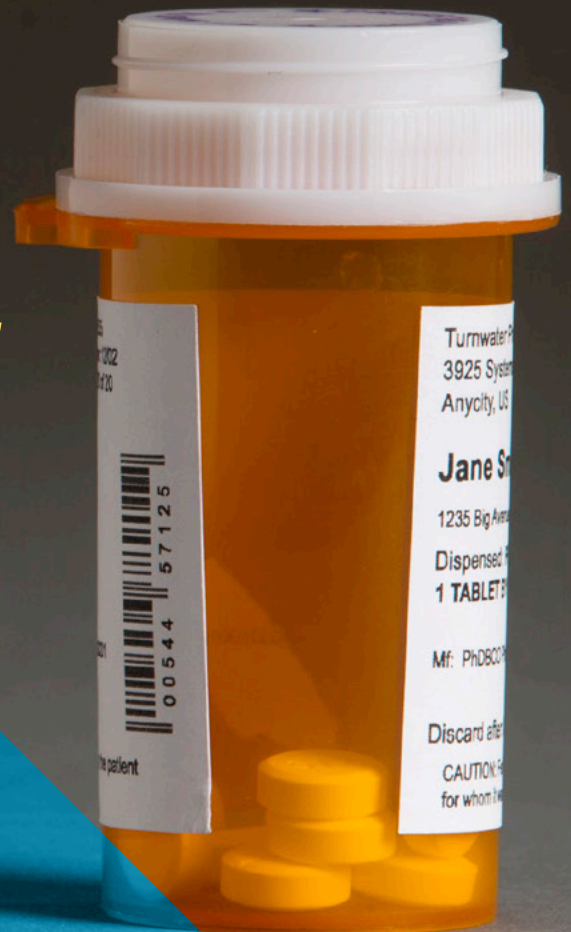



2017

ADDRESSING THE PRESCRIPTION OPIOID CRISIS

CDC Rx AWARENESS CAMPAIGN OVERVIEW





**“ HOW CAN I BE
ADDICTED? I GET
THESE FROM MY
DOCTOR.”**

—BRENDA

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“IT’S LIKELY THAT
EVERYBODY KNOWS
SOMEBODY WHO
IS STRUGGLING
WITH THIS VERY
PROBLEM.”

