

OREGON HEALTH AUTHORITY

Opioid Prevention Quick Start Guide: Helping Our Communities Heal Safely

heal
SAFELY

Purpose of this guide

The Heal Safely Quick Start Guide is part of the Oregon Health Authority's (OHA) comprehensive work to tackle the opioid epidemic in our state.

Designed to be used by stakeholders engaged in opioid prevention work, this guide provides an overview of key findings on how people think about their options for pain management. It also shares best practices from "Heal Safely"—a statewide social marketing campaign that empowers people to choose safe, effective pain management options after injury or surgery.

The findings and recommendations in this guide were developed through a comprehensive year-long research and audience engagement process conducted by Brink Communications and Goodwin Simon Strategic Research (GSSR), with support from OHA. This guide is a short summary of our findings—the full-length toolkit is available for download at www.healsafely.org.

Toward a new narrative about pain

The opioid crisis is a complex issue, with multiple causes and implications, affecting millions of people—including our own families and neighborhoods. Addressing this crisis requires intervention at every step of the continuum of care, from prevention to recovery.

Because many people's first experience with opioids is through a prescription by a doctor to address pain, helping reduce the use of opioids after injury and surgery is an important piece of this overall effort.

With headlines like "opioid addiction can happen to anyone," prevention campaigns to-date have largely focused on the addictive and dangerous nature of prescription opioids. And despite significant resources being spent on such campaigns, opioids continue to be prescribed at far higher rates than they were two decades ago. This dilemma led OHA, Brink and GSSR to ask: is it possible that part of the problem lies in the way we think and talk about not just opioids, but pain itself? Could changing the way we frame pain management help our audiences think differently about their options and ultimately make different choices?

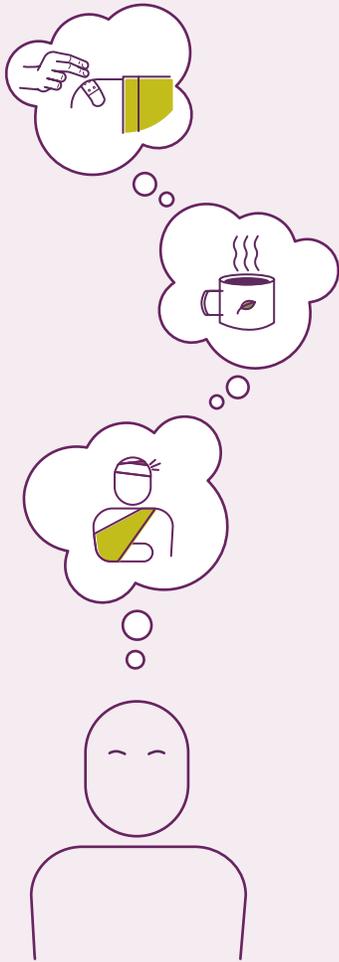
Our research included individual interviews, online and in-person focus groups, and message testing with a specific focus on communities that have experienced disparities in health and health care (American Indian/Alaska Natives, communities of color, and people living in rural areas).

We found that by developing new narratives around pain, we can indeed create empowering and relevant paths to behavior change. And by upholding our audience's desire to have choice in their own health and wellbeing, we can help turn the tide on the prescription opioid crisis.



Understanding our audience

To effectively reach our audience, we must begin by understanding their mindset—uncovering the messages and information that are directly meaningful for them and identifying the most successful paths to help them think and act differently when it comes to managing pain. We must center ourselves in their lived experience, values and beliefs, learning what they care about and want to know, and allowing this understanding—rather than our own assumptions—to inform our communication.



1. Pain is shaped by identity.

How people experience and respond to pain is personal and closely connected to their identity. Many factors, such as family, culture and community history inform people's identities and serve to influence how they perceive messages related to pain and pain management.

2. People want to be in command of their own health.

Across demographics, people share a common desire to be self-sufficient, informed and proactive when it comes to their health and pain management. They often prefer home remedies, self-treatment or "natural" remedies that don't make them feel out of control, which is how many describe opioids make them feel.

