

**Prevention Research Sub-Committee Meeting**

**Tuesday, June 13, 2023, 9:30am – 1:00pm PST**

**Location: Zoom**

**Theme: Messaging Prevention/Harm Reduction in the Context of Fentanyl Fear**

**AGENDA**

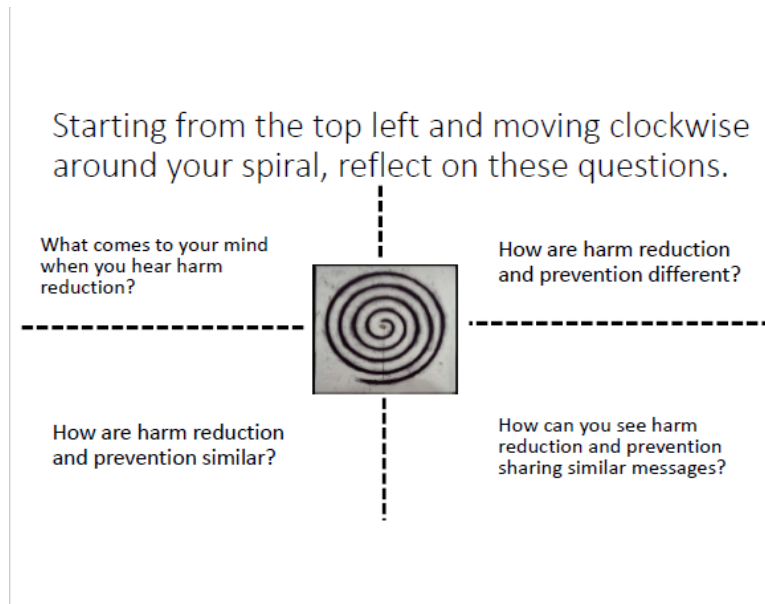
<b>9:30 – 9:45</b>	<b>Welcome &amp; Introductions</b>
<b>9:45 – 10:00</b>	<b>Impromptu Networking</b>
<b>10:00 – 10:15</b> (15 min)	<b>Setting the Stage for Messaging Prevention and Harm Reduction</b>  Kevin Haggerty and Brittany Cooper
<b>10:15 – 10:35</b> (20 minutes)	<b>HCA Fentanyl Campaign</b>  Stacie Jones, Paj Nandi and Corie Bales Desautel Hege – DH
<b>10:35 – 11:15</b> (40 minutes)	<b>Discussion</b>  Scientists invited to provide discussion and feedback: Bia Carlini (ADAI) Stacey Hust & Jessica Willoughby (WSU College of Communication) Emily Mossberg (Opioid Response Network) Aaron Davis (HaRRT Center, UW/WSU)
<b>11:15 – 11:45</b> (30 minutes)	<b>Research briefs for 2023-24</b>  Sarah Mariani and team DBHR
<b>11:45 – 12:15</b> (30 minutes)	<b>Lunch Break</b>
<b>12:15 – 12:25</b> (10 min)	<b>Chatterfall: Updates from the Prevention World</b>
<b>12:25–12:40</b> (15 min)	<b>Legislative Update – what was decided this session?</b>  Harrison Fontaine, PhD (DBHR) and/or Megan Moore, Prevention Voices
<b>12:40 – 1:00</b> (20 min)	<b>2023 Meetings and PRSC Membership Questions</b> <b>Planning for in-person meeting in September!</b> <ul style="list-style-type: none"><li>• Wednesday, September 6<sup>th</sup></li><li>• Wednesday, December 6<sup>th</sup></li></ul>

