

**Alberta Health Services (AHS) Drug Safe Opioid Campaign:  
A Public Health Risk Communications Analysis**

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The opioid crisis in Alberta is a “public health crisis ... A complex issue that requires a multifaceted approach including awareness, treatment, harm reduction and addressing organized crime” (Government of Alberta, 2018a). The Alberta government has been formally responding to the increase of opioid-related deaths since March 2015. The Chief Medical Officer of Health began leading an urgent opioid response in October 2016 (Government of Alberta, 2018c). In the first half of 2018, 355 Albertans died from accidental opioid overdoses and in 2017, 678 died. By September 1, 2018 (CBC, 2018a), an average of two people died each day from opioid overdoses in Alberta.

**Alberta Health Services Background**

Alberta Health Services (AHS) is the provincial health authority responsible for planning and providing health supports and services for four million Albertans. Its mission is “to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans” (AHS, 2018b). Alberta Health Services was Canada’s first province-wide, fully integrated health system. Today the organization has 110,000 employees and 10,300 physicians (2018a). The organization runs programs and services at over 650 facilities including hospitals, clinics, continuing care, cancer centres, mental health facilities and community health sites. Alberta Health Services delivers medical care on behalf of the Government of Alberta Ministry of Health as the largest single health authority in Canada (Wikipedia, 2018).

### **AHS Drug Safe Opioid Campaign**

On January 28, 2018, Alberta Health Services announced a new province-wide opioid awareness campaign that included new train advertising wraps in Edmonton and Calgary, radio spots and posters on post-secondary campuses, restaurants and bars. The campaign was developed with the Alberta Government as part of the Chief Medical Officer of Health's Opioid Emergency Response Commission designed to help Alberta respond to the ongoing crisis (Government of Alberta, 2018b). This Commission was created in May 2017 under the Opioid Emergency Response Regulation in the Public Health Act and focuses on six strategic areas: harm-reduction initiatives; treatment; prevention; enforcement and supply control; collaboration; surveillance and analytics. In the first quarter of 2018 there were 158 apparent accidental poisoning deaths related to fentanyl-laced opioids in Alberta. Eighty-eight per cent of these deaths occurred in larger urban municipalities including: Edmonton, Calgary, Red Deer, Grande Prairie, Fort McMurray, Lethbridge and Medicine Hat (Alberta Health, 2018a). The campaign's identified target audience were Albertans in the Calgary and Edmonton zones particularly. The Drug Safe campaign sought "to reduce harm and stigmas while increasing awareness of supports that can help reduce the tragic impact of opioids" (AHS, 2018). The campaign ran messages about overdose prevention and resources available for illicit opioid users (Calgary Herald, 2018). Light rail transit trains in both Edmonton and Calgary were wrapped for March 2018 with the campaign's distinctive yellow and black signage, directing observers to the DrugSafe.ca website. The website gives information on how to spot an overdose, the Save Me steps (with naloxone being administered), how to get naloxone and other support resources (AHS, 2018c). Campaign messages included calls for individuals to equip themselves with naloxone anti-overdose

medication and to not let family or friends use drugs alone. It encouraged Albertans to learn about naloxone, rescue breathing and other harm-reduction measures (Calgary Herald, 2018). This \$700,000 campaign was developed by: consulting families who have lost loved ones to overdoses; 31 relevant organizations' input; and, testing in four focus groups with Albertans from both rural and urban areas.

**The campaign was disseminated through:**

- Radio – FM advertising in 23 markets around Alberta, plus streaming services including Spotify;
- Social Media – will deliver more than 10 million impressions across Alberta, using dozens of different live and static executions;
- Transit – Edmonton and Calgary transit posters and train takeovers;
- Billboards – 40 billboards in seven major markets around Alberta (urban and rural);
- Post-secondary Campuses – posters / advertising at 19 campuses around Alberta;
- Restaurants / Bars – 140+ locations, around Alberta – posters and full washroom takeovers (Alberta Health Services, 2018a)

Overall, the Drug Safe campaign encouraged “all Albertans to be partners in opioid response” with its bold, hard-to-miss advertising in yellow and black throughout the month of March 2018 (AHS, 2018a; see Appendix 3). The following analysis will evaluate the effectiveness of Alberta Health Services' Drug Safe opioid awareness campaign in increasing the target audience's perceived self-efficacy to respond on an individual level, thus preserving life.