3. Lived experiences influence how people understand pain.

While pain is universal, people's lived experiences are vastly different. Their past experiences with pain, or those of their loved ones, significantly influence people's beliefs and responses to pain and pain management.

UNDERSTANDING OUR AUDIENCE

4. People do not know what we mean when we talk about "opioids" and have little understanding of the risks.

People's information about prescription opioids is often flawed or incomplete—many think of opioids as heroin or street drugs, or may not know which prescription pain medicines are opioids. Few report discussing opioids or pain management with their providers and, as a result, base their knowledge about risks and side effects on their own past experiences or that of family and friends.

5. Unless they have direct lived experience with addiction, most do not believe they can become addicted to prescription opioids.

Most people believe that information about the risk of becoming addicted to prescription opioids is important for "others" to know, but do not see it as personally relevant because they do not see themselves as potential addicts. This can cause them to dismiss information relating to the risk of addiction associated with prescription opioids.

6. Pain and pain management are not top of mind.

Unless they are actively experiencing pain, few people think about it or plan for how to manage it in the future. It's often not until they are facing surgery or intense pain that they consider their options.

7. Many report positive experiences with using doctor-prescribed opioids for pain management in the past and do not want their future options to be limited.

Many people assume they are not at risk for addiction or side effects because their previous experiences with prescription opioid use after an injury or surgery have not been problematic. This leads them to believe that any future use will be similarly positive and that they are equipped to take opioids safely.

8. Many feel ill-equipped or afraid to have conversations with their health care provider about pain and pain management.

Prior negative experiences cause people to feel reluctant to ask questions of their provider about their pain and how to manage it. Many also believe that their provider knows best, and feel like it is not their place to ask questions or request more information.

9. People are genuinely interested in non-opioid options but are concerned about access, affordability and effectiveness.

While many people express interest in non-opioid options, they have an underlying fear that these options won't provide the same immediate pain relief, healing or aid in resting as opioids do. There is also a common misconception that alternative pain medications are too experimental or won't be covered by insurance.

Talking about pain and opioids

Our research shows that a large percentage of people do not believe they are at risk for addiction, leading them to disregard warnings about opioids as irrelevant to their lives. We have a much better chance of engaging people in behavior change by appealing to their motivations rather than their fears, activating their positive desire to have agency and to safely rest and heal.

Build connection. Because pain is so personal, people need to see and hear from people like themselves—with whom they can identify—to believe that their personal experience matters and that their pain is taken seriously. Validating people's experiences and mirroring their emotions and beliefs creates connection and helps them receive information about pain management more openly.

Define acute pain and frame the goals of pain management. It is important to help audiences situate the kind of pain we are talking about—for these purposes, serious, short-term pain resulting from injury or surgery. We must shift the goal of pain management away from being "pain-free" and instead talk about "addressing pain," "managing pain" and "aiding in recovery and healing."

Define "opioids." Many have limited or flawed understanding of opioids. It is crucial to clearly define the term "opioids" as "prescription pain medication." It is also helpful to include examples of brand names with which audiences may be more familiar.

Emphasize the risk of physical dependence and serious side effects rather than addiction and overdose because people do not see themselves as at risk. Messages focused instead on serious side effects and physical dependence prove to be much stronger and more effective in motivating people to think twice about opioid use. From our research, the single most effective statement we found was, "Your body can become dependent on prescription opioids in as few as three days."

Raise awareness of non-opioid options that credibly meet people's needs for rest and healing. Providing clear, concrete and proven non-opioid options is highly effective in motivating people to consider other approaches, especially when they see their needs for holistic healing addressed.

Calm skepticism and concerns. When people feel their concerns are legitimate and understood, they are more open to messages that might contradict their existing beliefs about opioids. Mirroring their skepticism and expanding their understanding about non-opioid pain management is an effective way to help them remain open to other options.

Equip and empower people to develop a plan. When people are experiencing pain, many have difficulty remembering what questions to ask their provider. Equipping them with a plan before a surgery and a guide for questions to ask during an appointment empowers people in their health care journey.