—NOAH



Addressing the Prescription Opioid Crisis

Prescription Opioid Abuse Is a Critical Public Health Issue

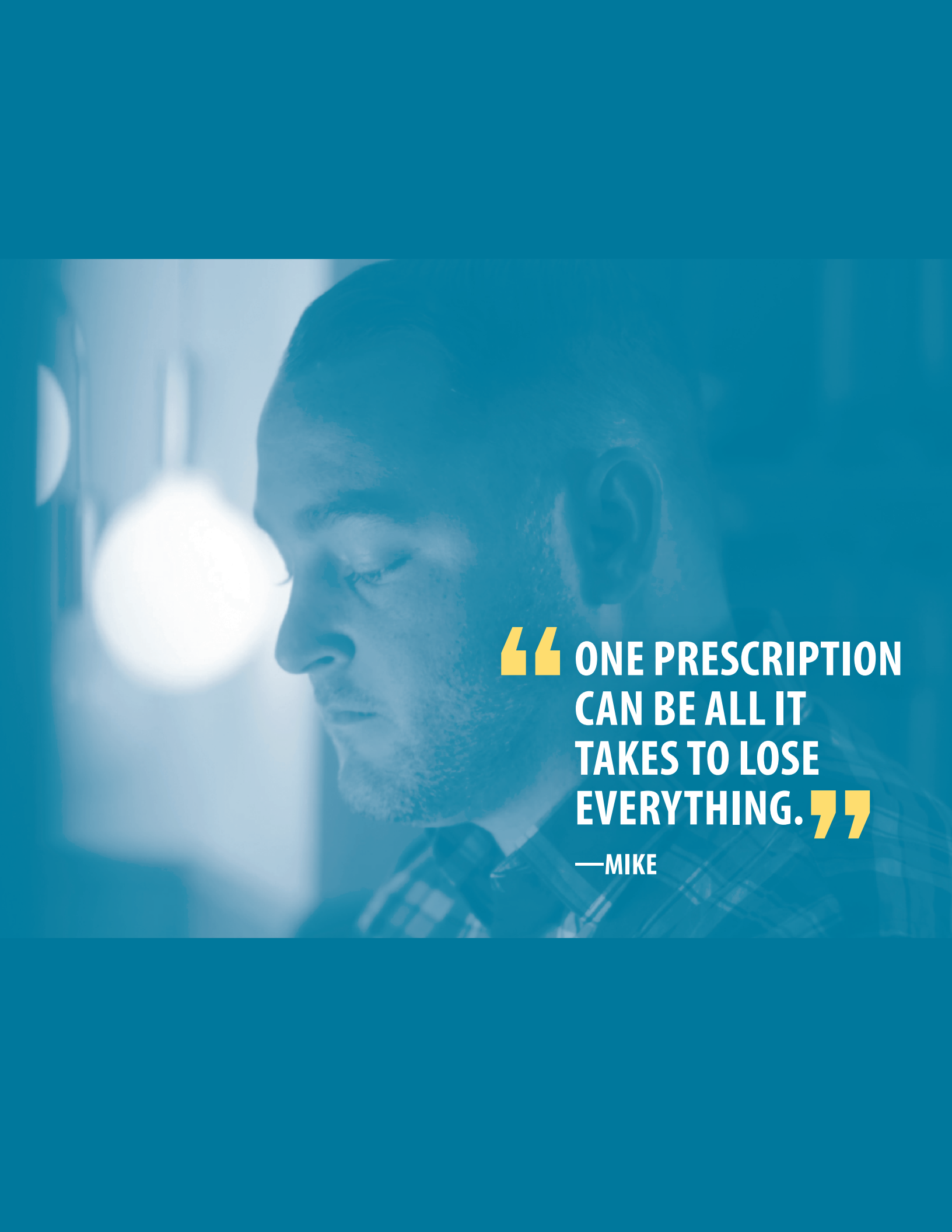
Every day, more than 1,000 people are treated in emergency departments for misusing prescription opioids, and more than 40 people die from prescription opioid overdoses.^{1,2} From 1999 to 2015, more than 183,000 people died in the United States from overdoses related to prescription opioids.³ Prescription opioids are often prescribed following surgery or injury to treat moderate-to-severe pain, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the use of prescription opioids for the treatment of chronic pain unrelated to cancer, despite serious risks and a lack of evidence about their long-term effectiveness.

Overdoses from opioids are on the rise and killing Americans of all races and ages. Families and communities across the country are coping with the health, emotional, and economic effects of this epidemic.

¹ Substance Abuse and Mental Health Services Administration. *Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. The DAWN Report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2013. <http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm>. Accessed December 2016.

² U.S. Department of Health and Human Services, Office of the Surgeon General. *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: U.S. Department of Health and Human Services; November 2016.

³ Centers for Disease Control and Prevention. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: National Center for Health Statistics; 2016. <http://wonder.cdc.gov>. Accessed December 2016.

A man with a beard and short hair is shown in profile, looking down. The image is overlaid with a solid blue color. A quote is written in white and yellow text on the right side of the image.

**“ ONE PRESCRIPTION
CAN BE ALL IT
TAKES TO LOSE
EVERYTHING.”**

—MIKE

Rx Awareness Campaign Description

To raise awareness of prescription opioid abuse and overdose, in 2017 the Centers for Disease Control and Prevention (CDC) launched Rx Awareness, its first prescription opioid overdose prevention campaign. The Rx Awareness campaign is evidence-driven and tells the real stories of people whose lives were torn apart by opioid use and abuse.

