.5	<ul style="list-style-type: none"><li>• Simple and straightforward</li><li>• Easy action for someone to take</li></ul>
<b>Know the facts. Talk to your kids about the risks of opioid abuse.</b>	3.4	<ul style="list-style-type: none"><li>• Not clear what the “facts” are</li><li>• Reminder that it’s your role as a parent</li><li>• Appreciate that there is a call to action</li></ul>
<b>Opioid misuse rates are highest among young adults.</b> <i>*Two participants did not circle a rate of effectiveness for this message.</i>	3.3	<ul style="list-style-type: none"><li>• As a parent of young adults, you want to keep your kids safe.</li><li>• Unclear who is considered a “young adult”</li></ul>
<b>You can be the one to help keep your family safe, talk with your kids and share the facts with other parents.</b> <i>*Five participants did not circle a rate of effectiveness for this message.</i>	3.3	<ul style="list-style-type: none"><li>• Isn’t clear what information parents should share with their kids</li></ul>
<b>Opioid misuse by young people can be prevented.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.2	<ul style="list-style-type: none"><li>• Unclear who is considered “young people”</li><li>• Message is vague/not enough information about how it can be prevented</li></ul>
<b>Dispose of unused pills safely.</b> <i>*Two participants did not circle rate of effectiveness for this message.</i>	2.75	<ul style="list-style-type: none"><li>• Lacks direction for how to dispose of them</li><li>• Consider broadening it to indicate to dispose of opioids when done using them</li><li>• Isn’t clear what kind of pills to dispose of</li></ul>

*Note: Although there was a total of 20 parent participants, one was asked to leave the group during the discussion. Additionally, one participant did not hand in their messaging worksheet. This means the average noted above is based on 18 responses.*

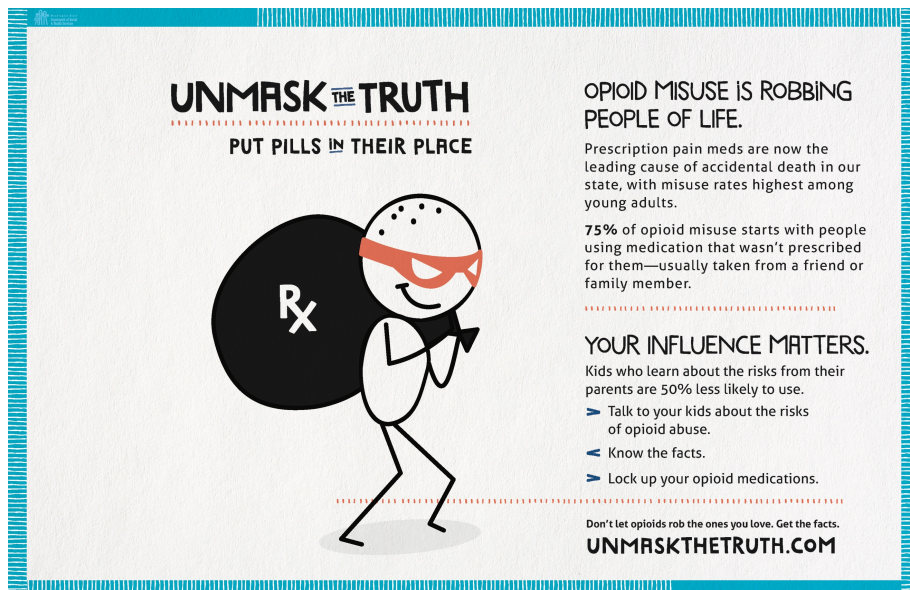


## Materials Testing

The following section indicates the likes and dislikes recorded when parents of young adults were shown three creative concepts to weigh in on.



- **Likes:**
  - Use of statistics.
  - “Accidental supplier” is preferred over “accidental enabler.”
  - Mother and daughter are relatable.
- **Dislikes:**
  - Graphical pill treatment in the background.
  - Too many words. Callout box wasn’t even noticed by some participants.



- **Likes:**
  - Messaging catches your attention.
  - Steps to take are clear and helpful.



- **Dislikes:**
  - Lack of color.
  - Feels a little lighthearted for such a serious issue.



- **Likes:**
  - “One honest conversation” is a powerful message.
  - Color palette catches your attention.
  - Preferred the image of mother and daughter hugging – a positive, loving relationship.
- **Dislikes:**
  - Photo #1 feels like the girl is in trouble, rather than them having a conversation.



## Older Adults

When older adults hear the word “opioid” they think of many things ranging from abuse and addiction, to their intended use for pain.

- A sampling of responses:
  - “People who need it, do need it.”
  - “Paper prescription, can’t even call it in.”
  - “Should be a better way for people who do need it.”
  - “Against the law.”
  - “Opium based drugs.”
  - “Don’t want the temptation, we keep the last bottle in the gun safe.”
  - “Famous people dying from them.”

Older adults are very aware of the opioid problem having heard about it in the news. Many know someone affected by opioid abuse.

- Discussion included topics like “Trump’s war on opioids,” that they’ve heard doctors are getting in trouble for overprescribing, and that this isn’t the first time it has been a problem but it’s resurfacing in a big way.
- They have heard about it a lot in the media (TV, radio, AARP magazine named)

Older adults have vastly different ideas of how to safely dispose of prescriptions.

- Comments ranged from “put them in kitty litter or coffee grounds and put them in the garbage” and “take them to the police department,” to “Group Health used to have disposal locations” and “treat drugs like a loaded gun.”
- Some participants reminisced about prescriptions in their homes when they were growing up being out in the open and they were not tempted to take them. They recalled back then it wasn’t even a thought drugs might get misused by someone.



Older adults recognize opioid misuse is a big problem in Washington State.

- Eleven called it “a statewide crisis” and eleven called it “a moderate problem.”

Participants reported they do not lock up their drugs, many citing they live alone. When they hear “safe storage” a range of things come to mind from a “lock box” to “out of sight.”

- Of all participants, only one reported locking up prescriptions.
- Pet owners are careful to ensure their pets cannot get into their medication.
- A sampling of responses regarding “safe storage”:
  - “Lock box.”
  - “Out of sight.”
  - “Keep in the gun safe.”
  - “Store in a cool dry place, so not a window sill.”
  - “Hide them.”
  - “More concerned about exposure to light to them than I am about temperature.”

When asked how they dispose of old or unused prescriptions, participants offered a range of actions, with many citing they just keep them at home. Participants were not aware of disposal resources.

- A sampling of responses:
  - “Take to pharmacist but they aren’t anxious to take them.”
  - “Throw them away.”
  - “I remember at one point putting water in with pills, dissolve and then dispose of.”
  - “There are some charities that collect them to give to foreign countries.”

The fact “75% of opioid misuse starts with people using medication that wasn’t prescribed for them – usually taken from a friend or family member” is very effective in grabbing older adults’ attention.

- This statistic was deemed highly effective because it taught them something and gave them information to share with others.



- Some participants said without sources on the facts, they question whether they are true.

Older adults like being told to lock up their medications because it is a specific action they can take to keep people safe, but they need to know how to do it right.

- Messages like “Lock up your medications” and “Don’t harm someone you love” together strike a balance between giving people an action to take and a compelling reason why they should take it.
- Participants noted they need to know how to lock up prescriptions if they are being told to do so. They said things like “Put pills in their place, where?” and “Lock up your medications is directive and scary and I don’t know how. I don’t have anything in my house to lock them in so it has no context. “

Some participants felt the materials would be stronger with a more literal connection from the photo to the copy.

