

Pain & Opioids: Shifting the Narrative

Train-the-Trainer
Presentation

heal
SAFELY



AGENDA

What we're reviewing today:

- Goals and purpose
- Heal Safely
- Understanding our audience
- Key messaging recommendations
- Campaign tools
- Exercises
- Next steps



TRAINING GOAL

- Provide insights to inform communications campaigns and materials to reduce upstream demand for opioids
- Present and discuss research findings on how people think about short-term pain and pain management
- Demonstrate and practice how to apply research findings to your work



Goals and Purpose

Project goals and objectives:

- Raise awareness about the risks of prescription opioids
- Raise awareness about non-opioid options for pain management
- Empower people to request non-opioid pain management options from their doctors
- Ultimately decrease the prescription rate of opioids for pain management in Oregon

Apply research findings to:

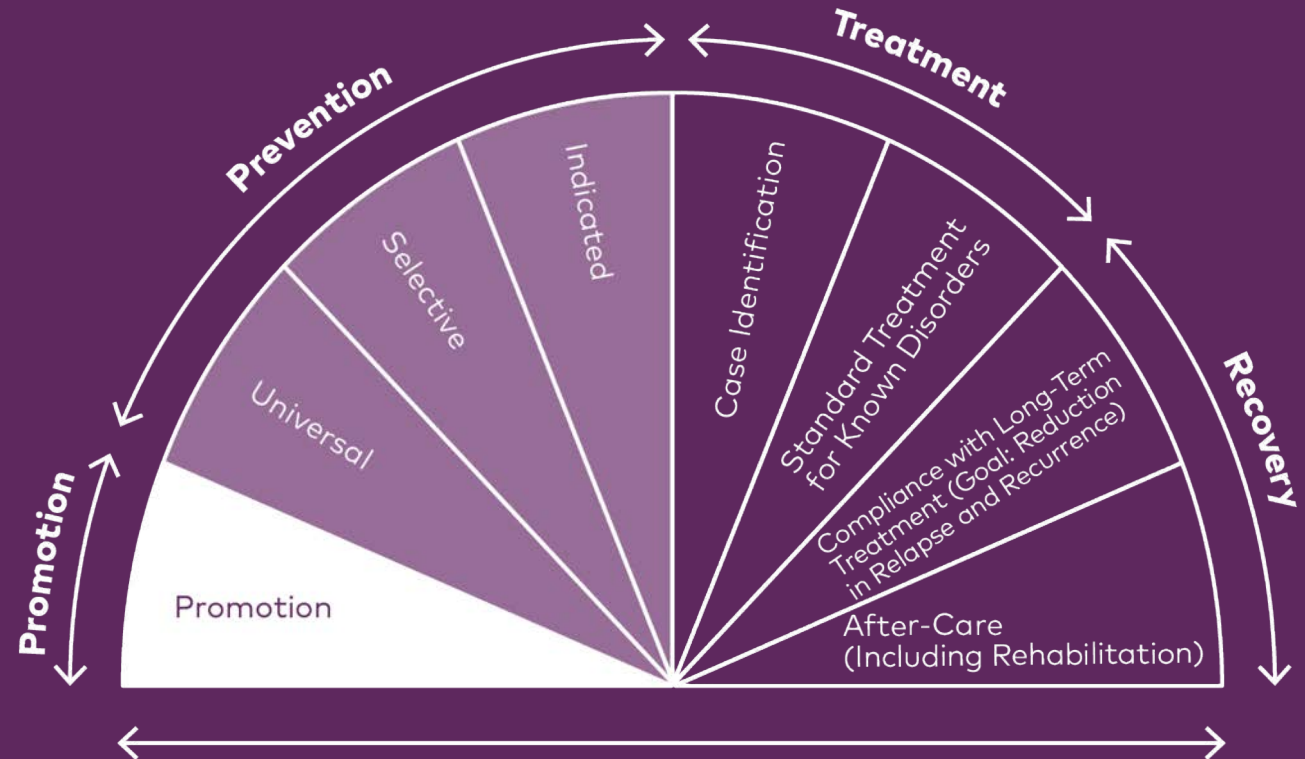
- Comprehensive public education and engagement campaigns
- Social media content
- Newsletters
- Brochures
- Media coverage
- Patient-provider conversations

A NEW NARRATIVE

The Continuum of Care

We know that addressing the opioid crisis requires work at every stage of the continuum—from prevention to recovery.

