

Colorado Consortium for Prescription Drug Abuse Prevention

Public Awareness Work Group Meeting Minutes

May 19, 2021 via Zoom

Present:

Kent MacLennan, Co-chair, Rise Above Colorado

Liz Owens, Co-chair, OBH

Haley Foster, Tri-County Health Department

Kailey Meardon, Southeast Health Group

Jennifer Mackender, Broomfield Public Health & Environment

Kevin Hughes, Peer Assistance Services

Hattie Landry, Illuminate Colorado

Ryan Tsipis, Colorado Naloxone Project

RTI: Erik Cranshaw, Haley Hedrick

AmeriCorps: Binjil Mupo, Gia Kurtz

Consortium Staff: Jose Esquibel, Gina Olberding, Jen Place, Tyler Payne, Susanna Cooper, Jessica Eaddy, Jamie Feld, Lindsey Simbeye, Michael Davidson, Rosemarie MacDowell

Absent: See attached list.

Kent MacLennan, Work Group Co-chair, called the meeting to order at 1:05 p.m.

Approval of Minutes:

A motion was made to approve the March 2021 work group meeting minutes. Motion approved.

International Overdose Awareness Day:

Haley Foster provided an update of Overdose Awareness Day preparations. A website will be launched the first week of June, which includes tools, resources, and a listing of events. The site will serve as a general clearinghouse where individuals can post events and tributes. She detailed other activities that are planned in order to raise awareness. Kent asked that Haley let Rosemarie know when the website is active. Overdose Awareness Day activities will be reviewed again during the July 21st work group meeting.

Colorado Naloxone Project and World Benzodiazepine Awareness Day:

Gina Olberding said the Consortium is partnering with the Colorado Naloxone Project, Stader Opioid Consulting, and several hospitals to distribute naloxone to individuals when they are discharged from the ER. A media event was launched on May 3rd. Legislators, media, and participating hospitals attended the launch. The leadership team involved in this project will also be planning an event during Overdose Awareness Day. Ryan Tsipis, with the Colorado Naloxone Project, said that approximately 100 people registered for the May 3rd event and that an event is planned some time during the month of August, possibly on the 31st. She also provided information about a petition being circulated to raise awareness of the importance of hospital distribution of naloxone. Currently 50 percent of hospitals are participating in the program. The leadership team is also putting together toolkits to assist with training of hospital staff.

Susanna Cooper and Michael Davidson are working with the Benzodiazepine Action Work Group on a Benzodiazepine Awareness Day event July 11th. They are planning a media event on July 9th. They will address overprescribing and how that might have increased during the COVID-19 Pandemic, the increase in benzodiazepine use, and other issues being studied by the work group.

Legislative Updates:

Jose Esquibel provided the following update. SB 21-137 contains funding earmarked for the Consortium. The bill is scheduled for hearing on Tuesday, May 25th at 1:30 p.m. before the House Public and Behavioral Health & Human Services Committee. Several Consortium members, including Rob Valuck, will be providing testimony. The bill also contains funding for the medication assisted treatment program (\$3 million per year for three years).

Fact Sheet on SB21-137 <https://drive.google.com/file/d/1wnSirERGWyHQgHPWJzf-qE4ZIC4KJ9f-/view?usp=sharing>

Funding from the American Rescue Plan Act will be distributed to local governments. Priorities for funding distribution is currently being discussed by the legislature and the Governor's office. Issues related to mental health and substance use are considered a top priority. Total funding could be in the amount of \$500 to \$700 million, with some funding allocated to the Consortium. A behavioral health study committee will be established in order to determine a strategy for funding distribution.

Liz Owens provided an update of OBH block grant funded campaigns, including an education campaign for COVID-19 related mental health issues, the crisis hotline campaign, and the Forward Together Campaign in collaboration with CDPHE, which is focused on prevention. SOR funds will support the Lift the Label campaign. An additional \$27 million from stimulus funding will be earmarked for mental health and an additional \$23 million for substance use disorders.

RTI Survey Presentation (Eric Crankshaw):

The survey of Colorado adults is part of the evaluation process that will inform future public awareness campaigns. The survey included 3,014 Colorado adults 18 years of age and above plus 855 users of opioids (12 month usage history). The objectives of survey were to measure Coloradans perceptions regarding opioids, awareness of the Consortium campaigns, and to identify promising messages and themes.

Preliminary survey findings:

Bring Naloxone Home:

- Among all respondents, 86.7% indicated no exposure to the "Bring Naloxone Home" campaign, with very little awareness among the 55 + age group (94%).
- Among users of opioids, 91.0% indicated no exposure.
- 394 individuals reporting opioid dependence had the highest level of campaign awareness (only 68.5% had reported no exposure).