## Literature Review

This literature review is organized by the following themes with public health risk communication: contemporary challenges; the role of theory in developing effective campaigns; the impact of an audience's perceived self-efficacy; and, best practices. Adil (2008) was Medical Director of the Care Quality Commission Establishment Team in England's Department of Health. He worked to develop a Risk Based Regulatory System for the public and independent health and social care sector. Adil examined issues of communicating public health risk with modern and effective risk communication as a two-way, rather than one-way, process. He recommends that a proactive and systematic risk communication strategy should be based on the prior understanding of the public's perception of risk. Challenges in this include: the organization's (prior) performance, availability of expertise and establishing regulators or government trust. The main objective of risk communication "is to provide individuals or communities with sufficient information to help them make informed choices ... about the consequences of the risk" (p. 366). This process provides an opportunity to bridge communication and knowledge gaps between the experts, public and relevant organizations to build mutual understanding. This mitigates the possibility of a risk information vacuum occurring between an expert or scientific assessment of risk and public perception of risk. Adil explains that "risk perception involves people's beliefs and understanding within their cultural and social context, including their previous experience and knowledge about that particular risk" (p. 367). Audiences want to be informed of precautions they should personally take and what action those in authority intend to take. Adil says public health risk communication must: accept and involve the public as a legitimate partner; plan carefully and evaluate efforts; listen to the

public's specific concerns; be honest, frank and open; coordinate and collaborate with credible sources; meet the needs of the media; and, communicate clearly and with compassion (p. 368).

Fishbein and Cappella (2006) explored the relevance of behavioural theory with communications promoting healthy and / or altering unhealthy behaviours using data with smokers' intentions to continue or quit. They argue that behavioural theory frameworks help identify beliefs that should be targeted in persuasive communication. The article cites Fishbein's (2000) integrative model of behaviour: an attempt to combine multiple theoretical perspectives on factors that drive particular behaviours (see appendix 1). This model suggests three determinants of intention with behaviour: attitude; perceived norms; and self-efficacy (p. 53). The authors recognize the definition of a behaviour involves several elements, including the action, the target and the context. When properly applied, theories of behavioural prediction and change allow critical belief underlying a person's intention to perform (or not perform) any given behaviour to be identified.

Bakker, Kertsholt and Giebels (2017) conducted a study to gain insight into the combined effects of risk and crisis communication on adequate behaviour in a crisis situation by examining psychological factors of decision-making. Through effective risk communication, participants in this study were willing to help when confronted with a crisis situation. Bakker et al. found information about risks gives a person some sense of control over a threatening situation. Using a receiver-orientated approach is best: information is presented in a brief and clear way about relevance of the risk, paired with information about specific and meaningful actions. The authors found risk communication helps clarify self-efficacy in ambiguous situations by giving

actionable advice, more so than giving instructions on how not to act. Providing accurate and understandable harm-reducing information makes the target audience experience more satisfaction and acceptance of the message. Ultimately, the authors found that risk communication before and during a crisis situation both affected behaviour during a later crisis situation.

Moon (2010) examined the effect of self-efficacy statements in humorous anti-alcohol abuse television advertisements on college students. He suggests that health promotional messages should be tailored to this at-risk audience in a manner that not only gains their attention, but also minimizes possible defensive reactions to the given messages. “Humour tends to elicit heuristic information processing ... diminishing feelings of a threat presented in messages”, reducing target audiences’ defensive mechanisms to “enhance susceptibility to a recommended action in health communication messages” (pp. 639 – 640).