Position providers as partners. People need to see providers as their partners in their health care decision-making. It's not enough to tell people they can ask questions of their providers or to prepare in advance for their appointment. It's important to model what this looks like, providing concrete examples of the kinds of questions and interactions people can have with their providers. Sharing stories featuring messengers with whom audiences can identify, and who can model the behavior and attitude change we are seeking to create, can be an effective way to meet this need.

PUTTING IT ALL TOGETHER

My Pain. My Plan.

The centerpiece of the Heal Safely campaign is a simple “My Pain. My Plan.” tool for patients. It provides research-tested information about pain, prescription opioids and pain management options, as well as questions for people to ask their doctor and a planning worksheet. Research participants reported that it made them feel more confident about asking questions of their doctor and much more likely to request a non-opioid option in the future. **My Pain. My Plan.** tool is available in 11 different languages and can be downloaded at HealSafely.org/toolkit.

my pain. my plan.

Everyone deserves a safe, effective pain management plan to help them rest and heal after an injury or surgery. Doctors sometimes prescribe opioid painkillers for extreme pain, but your body can become dependent on them in as few as three days.

There are many safe, affordable ways to manage serious pain—including non-opioid medications, acupuncture, physical therapy and more.

Serious risks and side effects of opioid painkillers:

- Physical dependence happens fast, requiring stronger doses and causing your body to go through withdrawal when you stop taking them.
- Mask the feeling of pain instead of treating the cause
- Make you feel drowsy, nauseated and constipated
- Can slow down your breathing and heart rate to dangerous levels
- Can slow your body's healing process¹
- Make it harder to get restful sleep

COMMON OPIOID PAINKILLERS:
Codeine
Demerol® (Meprobamate)
Methadone
Morphine
OxyContin® (Oxycodone)
Percocet®
Vicodin® (Hydrocodone)

Get the best pain management options for you.

Step 1: Prepare for your doctor visit

- Is there a friend or family member who can come with your appointment to help you get the information you need?
- Do you have concerns about taking pain medication? Did you have a negative reaction to it in the past?
- What are you currently doing to reduce pain?

Step 2: Ask your doctor key questions

- Are there over-the-counter options or non-opioid medications to manage pain and help with healing?
- What about managing swelling or difficulty sleeping?
- Are there things you can do to get back to your regular activities?

Step 3: Questions to ask if you are prescribed pain medicine

- Can I try a non-opioid medication?
- Can I start with the lowest dose and fewest pills?
- Can I stop taking it in three days or less?
- How can I safely get rid of any leftover medication?

My Plan:

Many people are surprised to learn how many safe, effective and affordable options there are for managing serious pain. Insurance companies, including the Oregon Health Plan, cover a variety of options. The key is to ask.

Use this chart with your doctor to map out the right combination of treatments for rest and healing:

MY PLAN	Prescription medicine (dose & time)	Over-the-counter medicine (dose & time)	Rest / activity changes	Other treatments (ice, heat, exercises, etc.)
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

heal SAFELY A campaign to empower people to heal safely after injury or surgery. [Learn more at HealSafely.org](https://HealSafely.org)

In partnership with **Health**

SOURCES:
1. Berwick, Ming M. "CDC recommends limiting duration of opioid therapy for acute pain." *Pharmacy Today*, 23.09 (2016): 44.
2. Sharmgagan, V.K., Couch, K.S., Mohab, S., Ambar, B.L. "Relationship between Opioid Treatment and Rate of Healing in Chronic Wounds." *Wound Replication: Official Publication of the Wound Healing Society and the European Tissue Society* 25(10):2015-20:100

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In partnership with **Health** **OHEA**

Resources:

The complete Opioid Prevention Toolkit, with comprehensive insights derived from our deep qualitative and quantitative research and a full set of tools, resources and strategies for engaging audiences about opioids, is available for download at HealSafely.org/toolkit

To learn more about the Heal Safely Campaign, visit HealSafely.org