It also requires a new narrative around opioids and pain.



HEAL SAFELY

The research summarized in this guide culminated in a social marketing campaign (Heal Safely) that encourages behavior change to significantly reduce or prevent future prescription opioid use in the event of an injury or surgery. The campaign focuses on communities that have experienced disparities in health and health care.

Based on research and engagement across the state

- Behavior change campaign
- Guided by Change Advisory Team
- Media audit, social listening and literature review
- In-depth interviews
- Online and in-person focus groups
- Online message testing survey
- Message workshops with community organizations



DEFINING THE AUDIENCE

Audience

Communities that have experienced disparities in health and health care—and have been the most impacted by the opioid crisis:

- American Indian/ Alaska Native
- African American
- Latino/a
- People living in rural communities





Understanding our audience: Key research insights

Insight: Pain is shaped by identity

- Identity is central to how people think about and experience pain, medical care generally, pain management, and campaign materials intended to change audience attitudes and behavior.
- Many aspects of people's identity provide opportunities and pathways to positively impact attitudes and behavior change on this issue.
- This includes their identity as: parents/caregivers, men, women, workers, people who are self-sufficient and resilient, not potential addicts, parts of specific racial or ethnic communities, or as rural Oregonians.

KEY INSIGHTS

Insight: Interactions with doctors

- People want to have agency in their care and value being resilient and self-sufficient.
- The degree to which people feel equipped or empowered to advocate for themselves with medical professionals varies considerably.
- Many are unsure whether it is okay to ask questions or feel reluctant to because of perceived differences in power or knowledge.
- Some are more comfortable advocating for a loved one than for themselves.



QUOTES FROM RESEARCH

"Something that I have observed is unfortunately a lot of people don't have the wherewithal to think of things they should be asking.... a lot of people don't know to ask, or they don't know they can ask and they just go 'oh, yes, okay.'"