The Rx Awareness campaign focuses on adults ages 25–54 who have taken opioids at least once for medical or nonmedical (recreational) use, and it highlights the importance of reducing opioid abuse to prevent overdoses. The goals of the campaign are to:

- Increase awareness that opioids can be addictive and dangerous; and
- Increase the number of individuals who avoid using opioids nonmedically (recreationally) or who choose options other than opioids for safe and effective pain management.

CDC incorporated first-person stories into the campaign based on past effective use of testimonials to communicate about complex and sensitive health behaviors. The cornerstone of the campaign is a series of videos that feature individuals who are either living in recovery from opioid use disorder, or who are family members who lost someone to a prescription opioid overdose.

In addition to video advertisements, the campaign includes radio advertisements; digital materials, such as web banner advertisements; and materials for out-of-home spaces, such as billboards and newspaper advertisements.

Rx Awareness Campaign Materials

- Digital
 - 30-second testimonial videos
 - Web banner ads
 - Online search ads
 - 5-second bumper digital video ads
- Campaign website (cdc.gov/RxAwareness)
- Radio
 - 30-second ads
- Out-of-home
 - Billboards
 - Newspaper ads

Rx Awareness Campaign Target Audience

CDC selected the target audience for the Rx Awareness campaign after conducting a series of background and formative research activities to deepen its understanding of communication needs about the opioid epidemic. We learned that adults between the ages of 45 and 54 had not yet been targeted by a broad-reaching campaign. This information was reinforced by surveillance data indicating that the population with the highest fatality rate from opioid overdoses was non-Hispanic white adults ages 45–54. We also found a need for communication efforts to deliver primary prevention messages to younger audiences ages 25–35, who are less likely to experience chronic pain but may be exposed to opioids for other reasons, such as having a sports injury or undergoing a dental procedure. Ultimately, we combined these audiences for the Rx Awareness campaign to include all adults ages 25–54.

Campaign Approach and Messaging

Early campaign research included an environmental scan, literature review, social media assessment, focus groups, and in-depth interviews. These activities sought to answer the following questions:

- What communication campaigns exist to prevent prescription opioid use and abuse?
- Have these programs been evaluated?
- Have best practices been identified for creative execution of communication campaigns?
- What influences audiences' behaviors related to prescription opioid use and avoidance?
- What are audiences' information preferences and needs related to prescription opioids?
- What are audiences' preferred formats for receiving information on this topic?
- Who are audiences' trusted sources for health information and guidance?

A key finding of this early research was that personal and emotional messages strongly resonated with audiences, particularly messages that addressed loss, such as the loss of relationships with family and friends and loss of employment. This drove the campaign approach to capture testimonials about negative outcomes and loss.

We also learned about widespread concern in communities across the country about opioid overdoses, and the need for multichannel dissemination strategies to reach the whole community. Billboards are one of the campaign's channels, based on participants' recommendations to use them to place campaign messages.

Findings from the formative research guided the development of the campaign's tagline, "It only takes a little to lose a lot," and the reality statement, "Prescription opioids can be addictive and dangerous." The Rx Awareness campaign used elements and approaches based on the formative research findings.

The Rx Awareness campaign uses the term "prescription opioid" instead of "painkiller." The term "painkiller" is misleading because while opioids relieve pain, they do not eliminate pain.

The campaign does not include messages about heroin. Specificity is a best practice in communication, and the Rx Awareness campaign messaging focuses on the critical issue of prescription opioids. Given the broad target audience, focusing on prescription opioids avoids diluting the campaign messaging. Heroin is a related topic that also needs formative research and message testing.

A photograph of a man with glasses and a beard, wearing a button-down shirt, standing in a kitchen. In the background, there is a clock on the wall and a coffee maker on a counter. The entire image is overlaid with a teal color filter.