- Many participants did not like the photo of the grandma and shared comments like “Grandma is too goody two shoes,” “she looks too happy,” and “put pills on the cookie tray.”
- They offered ideas for imagery that connects more to the topic and content including things like “put devil horns on grandma,” “instead a little girl lying dead on the floor,” and “contrast between picture and shock she might be doing something awful.”

Older adults recommended including a phone number in addition to the website on materials.

- “Put an 800 number. A lot of people don’t want to use the internet to look things up.”





## Message Testing

Each participant completed a messaging worksheet independently, during a break in the focus group. The following chart indicates the average rate of effectiveness of each message tested with older adults, across both groups in Spokane and Seattle. The rate of effectiveness was measured on a scale of 1 to 5, with 1 being very ineffective and 5 being very effective.

MESSAGE	EFFECTIVENESS RATING - AVERAGE	REASONS
<b>Prescription pain medications are now the leading cause of accidental death in our state – more than guns and car crashes.</b>	3.8	<ul style="list-style-type: none"> <li>Helps give a sense of the scale of the problem</li> <li>Strong statistic, but many were not sure if it's true. Needs to be sourced</li> </ul>
<b>Only take your opioid prescriptions as directed by your doctor.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.7	<ul style="list-style-type: none"> <li>People trust their doctors</li> <li>Common sense</li> </ul>
<b>Lock up your medications.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.7	<ul style="list-style-type: none"> <li>Explain why people should lock up their medications and how to do it</li> <li>It's actionable</li> <li>Live alone so doesn't apply</li> </ul>
<b>Simple steps, like locking up your prescriptions can stop them from being misused.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.5	<ul style="list-style-type: none"> <li>Live alone so doesn't apply</li> <li>Good reminder, but should include clear suggestions or tips for how to go about doing it</li> </ul>
<b>If you have chronic pain, ask your doctor for other pain management alternatives.</b> <i>*Two participants did not circle a rate of effectiveness for this message.</i>	3.5	<ul style="list-style-type: none"> <li>Good reminder about choices</li> <li>Should include specific alternatives</li> </ul>
<b>75% of opioid misuse starts with people using medication that wasn't prescribed for them – usually taken from a friend or family member.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.4	<ul style="list-style-type: none"> <li>Provides information about the source of the problem</li> <li>Statistic that many weren't aware of</li> <li>Reminds reader of their responsibility</li> <li>Needs to be sourced for credibility</li> </ul>
<b>Dispose of unused pills safely.</b> <i>*Two participants did not circle a rate of effectiveness for this message.</i>	3.4	<ul style="list-style-type: none"> <li>Commonly said so it has lost its impact</li> <li>Need places to actually dispose of them</li> </ul>





		<ul style="list-style-type: none"><li>Needs to explain how to dispose of them</li></ul>
<b>Tell a friend. Share the facts.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.4	<ul style="list-style-type: none"><li>Not clear what the “facts” are</li><li>Friends won’t care</li><li>Actionable</li></ul>
<b>Don’t harm someone you love by accident.</b> <i>*Four participants did not circle a rate of effectiveness for this message.</i>	3.2	<ul style="list-style-type: none"><li>Reminds us of the responsibility we have to our loved ones</li><li>Don’t want to hurt people we love</li><li>Makes the action more personal</li><li>Too vague. Harming people in what way?</li><li>Reword to “Don’t accidentally harm someone you love.”</li></ul>
<b>Opioid misuse rates are highest among young adults.</b> <i>*One participant did not circle a rate of effectiveness for this message.</i>	3.0	<ul style="list-style-type: none"><li>Lacking facts/statistics</li><li>Doesn’t affect this audience</li></ul>

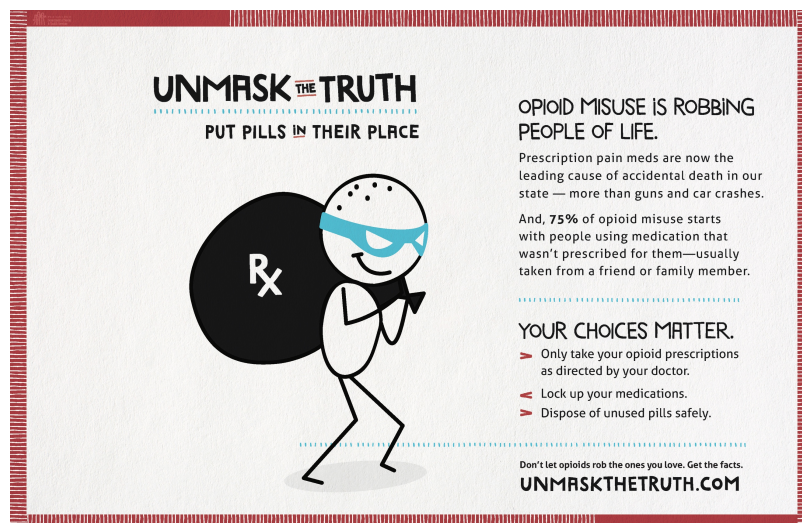


## Materials Testing

The following section indicates the likes and dislikes recorded when older adults were shown three creative concepts to weigh in on.



- **Likes:**
  - “Accidental supplier” is preferred over “accidental enabler.”
  - Strong statistic.
  - Headline paired with the photo catches attention.
- **Dislikes:**
  - Statistics aren’t cited. Including a source would make it more credible.
  - Too many words.
  - Have a tray of pills instead of tray of cookies.
  - Grandma looks too happy/ “goody goody.”
  - Make font larger, especially in the callout box.



- **Likes:**
  - Slogan – “Unmask the truth”
  - Graphic catches your attention.



- **Dislikes:**
  - Feels a little lighthearted for such a serious issue.
  - “Put pills in their place”- unclear where to put them.
  - Too many words.



- **Likes:**
  - Color palette catches your attention.
  - Clear call to action – “Lock up your meds.”
- **Dislikes:**
  - Lock image. Not clear that it’s a lock.



## Appendix A: Discussion Guide

### HCA – Opioid Focus Groups Discussion Guide

#### Welcome & Introduction

- Hello everyone. Thank you for being here. My name is \_\_\_\_\_ and I'm your facilitator today. I work for DH – an independent research and communications firm based in Spokane, Washington.
- The Washington State Health Care Authority, HCA, is gathering information to inform a statewide campaign about opioid misuse and abuse prevention, as well as opioid safe storage and disposal. Your input is greatly appreciated as it will be used to improve the communication about opioids for this campaign.
- If you haven't signed the sign-in sheet already, please do so. If you need to use the restroom at any time, please feel free to do so. We also ask that you silence your cell phones.
- This discussion will last about 90 minutes.
- During this time, we will be having a group discussion – and I will also ask you to fill out a worksheet. This worksheet will remain anonymous – you do not have to write your name on it or any other identifiable information.
- At the end of the group, we'll ensure each of you is compensated for your time.

#### Ground Rules

- Show of hands, has anyone attended a focus group before?
- Please speak one at a time so we can capture all your good thoughts and ideas.
- To ensure accuracy in our report, we will be audio taping today's discussion. Your comments will NOT be attached to your name – feel free to talk candidly. We will have a note taker typing as we go.
- There are no right or wrong answers. Please be respectful of each other's ideas and opinions. If you don't agree, hear the other person out before offering your opinion. Likewise, if you do agree, we'll want to capture that information too.
- You won't hurt my feelings – please be candid with what you like and with what you don't like.



- We want to hear from all of you. We may call on people if we notice you're holding back.
- Does anyone have any questions before we get started?
- If not, please put your digital devices on silent, turn your name tags toward me, and we'll get started!