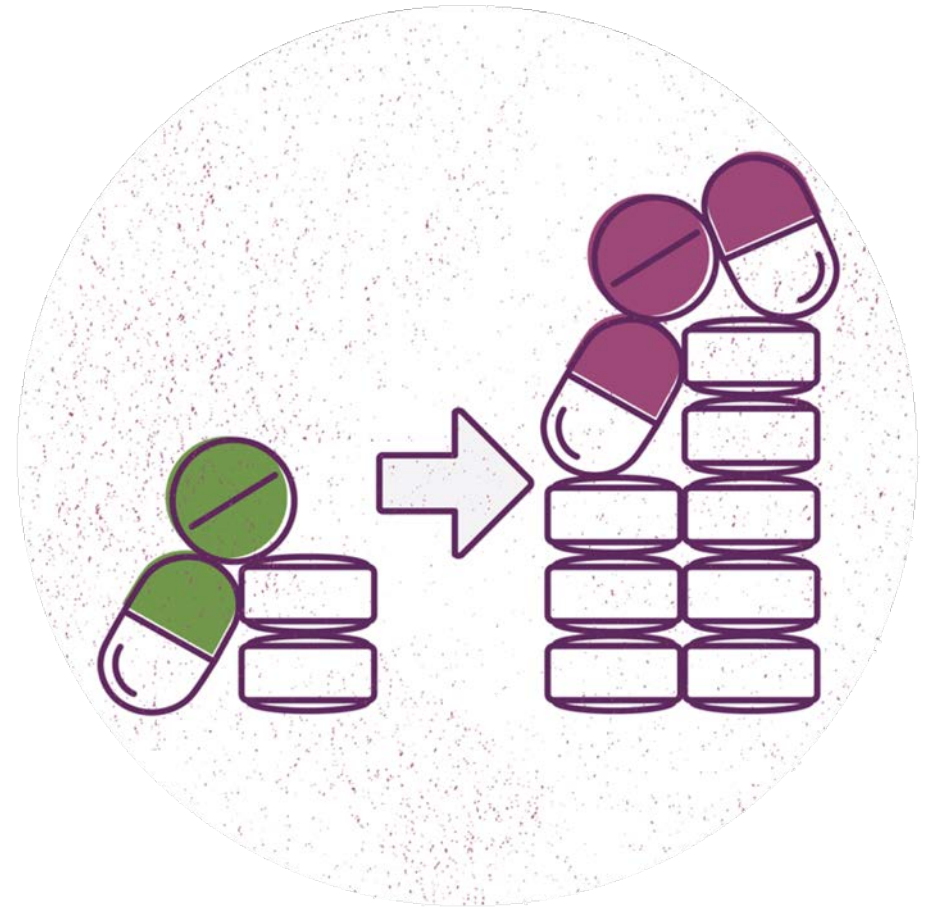
– *White man, Lincoln City*

"A lot of times, they're in a hurry, and they don't want to talk to you...they are trying to rush and get you out of there, and I have questions."

– *White woman, Coos Bay*

Insight: Opioid awareness

- People do not know what we mean when we use the word "opioid."
- When people hear campaign messages about opioids, they often believe we are talking about heroin or fentanyl, rather than prescription opioids.
- People more commonly refer to these as "prescription painkillers" or simply "painkillers".



KEY INSIGHTS

Insight: Beliefs about addiction

- Unless they have personal or family experience with addiction, people do not believe they can become addicted to prescription pain medication—particularly when they follow doctors' orders, take it for a limited time, or have taken it with no problems before.
- Many say they are not at risk of becoming dependent on opioids because they "do not have an addictive personality."



KEY INSIGHTS

Insight: Firsthand experience with addiction

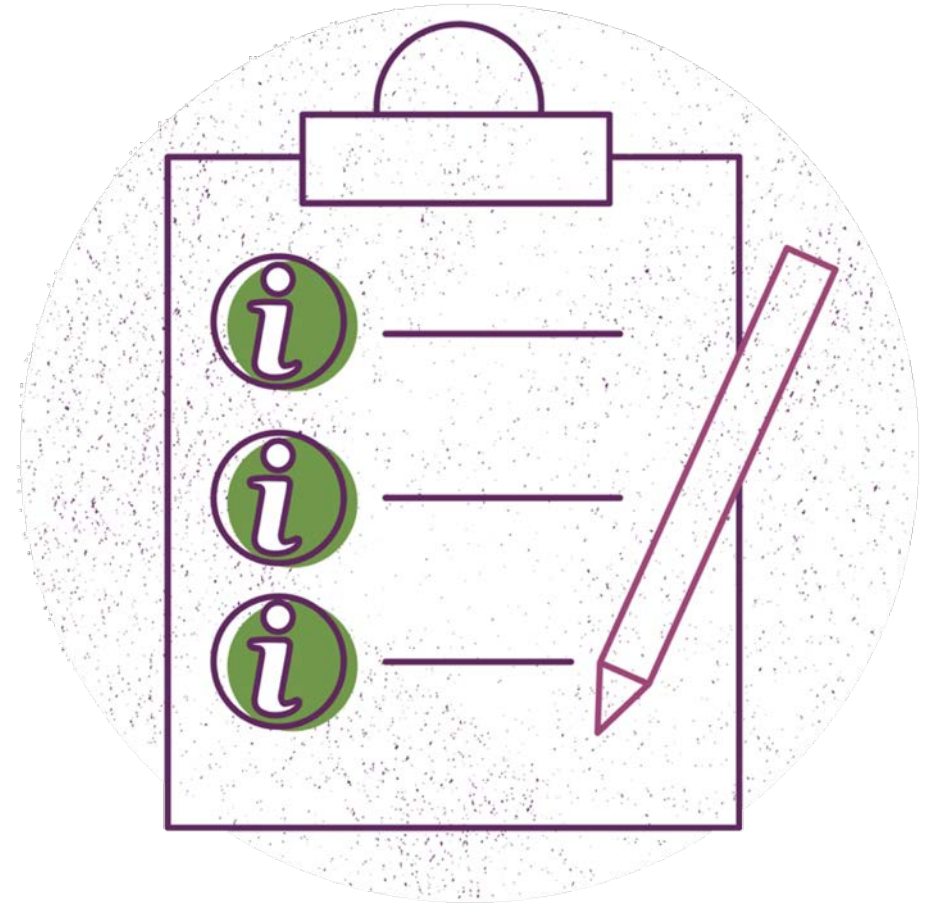
- Many, particularly rural white and Native communities, expressed more firsthand experience witnessing the impact of addiction—including opioid addiction—in their families and communities.
- For some, this makes the potential risks of addiction and dependence more salient and credible.