Murakami, Tsubokura, Akiba and Chi (n.d.), using nudge theory and examples of risk communication used after the Fukushima nuclear disaster, discuss influences and justifications of risk communication. People can be influenced (i.e. ‘nudged’) to make decisions based on their personal value systems, depending on how risk communication takes place. Murakami et al. provides three suggestions for practitioners: (1) learn the impact of a method of risk communication and a system’s default design; (2) clarify the purpose and outcomes of risk communication; and, (3) find what risk communication is ethically unjustifiable. Nudge theory was found to determine an individual’s choice to engage in a situation, based on how a message

is received and how one's perceived self-efficacy is thus influenced. Understanding how audiences receive risk communication messages is vital to any campaign's success.

The World Health Organization (WHO, 2017) developed guidelines for effective worldwide, cross-cultural public health campaigns; as is the nature of the organization. All communication "must be accessible, actionable, credible and trusted, relevant, timely and understandable" (pp. i – ii; see appendix 2). Key audiences for the WHO (and all public health risk campaigns) are: individuals making decisions about their own health or for their families; health care providers; policy-makers at national and sub-national levels; communities; international organizations and stakeholders deciding about funding or implementing health programmes (p. 3). Referring to WHO's guidelines can increase the impact of risk communication campaigns in multicultural countries, such as Canada, to reach various demographics and thus, the general populous when confronting public safety issues.

### **AHS Campaign Analysis**

Alberta Health Services followed Adil's (2008) recommendations perfectly by accepting and involving the public as a legitimate partner through the campaign by consulting families who have lost loved ones from overdoses. The focus groups they conducted with Albertans also helped fulfill this by tailoring the campaign to the public's specific concerns. Alberta Health Services was honest, frank and open throughout the campaign by acknowledging the opioid crisis with campaign messaging: "We won't ignore opioids. We can save lives" (see Appendix 3). Instead of using fear tactics, AHS gave the public credible information by partnering with the Government of Alberta and consulting 31 other organizations. Alberta Health Services also met

the needs of the media by providing video, photo and interview opportunities at the campaign announcement on January 29, 2018, as well as news releases and ongoing updated numbers (i.e. naloxone kits distributed, deaths from opioids in the province, etc.) AHS obviously considered their audience's attitude, perceived norms and self-efficacy as determinants of intention with current behaviour to effectively tailor campaign messages (Fishbein & Capella, 2006). Ultimately, AHS communicated clearly and with compassion to their audiences: influencers (i.e. family or friends) of those with an opioid addiction; the general public; and, users themselves as tertiary.

Through the campaign, fear tactics are not used to communicate risk and a risk information vacuum was never allowed to form, mitigating panic. The consequences of opioid risk are communicated effectively throughout by providing actionable advice, so the audience can make informed choices. This follows Bakker et al.'s (2017) findings that effective risk communication campaigns present information in a brief and clear way about relevance of the risk, paired with information about specific and meaningful actions. Using campaign materials, traffic was driven to the DrugSafe.ca website to inform audiences and increase their self-efficacy. Following Murakami et al. (n.d.) findings, AHS's campaign nudged an individual's choice to engage in a situation by offering actionable advice and accessible ways to increase one's self-efficacy. The messages for at-risk audiences gained attention, while minimizing defensive reactions, following Moon's (2010) recommendations. Alberta Health Services has also clearly communicated what precautions they are taking to protect Albertans from the opioid crisis, including supervised consumption services (safe injection sites) in Edmonton, Calgary, Lethbridge and Red Deer as part of their "harm reduction approach" (AHS, 2018e). This

campaign also follows WHO's best practices for public health risk communication by incorporating key audiences. The broad scope of the campaign was reminiscent of it being a province-wide public health risk communications effort. This was well executed by strategically choosing mediums to suit multiple age groups and occupations to deliver campaign messages. Overall, AHS expertly bridged communication and knowledge gaps between leading experts, the general public and organizations in combating the provincial opioid crisis. However, there was some campaign inconsistency noted on AHS's social media channels. Some opioid awareness campaign messages were on a bright pink background, rather than the characteristic black and yellow. This wasn't found often but is a noted weakness. The DrugSafe.ca website wasn't listed on every campaign material either, and as this is the key point of information for audiences, this was gravely remiss. Therefore, I would recommend to AHS that the branding of a campaign stay consistent to promote maximum brand recognition for audiences.

