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Focus Testing of Opioids Public Education Campaign on Stigma Executive Summary

Prepared for Health Canada

Supplier name: Earnscliffe Strategy Group
Contract number: HT372-183031/001/CY
Contract value: \$74,992.45 (including HST)
Award date: August 17, 2018
Delivery date: October 16, 2018

Registration number: POR 034-18
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Ce résumé analytique est aussi disponible en français.

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October 2018

This public opinion research executive summary presents the results of focus groups conducted by Earncliffe Strategy Group on behalf of Health Canada. The research was conducted in September 2018.

Cette publication est aussi disponible en français sous le titre : Mise à l'essai d'une campagne de sensibilisation du public sur la stigmatisation à l'égard des opioïdes.

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Catalogue Number:

H14-281/2018E-PDF

International Standard Book Number (ISBN):

978-0-660-28429-3

Related publications (registration number: POR 034-18):

H14-281/2018F-PDF (Final Report, French)

ISBN 978-0-660-28430-9

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EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the focus group testing of the department’s public education campaign to address stigma associated with problematic opioid use that creates barriers for individuals seeking treatment.

Health Canada is planning a national public education campaign to help address stigma, to prevent opioid overdoses and related deaths, and reduce harm related to problematic opioid use. The contract value for this research was \$74,992.45, including HST.

The objectives of the research were to test the creative concepts for the opioid paid advertising campaign, gather insight from the target audiences, elicit suggestions for potential changes and identify preferred sources and methods of receiving information. Feedback from the research will help Health Canada ensure that the public education campaign will be supported by robust and sustainable messaging, creatives and concepts, and that funding allocated towards public education activities will be spent responsibly and effectively.

To meet the objectives, Earnscliffe conducted qualitative research. The research included a series of ten focus groups across five cities – Toronto (September 11); Halifax (September 12); Edmonton (September 12); Montreal (September 13); and, Vancouver (September 13). In each city, the first group was conducted with men aged 20-39, and the second was conducted with members of the general population. All groups in Montreal were conducted in French. In each city, focus groups began at 5:30 pm and 7:30 pm. The sessions were approximately two hours in length.

It is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.

The key findings from the research are presented below.

- **Awareness of the term ‘opioids’ was fairly high although familiarity/knowledge about the subject was low and those who had heard the term before did not seem to have a single common understanding.**
 - Men 20-39 and those in Western Canada (Edmonton and Vancouver) were more familiar with the term.
 - Those who were more knowledgeable mentioned specific drugs/prescription medicine, while those less knowledgeable often associated the term with street drugs.
- **Participants accepted that there is an opioid crisis in Canada, but their understanding of what that entails, its severity and relevance varied.**
 - There was a sense that the issue is more prevalent in Western Canada, particularly Vancouver.
 - Many often had the sense that the people suffering from problematic opioid use tended to be people in the worst situations already – descriptions or adjectives included “homeless”, “drug users”, struggling, etc. Ironically, this stereotyping is part of the reason why stigma is a barrier.

- **While there was unanimous agreement that the Government of Canada should address the opioid crisis, many felt that talking about stigma was not the primary message to tell Canadians.**
 - Again, this was more acute among men 20-39.
 - Many felt the public needed to hear first what the Government of Canada is doing to reduce harm and help people recover.
 - Some felt the messages shifted blame to the general population, which was off-putting for those who felt they have actually done nothing wrong and can do little to alleviate the crisis.
- **Participants were reluctant to self-identify as stigmatizing, including those who used stereotypes that are stigmatizing.** The discussions demonstrated both the existence of stigma and the barrier to communicating effectively to reduce the stigmatizing behaviour.
 - This disconnect appeared to be rooted in their understanding of who needs help. Participants tended to be fairly sympathetic of people at risk (e.g. homeless populations, drug users, etc.), and therefore did not feel they were stigmatizing those people. They did not immediately think of the people within their social circle who may develop problematic opioid use as a result of using a prescription drug.
 - At the same time, there was widespread acknowledgement that it is, or would be difficult, to tell people you have an opioid use disorder, precisely because of the stigmatizing reactions that would likely be caused.
- **The concepts generated mixed reactions. All appealed to different people, which suggests this might not be a one-size-fits-all campaign.**
- Concept 1 proved compelling to some based on the statistic used prominently in the ad (4,000 deaths). The statistic clearly conveyed the breadth of the problem and participants appreciated the direct call to action.
 - Participants were confused about the main message: that this could happen to anyone was being communicated before messages about treatment and harm reduction.
 - A few understood and appreciated the artistic portrayal of the dots, others found them distracting to the point that they were concentrating so hard on the dots that they missed the oral cues (including the reference to 4,000 opioid deaths).
 - Finally, the majority felt the concept was aimed at an “older” audience – neither youth nor young adults.
- Concept 2 generally received positive ratings, although reactions were somewhat polarized. Those who liked it appreciated the testimonial approach, which was more personal and conveyed the message that “this story could be yours.” This concept also more clearly demonstrated a path to problematic use that might justify telling all Canadians to stay vigilant and make sure they are not helping anyone form an emotional barrier to seeking help. Those who did not like this concept found the testimonials too dramatic/overdone, and felt they preyed too heavily on viewers’ emotions to make them feel guilty when it was not necessary to do so.
- The pace and clarity of Concept 3 were its strongest elements. Participants very clearly understood the main message – a person in your life may inadvertently develop problematic opioid use. The tempo, music, and announcer’s voice contributed to the sense that this concept was short and to the point. Participants pointed out the diversity of people shown in the concept but felt even more diversity could be shown.
 - Despite the positive reactions to this concept, some remained resistant to the notion of their own responsibility and still did not accept the message that this really could happen to anyone.
- Many participants, particularly men under 39, preferred shorter taglines, irrespective of the message. There was also a sense that mentioning stigma was not necessary and that leaving it out might help avoid a judgmental tone.

- The following taglines were the most popular: *Know More. Get the facts about opioids. Together we can stop stigma.*; and, *This story could be yours. Stop stigma. Make a difference.*
 - Those who would rather the government communicate about the severity of the crisis and what they are doing to address it tended to prefer *Know More. Get the facts about opioids. Together we can stop stigma.* Those who did not feel mentioning stigma was appropriate also proposed removing the last sentence.
 - Participants who preferred *This story could be yours. Stop stigma. Make a difference.* appreciated that the message implied this could happen to anyone, and felt the tagline fit well with Concept 2.
 - Many were not comfortable with the use of a hashtag in the tagline.
- Participants expressed that ads would be most likely to reach them on social media. Some men 20-39 mentioned that television ads, particularly on sports channels, could also be effective.

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: HT372-183031/001/CY
Contract award date: August 17, 2018

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Signed:



Date: October 16, 2018

Doug Anderson
Principal, Earnscliffe