## Introductions

- **WSU:** Brittany Cooper, Jen Duckworth, Jessica Willoughby, Jordan Newburg, Clara Hill, Gitanjali Shrestha, Stacy Hust, Elizabeth Weybright, Erica Austin, Cassandra Watters
- **Spokane regional health district:**
- **UW:** Kevin Haggerty, Beatriz Carlini, Aaron Davis (Harm Reduction Research & Treatment Center), Linsey Kellum, Jim Leighty, Jen Hogge, Blair Brooke-Weiss
- **DBHR:** Sarah Mariani, Erika Jenkins, Endalkachew Abebaw, Harrison Fontaine, Sonja Pipek, Sandy Salivaras, Jaymie Vandagriff, Alicia Hughes, Rebecca Ruiz, Darcy Allen, Kendra Wilson, Billy Reamer, Anne Paulsen, State Opioid Response Consultant at HCA, Rachel Oliver
- **Desautel Hege (DH) Marketing Communications Agency:** Corie Bales, Stacie Jones,
- **Opioid Response Network:** Emily Mossberg
- **Waikaikim County Community Coalition:** Minette Smith
- **OSPI:**
- **WA DOH:** Liz Wilhelm (Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) Community Partnership Capacity Building Grants Coordinator), Grace Hong
- **WA DSHS RDA:**
- **WA LCB:**
- **WSIPP:** Amani Rashid
- **WASAP:** Ramona Leber
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:** Jennifer Wyatt, Erin Carosa (Suicide Prevention Coordinator)
- **King County Dept of Public Health:** Sarah Ross-Viles
- **Snohomish County Human Services Behavioral Health:** Amanda Franke
- **Wahkiakum Community Network Coalition:** Minette Smith
- **Washington Traffic Safety Commission:**
- **NWPTTC, U of Nevada:** Michelle Frye-Spray

## Impromptu networking

Brittany Cooper led the group in a spiral journal activity in which they first considered their own answers to the following 4 questions. Then they went into breakout rooms for discussion.



## Setting the Stage for Messaging Prevention and Harm Reduction

Kevin Haggerty gave an introduction about messaging for prevention and harm reduction. See slides.

Key points:

- Both prevention and harm reduction are important. There are commonalities and important differences.
- Shift thinking to consider harm reduction in other areas. For example, 1983 is when sunscreen became available. We use all these things to reduce the risks related to being in the sun while driving, etc. We don't stop being in the sun, but using sunscreen reduces our risk of harms from sun.
- Fear of fentanyl adds a wrinkle. Data related to overdose deaths among young people. They have increased since the pandemic, AND at the same time the rate is less than 2/100,000. And most overdose deaths are among people 45-65 years old.
- Caution is advised when targeting messaging about fentanyl to adolescent populations.

## HCA Fentanyl Campaign

Corie Bates presented the Friends for Life campaign. See slides.

DH have done lots of work with possible 'end users' of the message campaign: message testing, focus groups, audience surveys, listening sessions with coalition coordinators to review toolkit they are developing.

Young people who are 12 need different messages than those who are 18 and older.

Working to ensure info created feels reflective of many types of students, cultures, racial identities, gender expressions, SES. Emphasize this issue is shared across all aspects of our society.

Central idea: friends as prevention. Strong network of friends and grown-ups who care can help prevention opioid misuse.

### Discussion notes

- Separate campaign for Native populations: <https://fornativelives.org/>
- Friends for Life website: <https://wafriendsforlife.com/>
- Resource for preventionists related to obtaining Narcan: [Find Naloxone Near You | Stopoverdose.org](#)

### Questions

#### Age range 12-18 – how tailor?

- Answ: segmenting middle and high school age ranges
- Older students may need more specific info e.g. looks of pills to be careful about; middle schoolers would get messages about ALL pills – only use those prescribed by your doctor

#### Focus on parents and coalitions, but aren't seeing anything focused on coalitions/coalition coordinators

- Answer: Trying to get messages to young people, but using parents and coalition coordinators are conduits. Are creating train the trainer guides for coordinators.

Having tools available for coordinators will be important.

Other materials that might be useful for coordinators?

- Info around fentanyl and forecasting other emerging issues to be on the lookout for. Ensure they know severity. Some norm-changing around Narcan.
- FAQ and answers for coalition coordinators and prevention coordinators so they are prepared to answer their communities (parents, youth, others) questions - may be a good resource to give them
- How to access Naloxone.

Concern about ability to access over the counter Narcan – it will be \$50 over the counter to have it?

Disconnect between availability and supporting good citizen action.

Anne Paulsen: OTC pricing is not determined yet but there are a lot of resources for getting naloxone for free or low cost.