## Questions

### Awareness and Perceptions

First, I'm interested to hear what you know about opioids.

1. What is an opioid?
  - a. Probe: Can you name examples?
2. When you hear the word "opioid," what do you think of?
3. Has anyone heard about opioids on the news, in social media or through conversation with others?
4. What do you know about opioid misuse and abuse?
5. Does anyone know someone affected by opioid abuse (no personal details necessary)?
6. What do you know about the safe storage and disposal of opioids?
7. Next I will give you three possible responses and you can raise your hand for one of the three responses. How big of an issue is opioid misuse and abuse in Washington State? **Facilitator Note – count hands and record numbers.**
  - a. A minimal problem \_\_\_\_\_
  - b. A moderate problem \_\_\_\_\_
  - c. A statewide crisis \_\_\_\_\_
8. What is your sense of how easy or difficult it is to become addicted to opioids?
  - a. Probe: Why do you think that?



## Opioid Misuse – For young adults and parents only

Now let's talk about opioid misuse.

9. How would you define “opioid misuse?”
10. What types of people do you think are most likely to misuse opioids?
11. What do you think are the risks or consequences of misuse?
12. What do you think people need to understand most to prevent opioid misuse?
13. What do you think is not well understood about opioid misuse?
14. Are you aware of resources or help for people experiencing opioid addiction?

## Safe Storage and Disposal – For parents and seniors only

Now let's talk about safe storage and disposal.

15. Does anyone have prescription medication in their home?
16. Please raise your hands if you lock up your medications at home. \_\_\_\_\_
17. Is it important or not important to lock up medications at home?
  - a. Probe: Why or why not?
18. When you hear “safe storage” for prescription drugs, what does that mean to you?
19. How do you dispose of old or unused prescriptions?
20. Is anyone aware of resources for disposing of drugs?



## Messaging – Same questions for all audiences, separate worksheets

I'd like to understand what messages you think will be effective when educating people about opioids. First, I'll have you fill out a worksheet on messaging, then we'll come together as a group and have a discussion. Please read the questions carefully and note that on the questions with a scale of 1 – 5, one means very ineffective and 5 means very effective. We'll take 5-7 minutes now for each of you to complete a worksheet.

### **Messaging Questions (to discuss as a group after completing individual worksheet)**

21. Tell me what messages were your **fours and fives** on the scale of 1 – 5?

a. Probe: Why?

22. Tell me what messages were your **ones and twos** on the scale of 1 – 5?

a. Probe: Why?

23. Which of these messages did you think were the strongest?

a. Probe: Why?

24. After seeing these messages, which, if any, would make you take an action?

a. Probe: Why?

## Creative – Same creative for all audiences

Now let's switch gears. I'm going to pass out packets with samples of advertisements – creative samples. Take a look at the samples and think about what you like and don't like, what you think is effective, etc. Then we will have a discussion as a group about the creative samples.

**Facilitator Note – for each of the three creative concepts, ask the following five questions.**



25. What's the main takeaway from this ad?

26. Who is this ad for?

27. What do you like about this ad?

a. Probe: Why?

28. What don't you like about this ad?

a. Probe: Why?

29. Is anything unclear or confusing about this ad?

**Facilitator Note – After all three concepts have been individually discussed, ask these concluding questions:**

30. In thinking about the three concepts, which one stands out in your mind?

a. Probe: Why?

31. After seeing these ads, are you motivated to take any action?

a. Probe: What actions? Why?

## Thank You & Close

Thank you! I truly appreciate the time you have spent giving your valuable insight. This information will be used to educate people across the state about opioid misuse and abuse, opioid abuse prevention and opioid safe storage and disposal. The feedback you have given is invaluable to making this campaign successful and getting people the help they need – so thank you. We also have a more tangible thank you for your time, so before you go, please see me to receive that and sign out. Drive safely!





## Appendix B: Messaging Worksheet – Young Adults

- **Prescription pain medications are the leading cause of accidental death in our state—more than guns and car crashes.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **You can be the one to have the courage to speak up at a party, to tell a friend, or to talk to your doctor.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Addiction can happen to anyone.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **80% of heroin users first misused prescription pain pills.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Only take your opioid prescriptions as directed by your doctor.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective



- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Help a friend. Share the facts.**

- a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Never share your opioid prescription with someone else.**

- i. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No



d. Why does this message resonate with you or not resonate with you?

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• **Treatment works. If you think you need help, reach out.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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---

c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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## Appendix C: Messaging Worksheet – Parents of Young Adults

- **Prescription pain medications are now the leading cause of accidental death in our state.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

---

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---

c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Opioid misuse rates are highest among young adults.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

---

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---

c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **75% of young adult users get their opioid drugs from friends and family.**
  - a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:
    - 1 – Very ineffective
    - 2 – Ineffective
    - 3 – Neutral
    - 4 – Effective
    - 5 – Very effective
  - b. What is the call to action – what are you being asked to do or consider?  

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  - c. Does this message resonate with you? Circle one of the following:
    - Yes
    - No
  - d. Why does this message resonate with you or not resonate with you?  

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- **You have the greatest influence on your children's decisions about drugs and alcohol.**
  - a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:
    - 1 – Very ineffective
    - 2 – Ineffective
    - 3 – Neutral
    - 4 – Effective
    - 5 – Very effective
  - b. What is the call to action – what are you being asked to do or consider?  

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  - c. Does this message resonate with you? Circle one of the following:
    - Yes
    - No
  - d. Why does this message resonate with you or not resonate with you?  

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- **Kids who learn about the risks from their parents are 50% less likely to use.**
  - a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:
    - 1 – Very ineffective
    - 2 – Ineffective
    - 3 – Neutral
    - 4 – Effective
    - 5 – Very effective



- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Know the facts. Talk to your kids about the risks of opioid abuse.**

- a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Opioid misuse by young people can be prevented.**

- a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No



d. Why does this message resonate with you or not resonate with you?

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• **Lock up your opioid medications.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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• **Dispose of unused pills safely.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **You can be the one to help keep your family safe, talk with your kids and share the facts with other parents.**

i. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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## Appendix D: Messaging Worksheet – Older Adults

- **Prescription pain medications are now the leading cause of accidental death in our state—more than guns and car crashes.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Opioid misuse rates are highest among young adults.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **75% of opioid misuse starts with people using medication that wasn't prescribed for them – usually taken from a friend or family member.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Only take your opioid prescriptions as directed by your doctor.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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- **Don't harm someone you love by accident.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective



- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Lock up your medications.**

- a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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- c. Does this message resonate with you? Circle one of the following:

- Yes
- No

- d. Why does this message resonate with you or not resonate with you?

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• **Dispose of unused pills safely.**

- i. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

- b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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• **Tell a friend. Share the facts.**

i. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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• **Simple steps, like locking up your prescriptions can stop them from being misused.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No



d. Why does this message resonate with you or not resonate with you?

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• **If you have chronic pain, ask your doctor for other pain management alternatives.**

a. Please rate the effectiveness of this message on a scale of 1 to 5. Circle one of the following:

- 1 – Very ineffective
- 2 – Ineffective
- 3 – Neutral
- 4 – Effective
- 5 – Very effective

b. What is the call to action – what are you being asked to do or consider?

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c. Does this message resonate with you? Circle one of the following:

- Yes
- No

d. Why does this message resonate with you or not resonate with you?