**“ OUR SECRETS
KEEP US SICK.”**

—DEVIN

Pilot Testing

CDC launched a small-scale pilot that implemented all components of the Rx Awareness campaign and ran for 14 weeks in 9 high-burden counties in 4 states: Ohio, Oregon, Rhode Island, and West Virginia. CDC based this placement on criteria such as reach, participants' readiness to implement a campaign, and level of interest. The pilot presented an important message to these areas—which are highly affected by prescription opioid overdose—while also allowing CDC to test creative campaign materials in the field and obtain valuable input on the ads before launching the campaign. An assessment of the pilot campaign explored target audiences' exposure to and perceptions of a series of campaign messages and materials.

A mixed-method design integrating data from in-depth interviews and a quasi-experimental, one-group retrospective post-then-pretest (RPTP) survey was used to assess target audiences' responses to campaign messages and materials designed to influence their knowledge, awareness, attitudes, and behavioral intentions related to prescription opioid use and misuse.

Key results from the assessment of the Rx Awareness campaign's channel selection, messages, and materials are described in the next section.

In-depth Interviews: Key Findings

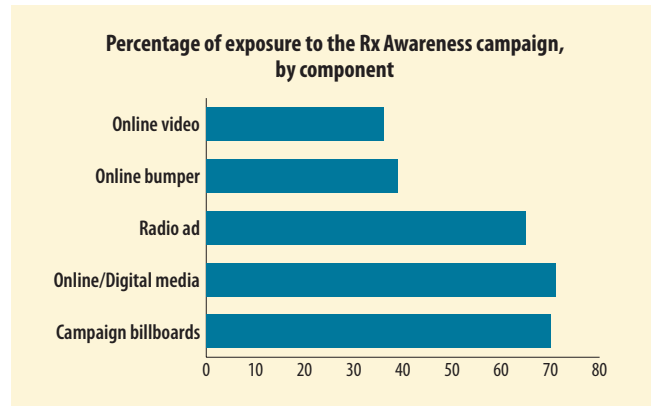
- Most participants believed the content on the billboards, videos, and radio ads.
- Participants reported that it would be easy to read the first line of the billboards while driving a car, but that reading the second line would be more difficult.
- Participants reported that the video ads were relatable, and that they could sympathize with the storytellers' situations. The speakers in the videos were thought to be relatable because they looked like people from the participants' communities.
- Most participants said that they would share the video testimonials with others.

Online Survey: Key Findings

- Among survey respondents exposed to the Rx Awareness campaign (see Figure 1):

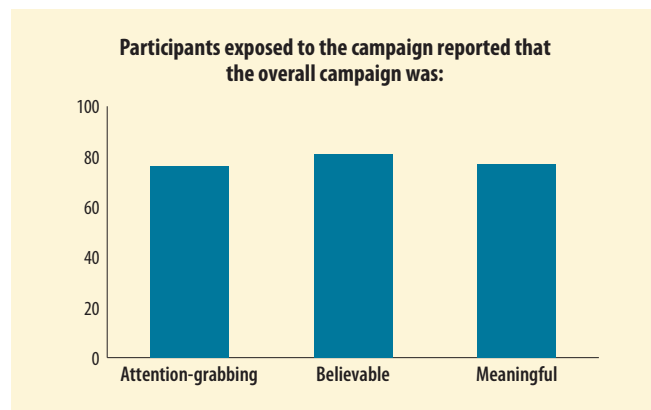
- 70 percent saw campaign billboards;
- 71 percent saw online or digital media (this included any campaign content a participant saw online);
- 65 percent heard a radio ad;
- 39 percent saw an online bumper; and
- 36 percent saw an online video.

Figure 1. Participants' Exposure to Rx Awareness Campaign



- Most people exposed to the campaign reported that the overall campaign was attention-grabbing (76 percent), believable (81 percent), and meaningful to them (77 percent) (see Figure 2).

Figure 2. Participants' Experience with the Rx Awareness Campaign



- 74 percent of participants reported that the campaign message ("Prescription opioids can be addictive and dangerous") was effective or very effective at improving knowledge that prescription opioids can be addictive and dangerous, and 63 percent said that the campaign message was effective or very effective at making people aware of the risks of prescription opioids.
- Almost 70 percent of participants thought that the campaign message ("Prescription opioids can be addictive and dangerous") was effective or very effective at helping people understand that using prescription opioids the wrong way can lead to overdose.
- Most people exposed to the campaign reported that they intend to ask healthcare providers for alternatives to prescription opioids (71 percent), or they intend to avoid using prescription opioids recreationally or medically (73 percent).