KEY INSIGHTS

Insight: Beliefs about opioids for pain

- Many have found prescribed opioids to be helpful in past healing, and believe they are the best option for managing serious pain and aiding recovery.
- If we lead with prohibition ("no opioids"), some believe we are trying to take something away from them—and they stop listening.
- Most people are genuinely interested in non-opioid options but are concerned about access, affordability, and whether they will work as well, particularly for sleep and rest.



QUOTES FROM RESEARCH

"I've always associated rest with healing, especially something like major surgery, where your body just needs to take a break. So that's why I would think taking opioids is an important factor."

– *English-speaking Latina, Portland*

"Pain is so personal. The level of pain you're feeling is so personal. What's unbearable for one person can feel very different for the other."

– *English-speaking Latina, Portland*

Insight: Historical trauma

- Many talked about the connection between historical trauma, physical acute pain and mental pain.



QUOTES FROM RESEARCH

"A lot of times growing up in the black community we were taught to tough things out; don't be sensitive, don't be a sissy, don't be a cry baby, tough it out... It goes way back. Part of it is having to be tough because there were no other options."

– *African-American man, Portland*

"I've seen a lot of it happen... I still question, you know, why do we still have to deal with this today? It's an ongoing generational thing that we can't seem to break that cycle."

– *Native American man,
Warm Springs*

KEY INSIGHTS

Insight: Deeper reluctance to talk with doctors about pain

- Latino/a audiences tend to express more cultural respect and deference for the knowledge and authority of doctors, which can interfere with having conversations about pain options.
- Some—particularly Black, Native, and rural white audiences—reported that they are afraid of being labeled as “pill-seeking” if they talk about pain with their doctor.