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Public Relations · Advertising  
Branding · Research · Digital

# Washington State Health Care Authority Opioid Public Education Campaign Insight Interviews Report

August 2017



## Overview

In August 2017, DH conducted a series of interviews for the Washington State Health Care Authority to gather information from individuals, coalitions, and other organizations leading work around opioid misuse and abuse and safe storage/disposal issues. The purpose of these interviews was to:

- Understand existing research and campaigns relating to opioid misuse and abuse, as well as safe storage and disposal.
- Understand the knowledge level of opioid issues and areas where we need to educate the most.
- Gather information about what messages pertaining to opioid misuse and abuse, as well as safe storage and disposal, may resonate best with the following demographics – as well as what channels to use to reach them:
  - 18 – 25 year olds
  - Parents of teens and young adults
  - People using opiates for chronic and acute pain
  - Older adults 65+
- To receive input on what organizations to partner with and where the public education campaign should have a presence.

## Methodology

- In August 2017, DH conducted a total of 26 phone interviews with participants from across the state.
- Participants were recruited in the following ways:
  - Received an email from HCA asking for their participation. If interested, participants completed a short survey to provide contact information to be reached by DH.
  - DH identified partner organizations, coalitions, or other industry experts and reached out directly.
- All interviewees participated on a voluntary basis and were not compensated for participation.
- Interviews lasted anywhere from 20 minutes to an hour.
- Interviewers took notes via an Excel spreadsheet during interviews.

## Participant Information





Interviewees come from a variety of organizations including local, county and state governmental agencies, coalitions, non-profits and more including:

- ALTSA
- CEH Strategies
- City of Mercer Island – Youth and Family Services Department
- Clallam County Health & Human Services
- ESD 112 Prevention Coalition
- Grays Harbor Coalition Against Drugs
- Grays Harbor Public Health
- Healthy Youth Coalition of Tacoma
- Island County Public Health
- King County BHRD
- Lewis County Public Health & Social Services
- Longview Anti-Drug Coalition
- Lopez Island Prevention Coalition
- Mentoring Works Washington
- My TOWN Coalition
- PACE Coalition
- Quincy CTC Coalition
- Safe Streets
- Skagit County Public Health
- Sumner School District
- Sunnyside United-Unidos
- Trilogy Recovery Community
- Unite! Washougal Community Coalition DFS – Washougal School District
- United General District 304
- Washington Department of Health
- Washington State Association of Senior Centers
- Washington State Department of Social and Health Services
- Whatcom County Health Department

## Interview Discussion Topics

To see the complete list of interview questions, see Appendix A.



- Opioid misuse and abuse
  - Existing research surrounding opioid misuse and abuse
  - Existing public education campaigns surrounding opioid misuse and abuse
  - Misunderstandings or lack of information concerning opioid misuse and abuse
  - Key messages to communicate to defined target audiences about opioid misuse and abuse
  - Effective channels to reach defined target audiences about opioid misuse and abuse
- Safe storage and disposal
  - Existing research surrounding safe storage and disposal
  - Existing public education campaigns surrounding safe storage and disposal
  - Misunderstandings or lack of information concerning safe storage and disposal
  - Key messages to communicate to defined target audiences about safe storage and disposal
  - Effective channels to reach defined target audiences about safe storage and disposal
- Additional areas of discussion
  - Communication channels available via the organizations/associations/coalitions interviewees are associated with
  - Organizations to consider forming partnerships with
  - Community events or programs to consider having a presence at



## Key Findings – Opioid Misuse and Abuse Prevention

*Key findings represent feedback from all 26 respondents.*

Participants had mixed levels of awareness about existing research regarding attitudes and perceptions around *opioid misuse and abuse prevention in Washington State*.

- Several participants answered “no” when asked if they were aware of research regarding attitudes and perceptions about opioid misuse and abuse prevention in Washington State.
- When participants could recall existing research, the most commonly cited research was the Healthy Youth Survey as well as research from the University of Washington. Others mentioned local research, and or research from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Participant quotes on this topic included:
  - “Yes - we look at Our Healthy Youth Survey results, as well as local results. There’s also a program out of Seattle too that we look at. It’s being piloted nationally now with law enforcement. I can’t think of the name of it. I try and keep up with anything I can find. Locally here we have a needle exchange program in a regional aspect. I keep in touch with the director of that agency about local stuff that goes on. And the coroner because our coroner tracks and lists all the medications in somebody’s system.”
  - “We do incorporate Healthy Youth Survey data into a local campaign. But no, I’m not aware of statewide research.”
  - “Best source of research is Jason Kilmer at UW. He does a lot of research around marijuana and alcohol. His research is great for prevention.”
  - “I must admit that I haven’t seen anything recently about this. I think it’s coming but I haven’t seen anything yet.”



There were mixed responses when respondents were asked about their awareness of any existing public education campaigns regarding *opioid misuse and abuse* topics (statewide or elsewhere).

- A number of participants stated no when asked if they were aware of existing public education campaigns regarding opioid misuse and abuse topics - and when they did, responses were all across the board.
- Respondents that could recall existing public education campaigns regarding opioid misuse and abuse topics, mentioned a wide variety of campaigns that they are aware of. Campaigns launched by the following organizations were mentioned: the Community Anti-Drug Coalitions of America (CADCA), the Washington State Department of Social and Health Services (the Start Talking Now campaign), the Washington State Department of Health, campaigns in other states (Wisconsin Attorney General's Office, Illinois, New York and Marin, California) and the University of Washington ([www.stopoverdose.org](http://www.stopoverdose.org)).
- As to whether the aforementioned campaigns were effective or not, answers were mixed. Reasons for effectiveness included delivery of information people need, good descriptions, statistics, universal application and strong visuals.
- Reasons for ineffectiveness included lack of easy access, non-memorable content, inappropriateness and offensive content.
- The “Listen 2 Your Selfie” and “Start Talking Now” had two mentions each as effective public education campaigns.
- Participant quotes on this topic included:
  - “I haven't seen any campaigns. I've seen a lot of information on the internet of course. And reports coming out from Health and Human Services. But no, not really. It's just mainly people talking about it.”
  - “Effective because they engaged the targeted audiences in the development. Images used in the campaign connected with the target population and the messaging was effective in reaching the targeted population.”
  - “As a parent - no - there was nothing that was easy to access and that put the alarm on it.”



General public misunderstandings participants most frequently cited about *opioid misuse and abuse prevention* include the lack of knowledge around prescription opioids, the potential for addiction, stigmas around opioid use, and the use of opioids among youth.

- Participants believe the general public lacks knowledge about prescription opioids. To start, the general public needs to know that prescriptions themselves can be the root of many problems – while intended to be a remedy for ailment, can cause great harm when used improperly. Second, the general public is often unaware of alternatives to opioids for pain management. Participants also believe people don't know it's okay to question their prescriptions and have a conversation with their doctor about alternatives to opioids for pain management.
- Participants indicated there appears to be a lack of understanding about what an opioid actually is. They noted there needs to be general education about what an opioid is and the potential for addiction when taking opioids. Participants believe the general public does not understand the highly addictive risk involved with taking them.
- Education also needs to denounce the stigma surrounding opioid use and communicate that addiction can happen to anyone. It's not just happening in inner-cities – this is affecting people of all regions, ages, socioeconomic status, etc.
- Participants believe there is a lack of understanding about the use of opioids among youth. Youth of all ages are engaging in opioid use; therefore, education should start at home and come from parents/guardians. It will be important to communicate that individuals of all ages are at risk.
- Participant quotes on this topic included:
  - “People don't understand that it can happen to anyone regardless of their socioeconomic status. We're from an upper middle-class family that is very well educated. People think it can only happen to a certain type of person. I think there's a stigma, and it's going to continue until people realize that it's happening to everyone.”
  - “People do not understand the potential for addiction. Even if you take the medication as directed, people don't understand they can become addicted or overdose.”
  - “A lot of people don't think that their children, grandchildren, or caregivers would steal their medications for personal use. I think it's a matter of educating people about the importance of securing those medications. There's a lot of trust in that population.”