Digital Analytics: Key Findings

The pilot Rx Awareness campaign delivered search and display ads, testimonial videos, and a bumper video that gained 141 million impressions, 5.47 million interactions, and 360,294 click-throughs to the [cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose) website. The breakdown of these results is included in Table 1.

Table 1. Digital Metrics Summary

Campaign	Impressions	Completed Views or Interactions	Interaction Rate or VTR	Clicks to Website
Search	1,081,145	13,298	1.23%	13,298
Display	125,694,669	312,397	0.25%	312,397
YouTube without bumper	12,150,225	3,092,502	25.45%	29,773
Bumper, Dec. 19, 2016–Jan 11, 2017	1,455,921	1,289,218	88.55%	3,807
Bumper, March 10–17, 2017 ¹	899,351	765,528	85.12%	1,019
Total	141,281,311	5,472,943	3.87%	360,294

¹ March 10–17, 2017: During this time, the bumper was shown only to those who had already seen a testimonial video.

Additional highlights from the pilot campaign include the following:

- Testimonial videos reached 80 percent of the campaign target audience.
- The testimonials had a view-through-rate (or VTR, which is the rate at which an audience member viewed the video from beginning to end) of 25 percent, above the government benchmark of 20–22 percent.
- Display ads, which included the static and animated banner ads, performed throughout the campaign at a higher click-through rate (or CTR, which is the rate at which a viewer clicks on the banner to go to the website advertised in the ad) than the government benchmark, with the static banners consistently performing better than the animated banners.
- The search ads also had a higher CTR than the government benchmark throughout the campaign, except for the last 2-week reporting period, which may be an indication of market saturation.

Overall Findings

The findings support the continued use of video testimonials featuring messages and stories from those who have experienced prescription opioid addiction or those who have lost someone due to addiction. The data collected from the pilot campaign indicate that these stories are a powerful and effective way to raise awareness and increase knowledge about the dangers of prescription opioid use and misuse.


For people exposed to the campaign, regardless of which campaign materials they saw or heard (billboards, radio ads, online bumpers, or online videos), most (over 70 percent) accurately thought that the purpose of the message in the campaign materials was “preventing misuse of prescription opioid pain medications.” Further, over 50 percent reported that the purpose of the messages from CDC about prescription opioids was “preventing deaths from prescription opioid pain medication overdoses.” These findings suggest that campaign exposure may contribute to awareness and knowledge that prescription opioids are addictive and dangerous. This belief may foster understanding that there is a need to prevent misuse of prescription opioids, which is an important expected outcome of the Rx Awareness campaign.

When asked what would motivate them to talk to others about prescription opioids, interview respondents commonly stated that while billboards helped raise awareness (and most survey respondents reported seeing billboards), this channel would not motivate them to talk to others about this issue. This suggests that although people may frequently see campaign billboards, this channel is not central to facilitating discussion with others about prescription opioids. The results show that audiences prefer awareness-building messages in materials that contain personal narratives. The use of personal narratives in audio and video appears to be far more effective than other channels at motivating people to talk with others.

Campaign messages can often help individuals recognize problems in their community. Our survey found, however, that many respondents are aware that prescription opioid misuse is a “big problem” in the United States but are less aware of the problem in their communities. For example, although CDC implemented the campaign in high-burden communities, roughly 80–88 percent of people exposed to the campaign noted awareness of prescription opioid overdose as a problem in the United States, compared with 67–74 percent who said it was a problem in their community. Even more telling is that among people unexposed to the campaign, only 55 percent report being aware that overdose is a problem in their community. The differences between exposed and unexposed groups regarding opioid overdose awareness are important; however, the most dramatic differences in responses between those exposed to the campaign and those unexposed were related to intention items, such as intention to talk with their health care provider about prescription opioids, which had differences ranging from approximately 10 to 30 percent.