### **Outcomes**

The Alberta Health (2018a) report on Opioids and Substances of Misuse for January to March reports 158 apparent accidental poisoning deaths related to fentanyl in Alberta. This is compared to 183 deaths from October to December 2017 and 160 of these deaths in April to June 2018, post-AHS opioid awareness campaign (Alberta Health, 2018b). As of October 31, 2018 (CBC, 2018b), Alberta Health Services reported that over 100,000 take-home naloxone kits were distributed province-wide since January 2018. Since the launch of AHS's opioid awareness campaign in January 2018 (campaign materials ran March 2018), opioid-related deaths have been reduced across the province. Particularly in Edmonton and Calgary (the campaign target

municipalities), from April to June 2018 there were 83 and 35 opioid-related deaths, respectively (Alberta Health, 2018b). Therefore, this campaign has been effective in its primary goal of preserving life amidst this ongoing crisis.

### **Conclusion**

I believe that AHS's Drug Safe opioid awareness campaign was a resounding success. It was eye-catching, informative and empowered Albertans to combat the opioid crisis on an individual response level. Alberta Health Services consulted multiple points of information to design an effective campaign to reach target audiences. It was strategic to choose the influencers within opioid addicts' lives and empower them to help these loved ones survive as they navigate their addiction. By being frank, open, honest and informative, AHS has acknowledged the ongoing opioid crisis in a realistic manner and has worked to be proactive; preserving both life itself and the overall quality of life for all Albertans.

## References

Adil, M., (2008). Risk communication in healthcare: An overview. *Journal of Communication in Healthcare* (1)4, 363 – 372.

Alberta Health (2018a, May 29). Opioids and substances of misuse: Alberta report, 2018 Q1.

Retrieved from <https://open.alberta.ca/dataset/1cfed7da-2690-42e7-97e9-da175d36f3d5/resource/dcb5da36-7511-4cb9-ba11-1a0f065b4d8c/download/opioids-substances-misuse-report-2018-q1.pdf>

Alberta Health (2018b, August 31). Opioids and substances of misuse: Alberta report, 2018 Q2.

Retrieved from <https://www.alberta.ca/assets/documents/opioid-substances-misuse-report-2018-q2.pdf>

Alberta Health Services (2018a). About AHS. Retrieved from

<https://www.albertahealthservices.ca/about/about.aspx>

Alberta Health Services (2018b, January 29). AHS launches new opioid awareness campaign

[news release]. Retrieved November 9, 2018 from

<https://www.albertahealthservices.ca/news/releases/2018/Page14277.aspx>

Bakker, M., Kertsholt, J., & Giebels, E., (2017). Deciding to help: Effects of risk and crisis communication. *Journal of Contingencies and Crisis Management*.

Calgary Herald (2018). AHS launches new opioid awareness campaign. Retrieved

from <https://calgaryherald.com/news/local-news/ahs-launches-new-opioid-awareness-campaign>

CBC (2018a). 355 Albertans died from accidental opioid overdoses in the first half of 2018.

Retrieved November 13, 2018 from <https://www.cbc.ca/news/canada/calgary/opioid-overdoses-alberta-1.4807611>

CBC (2018b, October 31). Beyond naloxone: use drugs for drug users, Edmonton city committee

hears. Retrieved November 13, 2018 from

<https://www.cbc.ca/news/canada/edmonton/edmonton-1.4886722>

Fishbein, M., & Capella, J.N., (2006). The role of theory in developing effective health

communications. *Journal of Communication* (56), pp. S1 – S17. DOI: 10.1111/j.1460-2466.2006.00280.x

Fishbein, M., (2000). The role of theory in HIV prevention. *AIDS Care*, 12, 273 – 278.