- “When you look at a kid you can't tell whether they are using drugs, or specifically prescription pain killers. It can become a big issue really quickly.”
- “I think the sharing of drugs has become the norm amongst all ages. I never see anything addressing that. Also, I don't think people realize that heroin and opioids are from the same family of drugs. Everyone says, "opioids - what are those?" People don't realize they are the same.”
- “I think people often believe ‘it's not in my neighborhood - that's inner-city stuff. It couldn't happen in a rural area or in my backyard.’ That's such a myth. It can happen anywhere. Folks are in denial. Show the facts that it does happen in inner-cities. It does happen in rural areas. It's an epidemic of great proportions.”
- “I think there is a lot of stigma attached to it. And that's a huge myth because everyone has access to it through prescription drugs. So, making sure everyone understands that everyone has access to it is key and then of course proper disposal of those drugs you aren't going to use.”
- “Knowledge of what an opioid is. It seems to be a new term. And what are the different types. Many view heroin differently than they view prescription drugs.”
- “Lack of understanding is that it's actually happening. It involves all kinds of kids - not just low income, minorities.”

It will be important to tailor messaging about *opioid misuse and abuse prevention* for each target audience, as each audience comes at these issues from very different perspectives.

- **18 to 25-year-old adults:** A common messaging theme we heard centers around the addictive nature of opioids. Participants indicated 18-25 year olds need to hear the following kind of message: *Addictive behaviors often start within this age group, and opioids are extremely addictive. Opioid prescriptions are often the starting point for addiction. Be aware of what you are prescribed, and never take someone else's prescribed medications.*
  - Participant quotes on this topic included:
    - “To be honest, my kids were in that age group and were prescribed [opioids]. And because they were prescribed them, it was okay to take them. Kids would go to parties and share these. Just because it's a prescription doesn't mean it's okay to take and that anyone can take it. It's still a dangerous drug.”
    - “I think this age group needs to hear safety and health information. Take as directed. Know the signs of an overdose. There are dangers associated



with these medications that you should know about. There are risks and benefits to the medication they may not be aware of.”

- “The first thing that comes to mind that this age group needs to hear is that opioids are very addictive - especially for young kids. Young children are often prescribed them for sports injuries, etc. and the amount of opioids they are prescribed is often large. They might not know they are addictive – and that’s scary.”
- **Parents of teens and young adults:** Participants noted frequently that an important message for parents of teens and young adults is the importance of locking up medications in order to prevent misuse and abuse. Additional messaging could address the impact and risk of opioid use – and their role in communicating those risks to their teens and young adults. Parents should also be aware that their actions set the norm for their children and they need to set healthy examples.
  - Sample messages or messaging themes heard from participants for this audience include:
    - “If you have any of them, get rid of them, lock them up like a gun.”
    - “Awareness of changing their behavior. Lock it up. Count it. Get rid of them the moment you stop taking them.”
    - “Talk to your kids about opioid addiction. Monitor what they’re being prescribed and make sure they know that opioids are very addictive. Parents should also be telling their kids not to share with their friends.”
    - “They create the social norm for their kids on what’s appropriate. They are modeling what’s appropriate. Grandparents too.”
    - “Share the risk factors. What should parents be on the lookout for? What are the signs? Also - where to go for help.”
    - “Help them realize their behaviors are directly impacting their kids. They are modeling the behavior that has a big impact on their kids’ future.”
- **People using opiates for chronic and acute pain:** Participants indicated it will be important to communicate to this audience the importance of being a responsible user. Being a responsible user is multi-faceted: know the risks of taking opioid prescriptions, know alternative options for pain management, only take medications as directed by a provider, know the warning signs of addiction, and lock up your medications to prevent misuse by others.
  - Sample messages or messaging themes heard from participants for this audience include:



- “Get a safe and lock them up. Because they truly are as dangerous as a loaded gun. Would you leave your loaded gun above your sink? No. I'm not judging those people, but look into other options. Maybe they already have, but opioids are dangerous.”
- “Moderation. I get it - you have pain. But follow your doctor's orders. Don't try to self-medicate. People do their own thing. But the thing is moderation.”
- “I think the number one message is that it's addictive. Their doctors should be saying it should only be used temporarily. Number two, if people are having other mental health issues, then to have a conversation with their physician so they can address those underlying factors. Research says most people who are healthy and in a good place mentally who start using opioids are able to use them without becoming addicted but if you're already depressed or have things from your past, make sure you're dealing with those things. It's not that opioids are necessarily bad, but using them to address those issues isn't good.”

When communicating about *opioid misuse and abuse*, it will be important to reach each key audience where they are. To achieve this, it will be important to use specific tactics to reach each demographic, rather than a set of blanket tactics targeting all audiences.

- **18 to 25-year-old adults:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid misuse and abuse prevention. Social media was cited most frequently as the most effective way to reach 18 to 25 year olds. Many respondents stated that social media will be vital in a public education campaign targeted at young adults. In addition, using peers to reach this age group was cited as an effective strategy.
  - Participant quotes on this topic included:
    - “First things that come to mind include social media, classes, health campaigns at schools. I'm worried that the college population is left out. When you're in the college life - you're not in health classes and you don't have enough time always to be on social media. To reach that audience, I'd say college health clinics and athletics.”
    - “Social media. You have to reach them there – Instagram, Twitter. Not so much print. But at events, concerts, etc. You have to be where kids are. Social media is key.”





- “Social media, community or school messaging (in hallways, etc.), Pandora, YouTube, college campuses.”
- “I’ve been looking at that population a lot because I have siblings. They aren’t necessarily on Facebook and for them radio is almost obsolete. So I think Spotify, Instagram, Snapchat and YouTube. Somehow by phone for sure. And the locations they spend the most time – malls, their college campuses or workplaces.”
- **Parents of teens and young adults:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid misuse and abuse prevention. Social media and through the school system (such as having a partnership with PTAs) were the most commonly cited tactics.
  - Participant quotes on this topic included:
    - “When you’re in a situation, you’re dealing with so much shock and horror. You can’t believe it’s happening to your perfect family. There has to be a one-stop shop where people can go. There need to be volunteers that are willing to talk to them. You want one place to go to that has everything where you can go through it at your own pace because you’re so traumatized. At least they can guide you where to turn and who to talk to.”
    - “It’s repetition. It’s access to educational information. You expect to see something once – but you need multiple ways to introduce it to them. In English and Spanish - everything needs to be in Spanish in my area. Radio, television, social media. It would be very nice to have partnerships. OSPI would be a good partner in our state. I think my recommended approach is through PTA groups. I meet with the president and then she presents it - I don’t present it. I think you need to reach parents in a place where they already access information.”
    - “We reach out to parents through radio PSAs. Things we can bring to a local level and put it on a local station. We also like to print things to bring to parent-teacher conferences, town hall meetings, outreach events - those are the kinds of places where we’re able to talk to parents.”
    - “Go through schools. But also through workforce. I work for the State, and a bunch of people get the newsletter at work. Different clubs. Whether it be fraternal groups - or faith-based groups and Sunday sermons. It’s a multi-pronged approach. I think there are media



campaigns you could follow along. You don't have to re-invent the wheel.”