Overall, the campaign messages and materials show evidence of contributing to increased awareness, knowledge, and intentions. Findings also suggest that campaign messages have the potential to not only affect awareness and knowledge, but also influence actions.

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**“ I’M NOT SUPPOSED
TO BE THE ONE
TO PICK WHICH
SNEAKERS I’M
GOING TO BURY
HIM IN.”**

—ANN MARIE

Overview of the Rx Awareness Campaign Elements

The campaign materials include eight testimonial videos, as well as seven radio, two digital, and two out-of-home advertisements. Additional testimonial videos will be added to the campaign in the future. For biographies about the individuals currently featured in the testimonial advertisements, please see the appendix.

Name	Format	Length/Size	Language	Description
Ann Marie	Video and radio	30 seconds	English	This ad features Ann Marie, a mother who lost her 22-year-old son, Chris, to a prescription opioid overdose.
Brenda	Video and radio	30 seconds	English	This ad features Brenda, who shares her experiences with addiction to prescription opioids and the toll they took on her life.
Devin	Video and radio	30 seconds	English	This ad features Devin, who began using prescription opioids after a minor surgery as a teenager.
Judy	Video and radio	30 seconds	English	This ad features Judy, a mother who lost her son, Steve, age 43, to a prescription opioid overdose.
Mike	Video and radio	30 seconds	English	This ad features Mike, who became addicted to prescription opioids and ended his college sports career.
Noah	Video and radio	30 seconds	English	This ad features Noah, who shares his experience with losing his father at age 58 to prescription opioid addiction.
Tamera	Video and radio	30 seconds	English	This ad features Tamera, who shares her experience with losing almost everything she had to prescription opioid addiction.
Teresa	Video	30 seconds	English	This ad features Teresa, who lost her brother RJ at age 32 to a prescription opioid overdose.
CDC bumper ad	Web	5 seconds	English	This animated ad features a prescription medicine bottle and the phrase "It only takes a little to lose a lot."
CDC banner ad	Web	N/A	English	This digital banner ad features a prescription medicine bottle and the phrase "It only takes a little to lose a lot." The ad is available in four sizes, in both static and animated versions.
CDC billboard/poster	Billboard/poster	12' x 24'	English	This ad features a prescription medicine bottle and the phrase "It only takes a little to lose a lot."
CDC newspaper ad	Newspaper	1/6-page ad: 7.98" x 5.25" 1/4-page ad: 10" x 7" 1/2-page ad: 12" x 10.5"	English	These ads state that prescription opioids can be addictive and dangerous. They feature a prescription medicine bottle and the phrase "It only takes a little to lose a lot."



“YOU NEVER
EXPECT THAT
YOU’RE GOING
TO LOSE A CHILD.
IT’S ALL OUT
OF ORDER.”

—JUDY

Campaign Launch and Rollout

CDC created the Rx Awareness campaign for states, coalitions, and communities to implement in their jurisdictions across the country. These groups can use all the Rx Awareness campaign materials and tag them for local use. States can access tools and resources to support their use of the campaign materials and develop their capacity to design, frame, and implement the Rx Awareness campaign. The campaign materials are available to CDC-funded states and will be publicly available in the future through an online resource center.

The success of the Rx Awareness campaign relies on efforts by states, communities, local agencies, and organizations across the country to share the campaign materials and broaden the reach of this critical and urgent public health message.

This CDC public health effort is accompanied by numerous other materials, including a new campaign website (cdc.gov/RxAwareness), patient-centered resources, and provider clinical tools (cdc.gov/drugoverdose/training).