Also, can get free Naloxone in WA: [Find Naloxone Near You | Stopoverdose.org](#)

Michelle Frye-Spray: Is there an opportunity to explore ongoing manufacturing of illicit drugs and our inability to keep current with this challenge?

**Stacey Hust: visual representation of Naloxone: do focus groups recognize this?**

- Answ: Reaction is split. People with higher awareness around fentanyl more likely to recognize it. But even for those who don't recognize it outright it piques their interest to go to the website.

For Stacey, the image with writing on it was easier to understand. It might pique their interest but may not increase their efficacy. Wonder if there is a how-to guide for how to use the product safely.

- Answ: don't have this yet for parents/coordinators. Do have it in the materials for young adults. Can look at translating this info for parents & younger students. But there is a stigma around naloxone in these populations that will need to be overcome.

Erin Jenkins: plan to use **peer educators** to share lived experiences not necessarily as scare tactics but rather stories from their peers? They will listen to their buddies a lot more than their parents.

- Answ: no current plans for this

**About 'information-only' and testimonials**

Endalkachew Abebaw: our understanding is that personal testimony from people involved in use are not effective for campaigns. Also, knowledge-based interventions and drug information fact sheets are not effective for youth esp in middle school ages. BUT asking the people in the room: has there been a shift in this?

- Jessica Willoughby: Have found success using narrative story lines that role model desired behaviors, curated from testimonies. Jessica will share some information with Corie related to these.
- Kevin Haggerty, Stacey Hust, Michelle Frey-Spray: Important to focus not just on information but also on skill-building.
  - Something like 'skill building on what it looks like to help in order to be a lifelong friend'.
  - And for coalitions: refer parents to parent training workshops.

**Feedback on videos**

Jessica Willoughby: concept 2. This helps to reinforce 'here's something you're doing right, props to you.'

Rebecca Ruiz: feedback on watching videos. Hat switched to parent; took away that my kids are listening to me. This was helpful to me as a mom.

Rachel Oliver: question on videos. Difficult to bring in messages of recovery when talking harm reduction, AND messages of hope can be powerful. Surprised that the second video wasn't preferred because it was a positive message. Why did you choose to build out the first option instead?

Concept 2: heard that for some parents, this is a supportive message. But for other parents it could make them feel bad because they don't really know all those details (less involved in their children's likes for variety of reasons). So the idea is to add in some of the kudos to Concept 1.

Stacy Hust: really interested in the Concept 1 video.

- As a parent of pre-teens, resonate with this and was hearing messages as a parent.
- Questions related to Concept 1.
- Pleased to hear about giving parents a tool for their tool kits.
- Important to do things **to increase parent efficacy**. For example, show the kinds of times parents are talking to their kids. For example, while in car is one place Stacy has found in her research to be a prime spot when parents can talk with their children.
- Also, Concept 1 was really **gendered** – female parents were portrayed in very conventional 'female' roles like laundry or washing dishes.
- Convey the **times** when can talk w kids in variety of ways. Also show more **diversity in types of parents** – single parents, same-sex parents, diverse etc.

Corie Bates requested suggestions for conversation guides.

### Final comments

- Bia Carlini: not supportive of doing a mass media campaign to 12-14-year-olds around fentanyl. Prevalence is really low; children this age don't really know what fentanyl is. Very different from cannabis or alcohol, which they see everywhere. Concerned about risk of iatrogenic effect of raising interest and somehow equating risks of cannabis, cigarette and fentanyl. Would recommend: decrease stigma, increase awareness of Naloxone. There is hope, people can get treatment. Encourage parents and teachers to talk about Naloxone. Don't see why this campaign exists for this age group. Very concerned.
- BUT kudos to HCA for doing the harm reduction campaign for older youth.
- Sarah Mariani: we have a challenge that an emphasis on small numbers is driving this work. How to communicate about dangers of first use. Novice users especially. And then there is polysubstance use. Trying to find just right balance with providing some education and avoid scare tactic of that message. How communicate to parents. People doing swap out for replacements of things like Adderall or oxy, young people alone in their rooms ...
- Kevin Haggerty: what is the evidence on abstinence pledges? Not sure that the research shows this is an effective strategy. Corie shared this is just in the brainstorm phase towards using 'affinity items' like

friendship bracelets. Friends for Life bracelets that young people could exchange with a friend on the basis of taking a shared pledge they wouldn't take or give out pills or medicine with a friend. If research doesn't support it ... Kevin said look to teen pregnancy stuff where they used similar approaches and it actually had iatrogenic effects.