- **People using opiates for chronic and acute pain:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid misuse and abuse prevention. Working with providers and working with pharmacies were the most commonly cited tactics. Various respondents also mentioned that more personal, one-on-one outreach would be beneficial in reaching this demographic.
  - Participant quotes on this topic included:
    - “Partnerships with healthcare systems and providers, working together with the medical community. Social media plus traditional media.”
    - “Healthcare, not just MDs, but people who interact with them for ongoing care, like nurses or receptionists. People they interact with for longer periods of time. Someone who has struggled with addiction who could share their story.”
    - “Look at your demographics - the majority will probably be older adults. I think your older adults are more interested in one-on-one outreach or presentations at community events or clubs. They're not as into social media. It needs to be more personal. Maybe television, but I don't think you're going to be effective with social media or anything like that. Physicians’ offices would be a great place too. At pharmacies, putting inserts in prescription meds because that's what they're going to access.”
    - “Getting information to come through their physician - a personal kit they get from their doctor's office or pharmacy.”
    - “Partnerships with pharmacies. We try to work with our local pharmacies. Pharmacies and doctors - building those partnerships.”



## Key Findings – Opioid Safe Storage and Disposal

*Key findings represent feedback from all 26 respondents.*

Participants had mixed levels of awareness about any existing research regarding attitudes and perceptions about *opioid safe storage and disposal*.

- Again, many respondents were unaware of existing research regarding attitudes and perceptions about opioid safe storage and disposal.
- Of the respondents who did report awareness of existing research surrounding attitudes and perceptions about opioid safe storage and disposal, no two responses were the same – no research was cited more than once.
- Participant quotes on this topic included:
  - “On Safe Storage - I know of almost none. There have been some groups who have been trying to educate specifically on that and have been distributing medicine lock boxes but I have never seen any kind of analysis on it. On safe disposal - again there have been various groups trying to message that including Take Back Your Meds - but no real data on that other than anecdotal.”
  - “We've had legislation in the state of Washington for medicine take back programs and trying to get safe storage and safe disposal legislated. We didn't quite get that accomplished this year, but they have made a lot of research available that shows that if we are able to provide safe storage but provide a medicine take back program and getting everyone to fully participate, we can actually reduce the level of access to it.”

There were mixed responses when respondents were asked about their own awareness of any existing public education campaigns regarding *opioid safe storage and disposal* (statewide or elsewhere).

- While participants were able to recall more existing public education campaigns regarding opioid safe storage and disposal than campaigns about opioid misuse and abuse prevention, many were still unaware of any.
- When respondents were able to recall campaigns about opioid safe storage and disposal, a wide variety of campaigns were noted. Campaigns launched by the following organizations were mentioned: the DEA's National Take Back



campaign, local coalitions, Poison Control, the Community Prevention and Wellness Initiative (CPWI) Coalition and the University of Washington.

- As to whether the aforementioned campaigns were effective or not, answers were mixed. Reasons for effectiveness included partnerships with a national organization, working with local pharmacies and including strong visuals and clear messages.
- Reasons for ineffectiveness included use of messages that are “too safe,” using scare tactics, and a single focus on environmental concerns with flushing or disposing of medications but not locking them up (lack of comprehensive messaging).
- Participant quotes on this topic included:
  - “I have, but I've had to seek them out. I've been giving talks ever since this happened with my son Dylan. I'm giving my third talk in December. They're out there, but you have to look. It took me a while to find stuff about safe storage and disposal.”
  - “I have a couple of brochures from SAMSA that I use about securing your prescriptions. They're blue and yellow. I take those out when I go out.”
  - “Yes - so we purchased a public campaign – ‘Count it. Lock it. Drop it.’ I'd love to expand that, or have more local resources. We can apply for state funding for lock boxes. But there are no materials that go along with that. I'd love to have materials to pass along with that. When we purchased that campaign - it was two years now - that was really the only one we could find nationwide that talked about safe storage. Any other options would be great.”
  - “It's interesting - safe storage does often get pushed down. I work a lot on safe disposal. We work safe storage into it but it's not often worked into the tagline or headline of what we're doing. On the medicine disposal side, you may be aware that there was more statewide messaging going on with take back your meds - King County was able to invest with PRR and we did some radio spots on that. We also did media outreach so were trying to get op-ed pieces and ed-board meetings and had some materials developed. It was to promote secure medicine disposal but it was also a policy campaign to create more take back opportunities. And then colleagues of mine in California did a campaign on safe disposal called, "Don't Rush to Flush." It's catchy but they are



focusing on an environmental message which is always part of medicine take back. It's important but it focuses more on that than on the health and safety message. The concern I have about it is, 'I don't flush them, I throw them in the garbage.' That's not the right message either - we want them to dispose of them in secure locations."

- "Three infographics. Only one was effective. One of them was a treasure map. It said, "Don't let people find your drugs" – it glamorized it. There is also an infographic about flushing them - it was a very visual and clear message. King County did an infographic too - they filled it in quite nicely but it was pretty well-done. King County Opioid Task Force - look into that."
- "It's a picture of a girl - it's a picture of her eyes with an intense stare. 'Your daughter gets her eyes from her mother and her prescription drugs from her grandma's medicine cabinet.' I don't know if it really sends the right message. I think it's just scare tactic rather than honest education."

The biggest areas participants cited that target audiences lack knowledge about *opioid safe storage and disposal* include the importance of protecting youth by locking medications up, why it's important to lock medications up, and where/how to dispose of medications properly.

- Feedback from participants indicate the general public lacks knowledge about how youth are interacting with opioids and therefore, the importance of locking medications up. Respondents discussed the highly addictive nature of opioids and the ways in which youth are at-risk for addiction – especially for at-risk populations who may be experimenting. Several respondents stressed that key audiences need to know that it is possible for loved ones to be affected.
- Some respondents also reported that the general public could benefit from education about what safe storage and disposal looks like including how to lock medications up, where to dispose of medications, etc.
- Participant quotes on this topic included:
  - "I think people are careless and don't think it's possible that their grandchild or child would take their medications."
  - "The main misunderstanding I see is people thinking these medications in their cabinets are not dangerous. Part of it is making people aware that this is dangerous. It's like a loaded gun so lock it up."



- “No doubt, a lot of people store them in unsecured places and I think people underestimate the rate at which young people experiment with opioids for non-medical use and that more often than not they are opioids from friends and family. They aren't typically purchased from drug dealers but usually for free from family or friends.”
- “For seniors, disposal options are a big one. I know I personally have a little baggie of drugs that I need to dispose of but don't know where to take them. Kaiser has a box to dispose of them at the pharmacy. Easy and accessible places to dispose of prescriptions is really important. We have a battery recycle area at our senior center and it's always full. If there was a drug disposal thing at our senior center, I think it would be full. I don't think seniors know what to do with them. And then that's easy for someone who is visiting grandma to grab a few. Easy and convenient disposal is huge.”
- “Why, how and where to dispose of prescription meds. Because you hear that you should mix them with coffee grounds or burn them in a fire pit, flush them down the toilet, but that's not actually the best method.”
- “I think people don't necessarily pay attention to how addictive opioids are - especially for younger kids. And everyone knows how curious kids are. As far as the disposal part, again you take it for granted that your home is a safe space and that people won't come in and steal a pill or two. The people around here are moderate about the environment, but protecting kids is the biggest message for them – why we want to have them locked up or destroyed. The diversion aspect.”

It will be important to tailor messaging about *opioid safe storage and disposal* for each target audience, as each audience comes at these issues from very different perspectives.