The survey also covered respondent reactions to the Bring Naloxone Home campaign. Results indicated that individuals were motivated to do further naloxone research, discuss naloxone with a pharmacist, obtain naloxone, keep naloxone in the home, among other behaviors.

TakeMedsSeriously:

- 85.5% reported no exposure.
- Among reported opioid users, the percentage dropped to 72.6%.
- Reported reactions to the campaign included the storage of medication in a safe place, the desire to learn more about safe storage and disposal, among others.

Other survey results included respondent perceptions and misperceptions of naloxone, its use, the ability to obtain naloxone as well as perceptions related to fentanyl and general medication storage and disposal.

Work group members discussed how the preliminary survey results coincided with the campaign calls to action. Michael Davidson mentioned the higher percentage of medications that are now being collected by the state medication take-back program. Other comments:

- Campaigns are more effective when the call to action is very clear.
- The Bring Naloxone Home call to action may be less clear; however, this is also true with naloxone awareness nationally.
- Safe disposal and take-back event awareness appears quite high in Colorado.
- Further analysis by zip code (rural vs urban) is possible.
- The Bring Naloxone Home campaign was primarily urban (Denver/Colorado Springs front range areas).
- The level of awareness was low in urban areas and may be lower in rural areas.
- In order to have an impact on behavior, the level of awareness should generally be in the 75 to 80% range, which is difficult to achieve with print and with digital media (the latter due to the crowded landscape).
- The most effective campaigns have a novel, attention-getting and emotional message (testimonials, for example).

The final survey report will be completed by June 30th.

Next Steps:

Tyler and Michael will continue working with RTI regarding ideas and plans for next steps to increase awareness. Work group members were asked to email comments and ideas directly to Tyler: tyler.payne@cuanschutz.edu

The following comments were noted the Zoom chat:

- Gina Olberding: We need to narrow the key message of BNH. What stood out for me were the results about misperceptions about naloxone, especially of the harm (or lack thereof) of naloxone.
- Jamie Feld: From the presentation and particularly the 'misperception' slide, it seemed there are opportunities to increase understanding, particularly of naloxone. However, since our penetration by our campaign seems low, it seems like we need to first address how to increase exposure. I'd be interested in how other public health campaigns had greater penetration and what are comparable benchmarks.
- Susanna Cooper: People still don't feel like naloxone is an applicable medication; and naloxone isn't "easy to get"-- driving people to pick up naloxone from a pharmacy should not be the call to action. Going to a pharmacy requires high motivation.

- Jen Place: Certainly see that we have more work to do in order to get the messages about naloxone out into the public. Along the lines of what Jamie said, perhaps using other success strategies in penetration would be advised. And let's keep in mind (with the high awareness of take-back opportunities), those started over a decade ago, so one big factor may be time.
- Michael Davidson: If we have limited resources, I think we should narrow the approach and try to reach the most at-risk people. Trying to do a statewide, general population campaign spreads resources too thin.
- Erik Crankshaw: I really enjoyed hearing about the story sharing/story telling activities. These types of activities can be great fodder for campaign development! Some really effective personal testimonial style ads have been developed that way.

Budget Updates:

Tyler review budgets for Bring Naloxone Home, Beyond the Numbers 2.0, and the Illuminate Colorado Storytelling Project. Gina indicated that work group funding is expected for the next fiscal year, which begins on July 1, 2021.

Announcements:

Jen Place updated the work group regarding the Affected Families & Friends Work Group Beyond the Number 2.0 project. \$9,000 in funding from the Public Awareness Work Group was used to produce ten videos with the assistance of the Story Center. Videos include stories of loss and recovery. The Story Center is also producing a compilation of the stories for social media.

Hattie Landry, Illuminate Colorado, spoke about their story project. They received funding from the Public Awareness Work Group. Stories will be shared in newsletters and a future conference may be held. They are also working with a story telling organization that will provide coaching and other services.

Liz Owens updated members on the recovery greeting card project, which is part of the Lift the Label Campaign, videos being produced as part of the health equity focus, and website improvements related to medication assisted treatment.

Adjournment and Next Meeting:

The meeting adjourned at 2:33 p.m. The next work group meeting will be held on Wednesday, July 21, 2021 from 1–2:30 p.m.

Attachment: Work group roster

Other Chat Comments:

Jen Place: Clarification of the use of "dependent" is referring to physiological dependence, as identified by tolerance and withdrawal symptoms, correct? The answer to my question re: dependence: "The Short Opiate Withdrawal Scale (SOWS)-Gossop is a 10-item questionnaire developed to evaluate opioid withdrawal symptom severity. The scale was derived from the original 32-item Opiate Withdrawal Scale in order to reduce redundancy while providing an equally sensitive measure of opioid withdrawal symptom severity appropriate for research and clinical practice."