QUOTES FROM RESEARCH

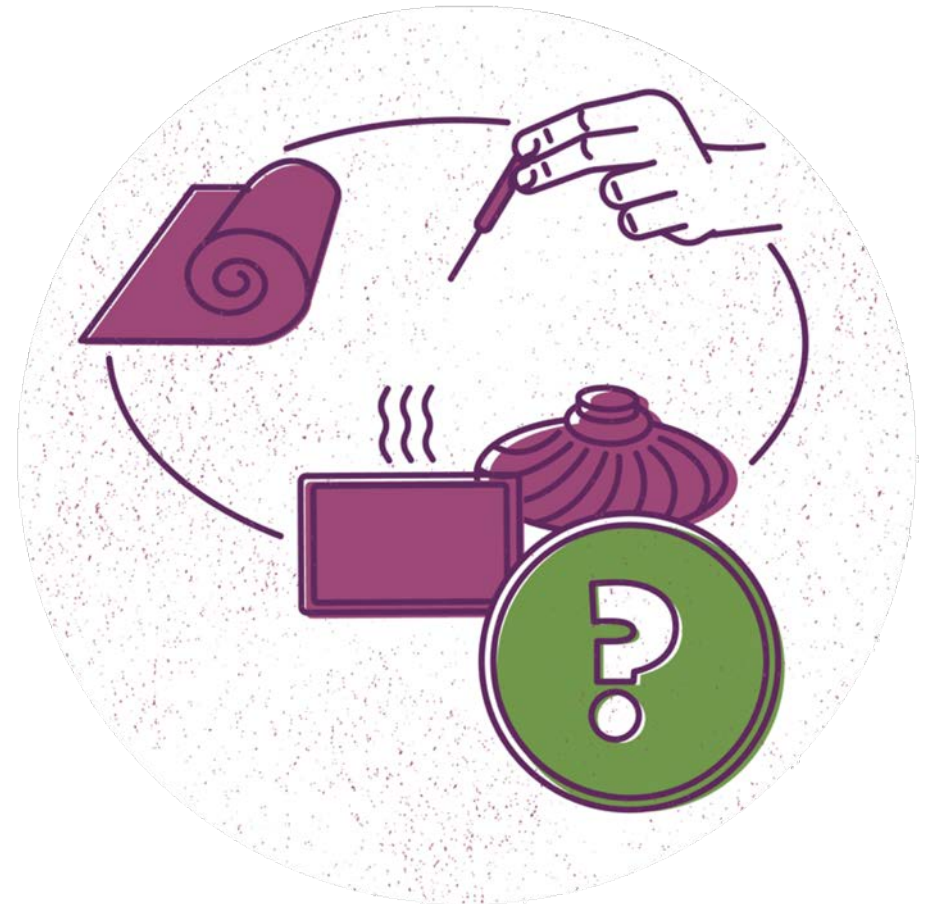
"Low income communities or black or POC and women I feel are not given the same amount of quality of care in the medical health system, especially when it comes to alternative healing methods.... Like we have been talking about, just being prescribed a pill rather than other methods of support, and also not being given the attention you need when it comes to your care. If you are not a white, high-income male, you are not going to be given the most quality care that you can be."

- African-American woman, Portland

KEY INSIGHTS

Insight: Perceptions of pain management options

- Many initially believe that non-opioid pain management options may not be affordable or accessible to them.
- The ability to get back to work/care for family ASAP (even if that means taking opioids to do so) is a strong motivation for seeking pain management options.



DISCUSSION

- What especially stands out to you about what you have heard so far?
- How do the findings connect or resonate with what you have seen or heard in your work?
- What is surprising or unexpected in what you have heard so far?
- Is there anything in these findings that you are wondering about or that has raised new questions for you?



Key Messaging Recommendations: Talking about pain and opioids

Messaging: Build Connection

- People need to see and hear from people like themselves for communications to really connect emotionally and have genuine impact. This requires a broad range of diverse messengers.
- Identity and identification can be a barrier to persuasion and to attitude and behavior change if our communications conflict with or do not reflect how audiences see and think about themselves.