- **Parents of teens and young adults:** Participants noted frequently that an important message for parents is simple – to lock up their prescriptions. It's their role to protect the youth.
  - Participant quotes on this topic included:
    - “I think they need to understand that these drugs could kill someone and that's why it's important that they're locked up. I don't think they understand the risk of some of the drugs. They don't understand the potency. It's always been the perception that, ‘Oh the doctor gave it to you.’ They need to understand that this is serious.”



- “Lock it all up. Don't discriminate. Anything can be abused and you don't want to find out the hard way.”
  - “It doesn't mean you have bad kids! It should just be standard practice. It doesn't mean you don't trust your kids.”
- **People using opiates for chronic and acute pain:** Again, participants indicated the most important message around safe storage and safe disposal for this audience is to simply lock it up. Respondents cited various reasons for why it's important to lock medications up – to protect loved ones, to protect themselves, etc. If you're using opioids for chronic and acute pain, then you must do so responsibly - not only for your sake, but for others' as well.
- Participant quotes on this topic included:
  - “Again – responsibility for their loved ones. And I guess just overall obligation as a society to protect one another.”
  - “Lock them up for the safety of anyone that comes into their home. And then presumably if using them on a regular basis, they may have less need for disposal. But they should also receive messages about not stockpiling drugs they don't need and where to dispose of them safely. I hear anecdotes about people that had chronic pain and received medication via the mail. For whatever reason they don't need them anymore but the pills still come. There's an example where maybe they are stockpiling rather than cancelling the order. They are putting themselves and loved ones at risk. Another message - I'm not an expert on this but just more recently I've become aware that suicide prevention groups are very interested in the issue of medicine takeback. Most common way people commit suicide is by medication and guns. If someone is stock piling opioids, it's a major risk.”
  - “I think the most important message is to lock your meds up. Keep out of easy access for children. If you're a parent and your child is taking Ritalin, lock it up. You're in control. Once the doctor gives it to you - you're in control. It can't end up in the wrong hands. You need to give examples of what safe storage is. Give examples.”
- **Older adults 65+:** Participants also cited the “lock it up” message as the most important message for the older adult audience. In addition to reminding this audience to lock it up, participants felt they need to also be educated about why locking up medications is so important. Many cited the following reasons: to protect children and grandchildren, to protect caregivers, to avoid having medications stolen, etc.
  - Participant quotes on this topic included:



- “Know the risks. Take as directed. Lock it up.”
- “Please, please, please lock up your meds. Don't take a chance. It's not conceptual in a lot of older adults that someone would take their meds. ‘My kids or my grandkids, wouldn't do that.’”
- “In my organization, this is the group we focus on most. To educate this audience about this issue, we work with pharmacies and present at senior centers. They ask things like ‘why lock it up? Why not flush them down the toilet?’ We get a lot of push back from this audience. We try to communicate that there could be people who try to steal them and that if they are no longer needed, then to store them safely or dispose of them.”

When communicating about *opioid safe storage and disposal*, it will be important to reach each key audience where they are. To achieve this, it will be important to use specific tactics to reach each demographic, rather than a set of blanket tactics targeting all audiences..

- **Parents of teens and young adults:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid safe storage and disposal. Tactics recommended include a mix of traditional media tactics, digital media tactics, school outreach tactics and other one-on-one tactics.
  - Participant quotes on this topic included:
    - “It will be important to find the right events for outreach that are local. Radio advertisements. Posters. We did a lot of outreach at DEA take-back events. They also passed out info at our local pharmacy. When we distribute lock boxes we talk about a couple different things - lock them up so young kids aren't getting into them and taking them.”
    - “I think hitting it from multiple avenues based on where they get their sources of information is going to be important. You can rely on social media, schools, my schools send out emails, we send out to PTA groups. Not one form of messaging will reach all parents.”
- **People using opiates for chronic and acute pain:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid safe storage and disposal. The most common response was reaching these people through doctors, providers, clinics, hospitals, pharmacies – while they are being prescribed medications.
  - Participant quotes on this topic included:
    - “It's when they go and get their prescriptions filled at a pharmacy. Put a flyer in about safe storage and the importance of it. That they need to be





locked up. Or if prescriptions are mailed, a flyer should come with it about this topic. Safe storage is the primary thing now. Keep track of them and lock them up.”

- “Your best bet for reaching this audience is through physicians and pharmacies. For people using them for chronic pain - inserts at pharmacies help. People usually trust pharmacists and physicians so the messaging gets further.”
- “Just like with misuse, partner with doctors and pharmacies. Make sure doctors are talking to them about safe storage.”

- **Older adults 65+:** Respondents mentioned a variety of tactics for reaching this demographic with messaging about opioid safe storage and disposal. Reaching this audience through medical professionals, through senior organizations such as AARP, at senior centers and at community events were some of the most commonly cited tactics.
  - Participant quotes on this topic included:
    - “My ideas include through caretakers, AARP, some type of senior service, churches, etc. Senior centers and different service clubs are effective too. That's got to be multi-faceted. Don't forget the doctors. As you get older you probably have multiple doctor visits so that's where you're hearing things.”
    - “Pharmacies, physicians, community events, Medicare sign-up events, senior days, senior centers, places where seniors are regularly gathering. I do a lot of outreach with older adults and there are a lot of things they do regularly. That audience is always pretty receptive to new information.”
    - “I'm less into all the different social media platforms other than Facebook which I'm heavily into. I would like to see AARP play a role, as they are in regular contact with most people this age in the country. There is a tendency to treat this age group as stupid. We aren't stupid. Don't oversimplify it. Most of us can understand far more sophisticated concepts than we could when we were 30. We may be slower and it might take us longer to do things but it's not because we're dumb. We also probably watch more TV than hanging out on the internet. Probably listen to less radio because most of it is music we're not interested in.”



## Key Findings – Campaign Outreach

*Key findings represent feedback from all 26 respondents.*

The organizations that interviewees are associated with have several channels available for outreach and distribution of campaign messages and materials – with social media, websites and newsletters cited most frequently.

- Most participants indicated they can help distribute campaign information to their audiences through social media, their websites, and newsletters. However, some also noted a number of other channels available including in-person presentations, movie theater ads, radio ads, print ads, community town halls, conferences and email lists for e-blasts.
- Participant quotes on this topic included:
  - “We have social media, website, etc. My newspaper has put in thousands and thousands of dollars of free ads. My school districts are phenomenal. I work with an early learning coalition. I have a great connection with local media. TV stations match my buys. The hospitals.”
  - “We have Facebook. We can get information out that way. We use a local radio station too. We also have the ability to submit articles to the newspaper. We do have movie theaters to run PSAs before films.”

When asked what organizations to consider forming partnerships with for this public education campaign, respondents tended to cite organizations and entities already involved in this line of work.

- Organizations that participants mentioned include the Department of Health, the Drug Enforcement Agency, the Washington State Prevention Summit, the Employment Security Department, the Boys and Girls Club, Prevention Works in Seattle, the Washington State Pharmacy Association, Poison Control, Parks and Recreation, the Agency on Aging and AARP.
- Other general ideas for partnerships include colleges, churches and youth groups, after-school programs and multi-cultural centers.



When asked what events to consider having a presence at, respondents often cited local events rather than statewide events. National Night Out and DEA Take-Back days were frequently cited as larger-scale events to have a presence at.