Government of Alberta (2018a). Alberta's opioid crisis response. Retrieved from

<https://www.alberta.ca/alberta-opioid-crisis-response.aspx>

Government of Alberta (2018b). Minister's opioid emergency response commission. Retrieved

from <https://www.alberta.ca/opioid-emergency-response-commission.aspx>

Government of Alberta (2018c). Opioid reports. Retrieved from <https://www.alberta.ca/opioid-reports.aspx>

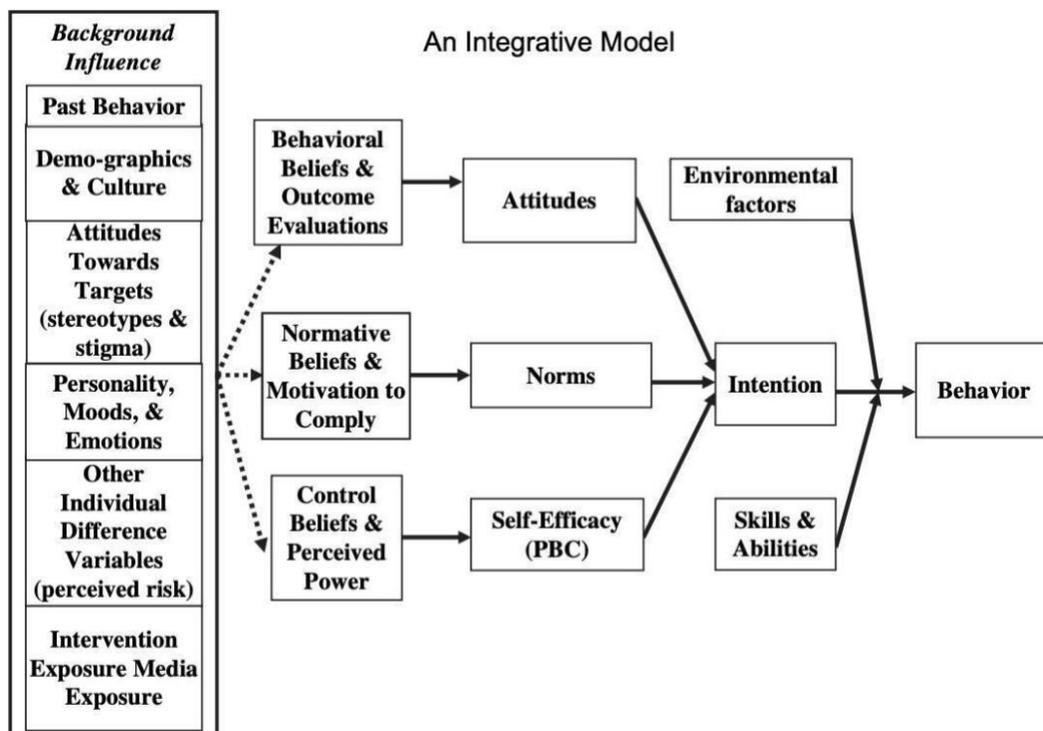
Moon, J.L. (2010). The effects of self-efficacy statements in humorous anti-alcohol abuse messages targeting college students: Who is in charge? *Health Communication*, 25:8, 638 – 646. DOI: 10.1080/10410236.2010.521908

Murakami, M., Tsubokura, M., Akiba, S., & Chi, C. (n.d.). Evaluating risk communication after the Fukushima disaster based on nudge theory. *Asia Pacific Journal of Public Health*, 29, 193S – 200S.

Wikipedia (2018). Alberta Health Services. Retrieved November 9, 2018 from [https://en.wikipedia.org/wiki/Alberta\\_Health\\_Services](https://en.wikipedia.org/wiki/Alberta_Health_Services)

World Health Organization (2017). WHO strategic communication framework for effective communications. Retrieved from [www.who.int/mediacentre/communication-framework.pdf](http://www.who.int/mediacentre/communication-framework.pdf)

Appendix I: Fishbein (2000) Integrative Model of Behaviour



Appendix II: WHO Principles for Effective Communications



## Appendix III: AHS digital campaign materials and campaign announcement



*AHS (2018d). Member of Legislative Assembly of Alberta for Calgary - Acadia, Brandy Payne announcing the AHS campaign at the Calgary Transit maintenance facility on January 29, 2018.*