- Stacey Hust: Corie have you looked at existing bystander intervention campaigns? There's some similarities and those campaigns may be useful inspiration.
- Emily Mossberg: even though the numbers are low, a single death has a huge impact in school/community. Schools are eager for tools to respond/message correctly.
- Parents who talk to their kids – these are the households where kids are more protected. Households where parents are more checked out – these parents won't resonate w these messages. So -- how to reach youth via other avenues in addition to parents. Every community has people they trust as messengers.
- Jessica Willoughby: impact of campaigns often finds that providing resources is a big part of the impact. E.g. access to a medication, etc. For this campaign, it may be more beneficial to focus messaging more carefully to teachers, school communities who come into daily contact with children and to provide the resources. Provide primary messaging to them, and then have somehow more general messaging which could be accessed if needed (for example if something happened in a community and information was needed more broadly, then focus audience members could know how and where to access that additional information). This could protect against potential iatrogenic effects of more generalized messaging.
- Kevin Haggerty people are dying alone, in a home where there is someone there. So, teaching parents about Narcan might be helpful. How to address this?
- Stacey Hust: honor this dialogue. Overall, I'm left with: which thing you need to tackle first? This is a complicated, difficult task. Do you need to first increase awareness of parents that they know this exists? If they are already aware, do you need to increase their efficacy in using the product to prevent death? Or do you need to increase their skills in talking with their children about this about these pills and the dangers? It's important to identify WHICH of these you really need to target. E.g. if your kid is overdosing, here's what to do. E.g. if this is w strangers, there's a whole lot of bystander barriers. First identify which of these things you'll tackle and one campaign will not reach all of them.
- Kevin Haggerty: we are a bit on the knife's edge: knowledge doesn't work can be iatrogenic BUT people need facts. Early age and potential iatrogenic effects. Coalition tools for coordinators – one of the most difficult thing coalitions face is recruiting parents into parenting programs – promote these as a resource for what parents can do. Increase the visibility and destigmatize participation in these programs.

### **Corie Bate's take-aways**

- Appreciative of this opportunity. This was incredibly helpful.
- Share good Samaritan laws with older teens
- Tools for forecasting and emerging issues for coalition leaders
- Time, tone and context for planning a conversation

- Following Stacy's comments: Ensure have a good order of operation on what to do first, second, third to be sure messaging is clear for each type of audience.

## Research Briefs

Sarah Mariani:

**Topic #1:** What are effective communication strategies for broad based campaigns? We have some basics in What Works/Doesn't Work. But when we get into complexities of right message for right audience along the developmental spectrum, right level of use patterns.

Having a research brief that we can call on as we work with partners across the continuum would be really helpful. Having a reference and a cited document that we can turn to. A review to help communicate. This one may be less focused on policy and maybe more for the field. BUT we do get legislative provisos and directives so it might be able to help us in those conversations. May be used in context of legislators putting lots of money into campaigns.

- Kevin: what's the evidence on media campaigns?
- Kevin: pushing people toward resources is an important part. Media campaigns are more effective when partnered with resources.
- Sarah: include some of this in the brief. Campaigns are most effective when there are ground efforts happening.
- Totality of value of having campaigns paired with services. But might be two different things.

Bigger picture on research briefs: we are looking to have some more research briefs done in the coming year. Question: what are the types of topics and audiences.

First batch we did were focused on questions we were getting via work with policy makers and decision makers. Are there more for that realm? Are there some needed for the field?

## Other possible topics?

**Topic 2:** Intersection between prevention and harm reduction; where research is on prevention and where it is on harm reduction. For coalition folk and also the treatment community – they don't seem to understand prevention.

- Jennifer Wyatt: what are the implications for adolescents? Much of what we know comes from work with adults. The continuum is important; not one answer. Would love for practitioners to have a guide for their decision making.