- Respondents had a variety of ideas about what events this campaign could have a presence at: health fairs, county fairs, PTA meetings, youth and adolescent sporting events and school assemblies were all mentioned.
- As far as larger-scale events, National Night Out was the most frequently cited event.
- Participant quotes on this topic included:
  - “Take-Back Days. In our community the hospitals do fairs. We have a fair. Most people who attend our fairs aren't from Walla Walla. We had National Night Out last night and about 3,000 people were there. We track their addresses and knew they were local. Look at your own community and see what works. What works in my community might not work in another community. It needs to be tailored to each community. It may be a parent night, or a salmon fundraiser. The message can get where it needs to go but it needs to be the right message.”
  - “There are health fairs. For example, there's a lot of back-to-school campaigns. Having something in the backpacks. College - freshmen orientation. Sports - a lot of sports injuries. It's as early as high school. There sure is an audience around there.”
  - “Locally - different health fairs. National Night Out - we were able to pass out a lot of lock boxes. I can't think of any statewide events.”
  - “National Night Out - ran through the Sheriff's Office. I think every little community in Washington does it. State fairs - Bloomsday in Spokane. There are concerts at the Gorge - a lot of young people.”



## Implications

### Campaign messaging should include basic information about opioids.

This issue is a newer topic for many audiences and participants frequently talked about the lack of knowledge that exists. Providing background information about what an opioid is, how they affect the brain, what makes them addictive, etc. will be important in tactics, like the microsite, where audiences can go to learn and understand more about the topic. In addition, participants felt there is low understanding among parents and seniors that opioids in their medicine cabinets pose any type of threat. Education around this topic will be critical to the safe storage and disposal campaign and developing a social norm around safe storage and disposal. Without it, audiences may feel the information doesn't pertain to them.

### Campaign tools for partners should accommodate opportunities for localization.

People working in prevention are hungry for materials and will welcome a campaign toolkit. Many noted that they would like to ensure that some pieces can be localized with their organization's name and contact information and that local, personal campaigns would be of high value.

### Safe storage and disposal messaging needs to be accompanied by detailed explanations of what constitutes "safe storage and disposal" and/or clear visual depictions of what to do.

Safe storage and disposal is not always clear to the general public. Showing clear visuals about what safe storage looks like – showing lock boxes, cabinets with locks, lock bags, etc. will be important. The same goes for safe disposal. To avoid confusion with the general public about what safe storage and disposal looks like, these concepts should be clearly communicated.



Given differences in preferred approach for safe disposal outside of depositing unused opioids at safe disposal sites, HCA will need to make a decision about what information to include in the campaign that directs people who don't have convenient access to a disposal site on how to best dispose of unused medication.

Participants noted that there is not uniform agreement about how to dispose of opioids and differences in opinion exist in Washington State. It will be important for clarity in the campaign to be specific about tips for home disposal if that is the only avenue available to a consumer.

Partners will greatly increase the reach of this campaign and are very willing to help push out materials and messages.

Respondents overall came to the table with lots of rich content and ideas to share. They expressed interest in being a part of HCA's efforts to educate the public on opioid misuse and abuse prevention, as well as safe storage and disposal topics. In addition to generating a strong list of organizations to potentially partner with, various respondents expressed interest in implementing campaign tactics. Whether it be sharing content via social media or displaying brochures, organizations are willing and eager to help.

Consider expanding and/or developing greater partnership opportunities with providers and pharmacies across the state.

Repeatedly, respondents commented on the importance of involving providers, as well as pharmacies, in communicating about opioid use and safe storage and disposal. For future campaigns, HCA should consider the best way to partner with these entities. Participants noted providers are often trusted and respected by individuals; therefore, they can play an important role in delivering these key messages about opioid use and safe storage/disposal. Further, pharmacies were described as the epicenter of drug distribution. A pharmacy bag stuffer could be developed as a part of the partner toolkit and could be provided directly to large statewide chains and/or other engaged pharmacies.

Future efforts should consider targeted outreach to youth and schools.

Many participants discussed the need for outreach with younger kids (middle school and high school) and the importance of partnerships with schools to reach students as well as their parents. The current campaign focuses on the 18-25 age range, but future campaign efforts should expand to include this audience.



## Appendix E: Interview Discussion Guide

Thank you for taking the time to provide your insight about the opioid issue in Washington State and your work around the issue. As you know, HCA is building the state's first communications campaign specific to public education around opioid misuse and abuse, along with opioid safe storage and disposal. We're engaging in discussions with individuals, coalitions, and other organizations leading work around these issues for their feedback which will be used to craft campaign messages and tactics. I have some questions to ask and I'll just be typing notes as you speak. Your answers will remain anonymous so feel free to speak candidly.

Do you have any questions?

**I'd like to start by asking a series of questions about opioid misuse and abuse.**

1. Are you aware of any existing research regarding attitudes and perceptions about opioid **misuse and abuse prevention** in Washington state?

*If yes: Be make sure to capture who conducted research, general findings, any resources we could access.*

2. Have you seen any public education campaigns in Washington or other states regarding opioid **misuse and abuse** topics? This could be statewide, for individual cities, or other specialized communities.

*If yes:*

- How effective would you say those campaigns have been?
- Were there key messages that seemed to resonate?

*If no:* What about other public education campaigns related to other health or safety issues?

- *Probe with: Anti-tobacco Truth campaign, Click-it-or-Ticket campaign, etc.*
- *How effective would you say those have been?*
- *What do you think has made them effective?*

3. As you think about the knowledge level of the general public about opioid **misuse and abuse prevention**, what would you say are the biggest misunderstandings, lack of information, or areas where we need to educate the most?

4. When you think about the following audience groups in Washington state, what's the most important message to communicate around opioid **abuse prevention**?

- 18 to 25-year-old adults
- Parents of teens and young adults



- People using opiates for chronic and acute pain

5. What do you think are the most effective ways to reach each of these audiences with opioid **abuse prevention** messages?

- 18 to 25-year-old adults
- Parents of teens and young adults
- People using opiates for chronic and acute pain

**I'd now like to ask these questions specific to opioid **safe storage and disposal** issues.**

6. Are you aware of any existing research regarding attitudes and perceptions about opioid **safe storage and disposal** in Washington state?

*If yes: Be make sure to capture who conducted research, general findings, any resources we could access.*

7. Have you seen any public education campaigns in Washington or other states regarding opioid **safe storage and disposal** topics? This could be statewide, for individual cities, or other specialized communities.

*If yes:*

- How effective would you say those campaigns have been?
- Were there key messages that seemed to resonate?

*If no:* What about other public education campaigns related to other health or safety issues?

- *Probe with: Anti-tobacco Truth campaign, Click-it-or-Ticket campaign, etc.*
- *How effective would you say those have been?*
- *What do you think has made them effective?*

8. As you think about the knowledge level of the general public about opioid **safe storage and disposal**, what would you say are the biggest misunderstandings or areas where we need to educate the most?

9. When you think about the following audience groups in Washington state, what's the most important message to communicate around opioid **safe storage and disposal**?

- Parents of teens and young adults
- People using opiates for chronic and acute pain
- Older adults 65+

10. What do you think are the most effective ways to reach these audiences with **opioid safe storage and disposal** messages?

- Parents of teens and young adults



- People using opiates for chronic and acute pain
- Older adults 65+

**I have a few final questions.**

11. As someone who works closely with these key audiences, what channels do you have available at your organization/in your role for distributing information to them (i.e. e-newsletters, websites, social pages, etc.)?

12. One of the proposed strategies for this opioid awareness campaign is a forming partnerships with organizations already working closely with the audience groups we discussed. Who are the organizations we should be partnering with to reach these audiences?

*Probe with: any community engagement events, communications materials where we should feature campaign messages, existing health awareness programs we should align with, other resources we can draw upon, etc.*

13. Anything else you'd like to share or insight you'd like to provide around opioid issues before we begin building this campaign?

Thanks so much for your time and insight, this has been invaluable.