**“ NOTHING
MATTERED MORE
THAN GETTING
MY FIX.”**

—TAMERA

Appendix

Bios

ANN MARIE

Ann Marie's son, Christopher, was a good student and a gifted baseball player and had close relationships with his mother and sister. When he was 20 years old, Christopher was in a minor car accident, and afterward was prescribed opioids for minor back pain. Ann Marie believes Christopher's tolerance to opioids grew quickly, perhaps within just days. As his addiction grew, she says he sought out several doctors who would prescribe him opioids. He increased his intake from one pill to more than 20 pills a day. When he could no longer get prescriptions from doctors, he began buying pills on the street. Ann Marie described how these pills and his addiction completely changed her son. Everything he had worked for no longer mattered to him. He had trouble sleeping, often did not come home at night, and became defensive and combative toward the people he loved. Ann Marie tried admitting him to various detox centers and treatment facilities, but he was either rejected or kicked out for poor behavior. Without help, his addiction persisted and intensified. Within roughly two years of beginning to use prescription opioids, Christopher overdosed and died at just 22 years old.

Ann Marie has been passionate about sharing her loss in the hopes of saving others from this tragedy. She started *Christopher's Reason*, a place where people suffering from opioid addiction can be directed to the treatment they need.

BRENDA

When she was 25, Brenda was in a car crash on her way to the grocery store. After the incident she needed to see numerous doctors and neurologists, and one of them gave her a prescription for opioid pain medication. Brenda doesn't remember being warned about the risks of taking prescription opioids or the dangers of misuse. One day after she filled the prescription, she doubled her dose and, from that moment on, she never again took the medication as it was prescribed. She began going to multiple doctors for pills and eventually was buying and selling them in her community. She felt lonely and isolated, and was suffering. Everything else took a backseat in her life, including her friends and family. Brenda became addicted to heroin, a point that she never thought she would reach.

When Brenda discovered she was four weeks pregnant, "Part of me wanted to keep using, but more of me wanted to stop," she said. Thanks to the help of her family, especially her stepfather, she was able to get into a treatment program for pregnant women and to detox. She entered a transitional living program and delivered a healthy baby. She has been in recovery for two years.

DEVIN

Devin had his wisdom teeth removed when he was 16. After the surgery, he received a 30-day prescription for opioid pain medication and liked the way the pills made him feel. After three days, he had used the entire prescription. He soon realized it was easy to obtain prescription opioids from people's bathrooms, from friends, or from people on the street. Throughout college, he used prescription opioids and heroin. He woke up one day, at age 24, and found himself in a hospital with his mother and a drug counselor at his side. They said to him, "Devin, you overdosed. You need to get help." It was then that he realized he was on his way to losing everything and needed to make a change.

With the support of his family, he started rehabilitation at a treatment center for 90 days. After successfully completing treatment, he entered a transitional living house.

Today, Devin has been in recovery for 10 years. He has a wife, a daughter, a home, a master's degree, and a career that he has dedicated to helping others recover from substance use. Devin reminds his clients that opioid use disorder is a brain disease, not a moral failing. When he goes to the doctor or dentist now, he always talks with them about his history of substance use and makes it clear that he does not want an opioid prescription. He wants to work closely with medical professionals to train them how to support patients in recovery from substance use disorders.

JUDY

Judy's son, Steve, was a loving son, fiancé, brother, uncle, cousin, nephew, and friend. He was a gifted musician and athlete. He earned Dean's List status in college and a degree in economics that led to a successful career as a financial advisor. Steve suffered a back injury as an adult that left him with severe constant pain that doctors were unable to successfully treat. He became depressed due to the impact of the pain on his way of life. He was prescribed antidepressants, which helped but did not eliminate his symptoms. Steve was then given a prescription for opioids and became addicted. Within three years, he was seeking multiple doctors to fill duplicate prescriptions. Steve eventually acknowledged his addiction and enrolled in rehabilitation and treatment programs, but the grip of his addiction had taken an incredibly strong hold. Following completion of a 28-day addiction treatment program, Steve relapsed and died of an overdose at the age of 43.