NWPTTC is working on a set of research briefs this summer. Wont' duplicate. Have requested feedback from state leadership in prevention in Region IX on which topic areas to focus on. For WA, ID, OR and AK.

**Topic 3:** Prevention works! Huge progress in prevention and use rates are way down. Show huge decrease in substance use among adolescents. Why is this not the front page of the paper?



- Endalkachew Abebaw: including these kinds of messages in Starts with One campaign. Have evaluation findings from this campaign for every year.

## Legislative Update

Harrison Fontaine, HCA/DBHR

See Slides for overview of what happened in the 2023 legislative session.

## Chatterfall/Round Robin

Kevin Haggerty: There is so much going in the NW PTTC! check out <https://pttcnetwork.org/centers/northwest-pttc/home>

Also, some great press coverage of the First Years Away from Home outcome study...lots of interest from folks around the state.

Brittany Cooper: We have several Northwest PTTC events (webinars and in-person trainings) that might be of interest. I want to especially highlight the webinar on 'Investigating Monitoring the Future, What is Going on with the Data?' on June 20. See here for details on all of our events: <https://pttcnetwork.org/centers/global-pttc/training-and-events-calendar?center=30>

Jaymie Vandagriff: Updated Evidence-based program lists for DBHR Prevention/Promotion services are now posted on the Athena Forum Excellence in Prevention page -- and the 'bonus lists' have been consolidated :) <https://theathenaforum.org/EBP>

Billy Reamer: The UW Check-in With Yourself, WSU First Years Away From home, and the College Coalition for Substance misuse, Advocacy and Prevention young adult programs/services are all receiving a new round of funding to support dissemination/implementation through 2025. The DBHR MHPP RFA has launched and will fund another round of mental health promotion and suicide prevention efforts across the state.

Aaron Davis: Increased difficulty in helping communities get access to safer use supplies such as glass, Naloxone, etc. The HaRRT center is doing increased training regarding harm reduction strategies and approaches. Developing more strategies to teach and work with public health students who want to learn about community-based research and interventions.

Ramona Leber: Trying to get local elected officials to consider spending at least some of their opioid settlement funding on primary prevention.

Erika Jenkins: The Starts with One campaign is being expanded into all hospitals across Washington State!

Endalkachew Abebaw:

- CPWI Coalitions are updating their action plan and budgets for State Fiscal Year 23-24.
- HCA and WSU are onboarding Cohort 11 Prevention Fellows in July.

Sarah Mariani: - Budget tightening.

Liz Wilhelm: YCCTPP - DOH we're announcing the new grant awards on June 26th to communities for build prevention capacity - contracts and projects will begin October 1st. New prevention partners!! Opportunities to build workforce.

Harrison Fontaine: Rulemaking at the liquor and cannabis board is getting underway! Lots of important things getting decided and they want to hear from px folks!

LCB Prevention Roundtable is happening on June 21 from 1:30-3. For invite email [mary.segawa@lcb.wa.gov](mailto:mary.segawa@lcb.wa.gov)

Fentanyl Campaign is slated to launch fully late Summer.

Ramona Leber: with the Blake fix, local governments may need to use opioid resources to fund drug courts ... less and less resources available for prevention.

Kevin Haggerty: look at Nora Volkow's blog about important of early prevention and its impact on opioid misuse

<https://nida.nih.gov/about-nida/noras-blog>

**Next meeting Wednesday September 6: suggestions/ideas on theme?**

Hope to have some internal conversation about how things are going with the PRSC. Brittany and Kevin have been co-chairing for about 2 years. Might be good time to reflect on how the PRSC is working.

Plan to meet in person. Need to determine where.

In person, can offer HCA building in Olympia; have hybrid capabilities. Blair and Rebecca can follow up on arrangements.

Theme?

Brittany Cooper: something around mental health?

Sarah Mariani: DBHR are working on a couple of things that might be good:

Considering for future: SUD risk indexes; mental health risk index. Logic model mostly SUD focused. But for totality of integration, what do risk indexes look like when you're not flopping them back and forth. Sonja good contact.

Might be an interesting conversation with this group.

EBP work and workgroup. Totality of behavioral health, how to come up with a list that encompasses all that and what would be a good review process. Jaymie is a good contact.