

Purpose

This document provides important guidance for communities on how to create and disseminate messages related to naloxone. As communities develop their own materials (e.g., flyers, posters, op-eds, social media posts, presentations), they should follow the guidance below to ensure that all materials and activities present a consistent, evidence-based message. The findings in this document are based on both formative research with campaign audiences and best practices in persuasive communication.

1. WHY ARE WE COMMUNICATING THIS MESSAGE?

GOAL: The goal is to increase demand for naloxone and reduce the stigma around using it.

OBJECTIVE: Increase access to, and availability of, naloxone.

STIGMA TARGETS:

- Every life is worth saving.
- Carrying naloxone is not the same as encouraging opioid abuse.
- Strong communities care about their most vulnerable members.

2. WHO ARE WE COMMUNICATING TO?

There are three priority groups, including people with lived experience, key opinion leaders, and providers.

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
<ol style="list-style-type: none"> 1. People with opioid use disorder (OUD) 2. Family members 3. People in recovery 	<ol style="list-style-type: none"> 1. Elected officials (sheriff, mayor, city council members, aldermen) 2. Opinion leaders (faith-based leaders, civic leaders, employers) 	<ol style="list-style-type: none"> 1. Primary care practitioners 2. Nurse prescribers 3. Pharmacists 4. First responders 5. Emergency departments 6. Dentists

3. WHAT DO THEY CURRENTLY THINK ABOUT NALOXONE?

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
<ul style="list-style-type: none"> • Naloxone is important to me. • I know what it is, but where can I get it? • I know what it is, but how do I use it? 	<ul style="list-style-type: none"> • What is naloxone? • Where do I get it? • How do I use it? • How do we increase access to and availability of it? 	<ul style="list-style-type: none"> • I know what naloxone is and often rely on it to save my patients' lives. • Don't tell me to use it. I already do. • I'm not sure my patients should be using naloxone. It seems like something only providers would use.

4. WHAT WOULD WE LIKE THEM TO THINK?

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
<p>Naloxone is critical to saving lives from opioid overdoses. I know what it is, where to get it, and how to use it.</p>	<p>Naloxone is critical to saving lives from opioid overdoses. I know what it is, where to get it, and how to use it. I would like to increase access to and availability of it in my community.</p>	<p>I use naloxone to save lives from opioid overdoses. I want my patients and their family/friends to use it, too.</p>

5. WHAT IS THE SINGLE, MOST PERSUASIVE IDEA WE CAN CONVEY?

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
<p>Naloxone saves lives, and you can too by being a first responder.</p>	<p>Naloxone saves lives, and you can too by being a first responder.</p>	<p>I can equip my patients and their friends/family to serve as first responders by prescribing them naloxone.</p>

6. WHY SHOULD THEY BELIEVE IT?

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
Because naloxone works, is easy to use, and is readily available.	Because naloxone works, is easy to use, and is readily available.	Because I've seen naloxone work in my own clinic. I know that it's easy to use.

7. WHAT DO WE WANT THEM TO DO?

PEOPLE WITH LIVED EXPERIENCE	KEY OPINION LEADERS	PROVIDERS
Carry and use naloxone to save lives from opioid overdoses.	Carry and use naloxone to save lives from opioid overdoses. If appropriate, encourage my community to make it more widely available.	Know where my patients can access naloxone. Prescribe it to patients with a high risk of opioid overdose (e.g., previous overdose, use other substances, have co-existing mental illness). Talk with my patients, their friends, and their family about what naloxone is, how it can save lives, and where they can get it.