After the loss of her son, Judy found a note he had written about his experience with prescription opioids: "At first they were a lifeline. Now they are a noose around my neck." Since his passing, Judy founded the [Steve Rummeler Hope Network](#) to heighten awareness of the dilemma of chronic pain and the disease of addiction, and to improve the associated care process.

MIKE

Mike grew up in a blue-collar family, playing street hockey and pickup football in local parks. He was a good student and excelled as a three-sport varsity athlete in high school. During his senior year, he had surgery to repair a broken wrist from a hockey injury. Following his surgery, he was prescribed an opioid pain medication. Shortly after, his wisdom teeth were removed, and he was given another prescription for opioids. Mike believes he became addicted within three to six months of starting the second prescription. He did not realize his prescription opioid use had progressed to the point of addiction until he became sick from withdrawal after forgetting to bring his prescription on a family vacation. From then on, he continued taking prescription opioids, not to treat pain, but to avoid the symptoms of withdrawal. He recalls that during this time, he completely lost sight of his goals and the things he once loved.

After multiple detox attempts, Mike overcame his addiction and is now thriving in recovery. He returned to school, earned his bachelor's degree, and is currently pursuing a graduate degree. Mike is a certified intervention professional and the founder of *Wicked Sober*. His business is a Recovery Centers of America Company that assists those struggling with drug and alcohol dependency with achieving recovery.

NOAH

Noah has fond memories of his childhood and the close relationship he shared with his father, Rick. Noah recalls that his dad lived life to the fullest. He worked hard and enjoyed entertaining his colleagues and friends. Noah was aware that his father's social lifestyle involved drinking and smoking cigarettes, but it never seemed to be in excess. Noah and his brother felt no cause for concern at first, but then began to notice that pills were missing from their own prescriptions for opioid pain medications received for back pain and dental work. Still, Noah says he and his brother didn't address this with their father, as he wasn't showing signs of drug misuse or addiction.

Suffering from other health issues, Rick was hospitalized in his mid-50s after suffering minor strokes, and although the doctors weren't sure what had caused his stroke and collapse, opioids were found in his system while at the hospital. Afterward, Noah tells of his father adopting a healthier lifestyle, however, two years later, Rick was found unconscious in his home with prescription opioids in his system. Rick died in the hospital at age 58.

TAMERA

Tamera believes she became addicted to opioid pain medications within a year of being prescribed them to manage chronic severe headaches. She began requiring stronger and larger doses to experience the same effects the opioids once provided. She sought out prescriptions from multiple doctors before resorting to purchasing pills on the street. Her career, her home, and a significant amount of retirement savings were all lost to her addiction. Tamera was eventually forced to give up custody of her son, who went to live with his father, so that she could attend detox and fight for her recovery.

After a number of years, Tamera was able to overcome her addiction. She still experiences residual health problems due to prescription opioid abuse, including hearing loss, digestive issues, and throat damage that has affected her voice. Tamera works at [Hope House](#), and she recently became a Certified Addiction Recovery Empowerment Specialist (CARES) through the Georgia Council on Substance Abuse, so she can help others overcome their struggles with addiction.

TERESA

Teresa describes her brother RJ as an incredibly bright, creative, and talented writer. She and RJ were especially close growing up and as young adults, until RJ's prescription opioid addiction took hold and eventually took his life at the age of 32. As a teen, Teresa says RJ would often host parties when their mother was away, relying on Teresa to keep it a secret. Not wanting to betray her big brother's trust, she kept his secrets safe, and continued to do so even after RJ began using prescription opioids nonmedically.

RJ's addiction led to car accidents, an arrest, and multiple failed attempts at treatment facilities. He eventually enlisted in the military in an effort to get himself back on track. He served in Iraq in 2006, and returned home still struggling with his addiction. He remained sober for six months before his final relapse and the overdose that caused his death. Following his passing, Teresa found RJ's diary, which was her first true look at his suffering and struggle. Teresa has become an advocate for drug use awareness and policy change. She is the co-founder of [Speak Up Florida](#) and is an ambassador for [Shatterproof](#).