When We Talk about Opioids

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When we talk about opioids, what are we really saying?
The opioid crisis has become a catch-all to classify a lot of discussions and the coverage and conversations easily can miss the point, feeding into loaded tropes.

But this crisis doesn’t exist in a vacuum, and its coverage is influenced by prior drug and health epidemics.

Today’s webinar seeks to arm hospital communicators and clinical leaders with the tools to shift the discussion away from the blame and shame and toward solutions and recovery.
Some familiar—yet troubling—examples

- Terminology
  - Using “addict” vs. “person with…”
    - *Dopesick* (excerpt)
    - *Inquirer* lexical changes
    - Teens
    - HuffPo
  - “Babies born addicted…”
    - WESA
    - PennLive

- Treating addiction as a moral failing

- Medical issue or law enforcement issue?

- The crisis as entertainment
  - “Live PD” (3 million views)
  - “Intervention” (description, *Inquirer* story)
Disrupting stigma and bad coverage

• Address the crisis head-on with honesty and compassion
  • Allow for moments of vulnerability, acknowledgement of the human toll
  • Take opportunities to talk about solutions arising from lessons learned
  • Dealing with physician shame/guilt

• Have an open dialogue with members of your hospital family about the way that some members of the health care community/those working in hospitals may view and treat patients with an SUD
  • Staff are some of the best ambassadors; make sure they are heard
Tips for conversations about opioids

- Reach out and talk to reporters *before* they call you about their next article
  - Positive stories to pitch—Tower best practices
  - If possible, provide in-person access for reporter discussions or facility tours
  - Use background conversations to give context about access to treatment, projects, and barriers

- Include this topic in your hospital’s crisis communications plan—integrate high-profile opioid-related stories into your scenarios
Tips for conversations about opioids

• Best spokespeople—Tower best practices
  • Emergency department physicians
  • Program champions
  • Behavioral health providers

• During difficult interviews—or to counter uncompassionate or incorrect coverage—emphasize patient-centered care, champion collaborative solutions
  • Tower best practices
Three things to keep in your back pocket

1. **Addiction is a disease, not a moral failing and there is no one-size-fits-all treatment that works for each patient.** Patients need access to a lifetime of support and physical *and* behavioral health care, including naloxone, MAT, and inpatient and outpatient services, based upon their individual needs.

2. Pennsylvania’s hospitals are partners in ending the opioid crisis. We applaud the Governor and his Administration’s continuous focus on opioid treatment, and are **committed to ongoing collaboration with national, state, and local governments and organizations to respond to each community’s unique needs**.
Three things to keep in your back pocket

3. Pennsylvania's hospital community is taking the lead to treat current patients, expand access to treatment, reduce the supply of opioids in our communities, and prevent overdoses. Examples include:
   - Managing pain expectations
   - Prescribing guidelines
   - Drug takeback boxes in the community
   - Developing warm hand-off protocols
   - Partnerships to place county government staff in emergency departments to provide overdose patients with additional resources while they receive treatment
Collaborative solutions to change the narrative:
HAP’s Opioid Learning Action Network
What is it?

• HAP’s Opioid Learning Action Network (LAN) is a two-year learning collaborative open to all Pennsylvania hospitals.

• The LAN is funded by Bloomberg Philanthropies, which announced last year that it would award $50 million in grants across several states to combat opioid addiction. Pennsylvania was selected as the first state to participate in the initiative.

• The LAN will be administered by Vital Strategies and evaluated by Johns Hopkins Bloomberg School of Public Health. The Pennsylvania College of Emergency Physicians will serve in an advisory capacity for the project.
Sharing resources and best practices

• The opioid crisis touches every one of us. Through HAP’s Opioid LAN, hospitals are working together to share ideas and best practices to help patients across the state receive the evidence-based treatment they need to recover.

• It is designed to demonstrate that, by working together, hospitals can adopt evidence-based best practices to address this tragic public health problem and save lives.
Sharing resources and best practices

• The LAN will provide members with opportunities to engage in collaborative learning through:
  • Annual in-person meetings
  • Regional gatherings with facilitated information sharing
  • Webinars and other distance learning technologies
  • Collaborative website, metrics, and performance tracking
  • Office hours and virtual small group discussions

• Through the LAN, Pennsylvania hospitals are breaking down silos, sharing information, and building understanding—with the common goal of ending the opioid crisis
Questions and Discussion

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