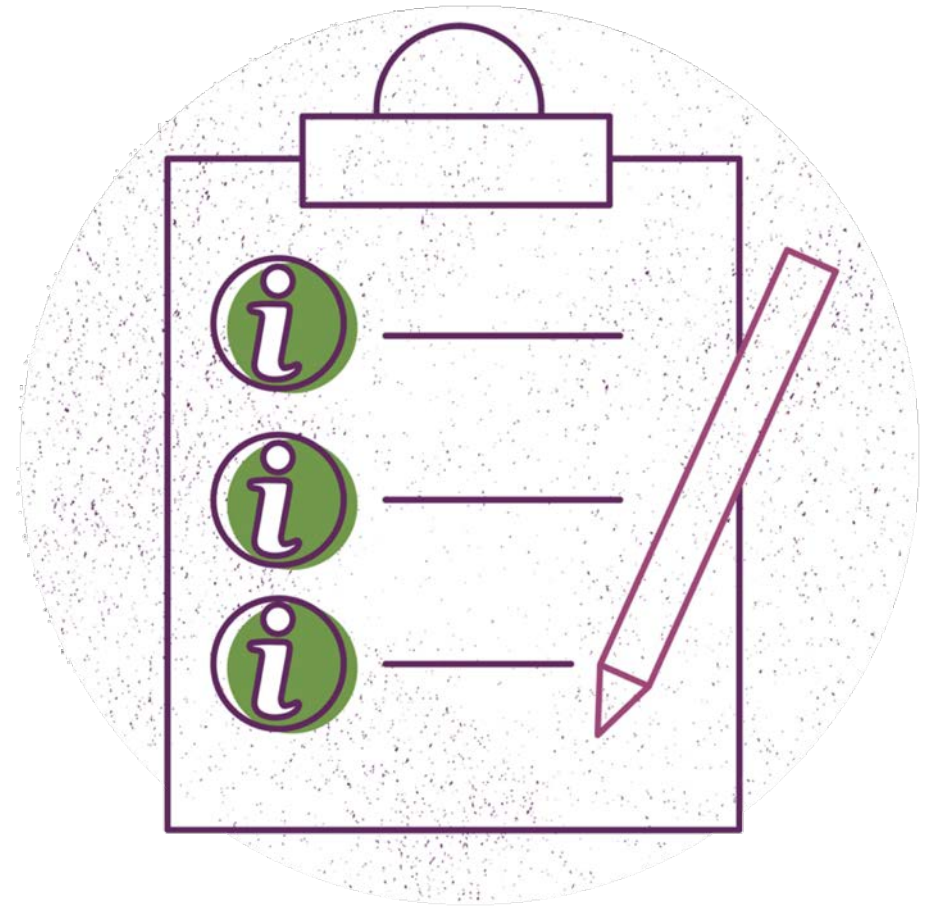
Messaging: Talking about pain

- It's important for audiences to hear validation that pain is part of life—and everyone experiences pain differently.
- Avoid using language like "getting rid of pain" or "eliminating pain." Since people believe opioids are the best option for quickly eliminating pain, this primes them to be sceptical of non-opioid options.
- Instead, use language like "managing pain," and "supporting rest and healing."



Messaging: Define "opioids"

- It is crucial to clearly define the term "opioids" as "prescription pain medication."
- Include examples of brand names. Many are surprised to learn that Codeine, Vicodin and Percocet are opioids.



Messaging: Disrupting flawed beliefs about risk

- Because many audiences believe addiction won't happen to them, we need to reframe the risks and side effects.
- Audiences found "physical dependence" much more relatable/credible than "addiction."
- The phrase "your body can become dependent on prescription painkillers in as few as three days"—together with information about credible alternatives—was the most effective in changing people's minds.



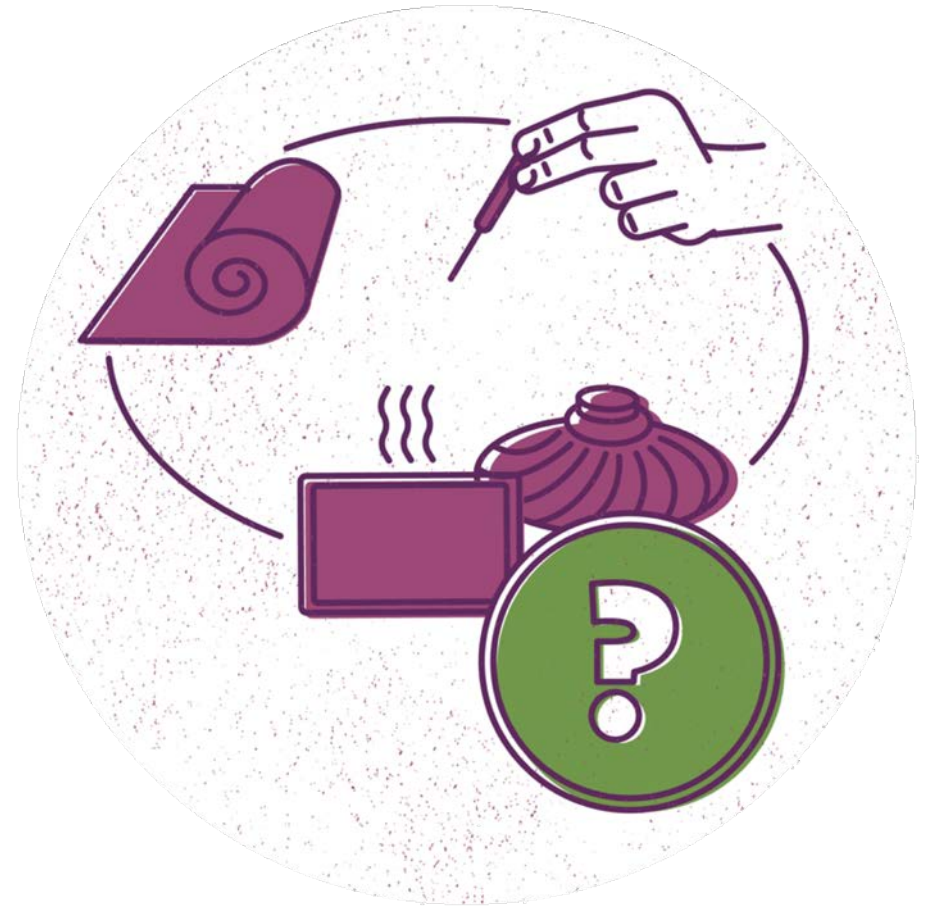
Messaging: Making other options credible

- In order for people to consider non-opioid options, it's important to calm their fears that they will not be able to handle the pain.
- Messaging about non-opioid options should emphasize speed and degree of pain relief as compared to opioids; usefulness in meeting needs for rest, sleep and healing; and the fact that many treat the source of the pain, rather than just masking the sensation of pain.



Messaging: Reducing skepticism

- Messaging about "Big Pharma" elevated mistrust of doctors, so should be avoided.
- Social modeling is critical. People found messages from health care providers encouraging them to ask questions and first-person stories from other people about how they managed pain to be helpful and empowering.



Messaging: Equipping audiences for behavior change

- Changes in attitude and beliefs about opioids are not enough to create behavior change.
- We must provide practical tools that help equip audiences to change and support behavior change before and during a pain event.





The Heal Safely campaign

Campaign goal

This prevention-focused campaign is designed to empower Oregonians to request non-opioid pain management options from their doctor, both for themselves and on behalf of loved ones in their care—with a specific focus on engaging communities who've experienced disparities in health and healthcare.

- Define opioids so people know we are talking about prescription painkillers
- Raise concerns about the effectiveness and safety of prescription painkillers (opioids) for managing short-term pain after injury or surgery
- Increase confidence in non-opioid pain management options and comfort in talking with their doctors about 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 medication, topical creams, acupuncture, physical therapy and more.

Serious risks and side effects of opioid painkillers:

- 1 Physical dependence happens fast, requiring stronger doses and causing your body to go through withdrawal when you stop taking them¹
- 2 Mask the feeling of pain instead of treating the cause
- 3 Make you feel drowsy, nauseated and constipated
- 4 Can slow down your breathing and heart rate to dangerous levels
- 5 Can slow your body's healing process²
- 6 Make it harder to get restful sleep

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

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

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Get the best pain management options for you.

Step 1: Prepare for your doctor visit

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

Step 2: Ask your doctor key questions

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

Don't be afraid to keep asking questions until you clearly understand your doctor's instructions. And don't hesitate to call or email them after your appointment if you need more information.

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

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

SOURCES:

1. Bensen, Nina M. "CDC recommends limiting duration of opioid therapy for acute pain." *Pharmacy Today*, 22.09 (2018): 46.
2. Shanmugam VK, Couch KS, McIsaac S, Ambur RL. "Relationship between Opioid Treatment and Rate of Healing in Chronic Wounds." *Wound Repair and Regeneration*. Official Publication of the Wound Healing Society (and) the European Tissue Society 23 (2015): 130-139.

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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				

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Tools for Partners

- HealSafely.org features the My Pain. My Plan. tool + videos
- The full-length Heal Safely Toolkit for use by community and public health organizations is available at HealSafely.org/toolkit
- Want to expand Heal Safely to your community? Contact [EMAIL](#)

Put the findings to work in your community

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