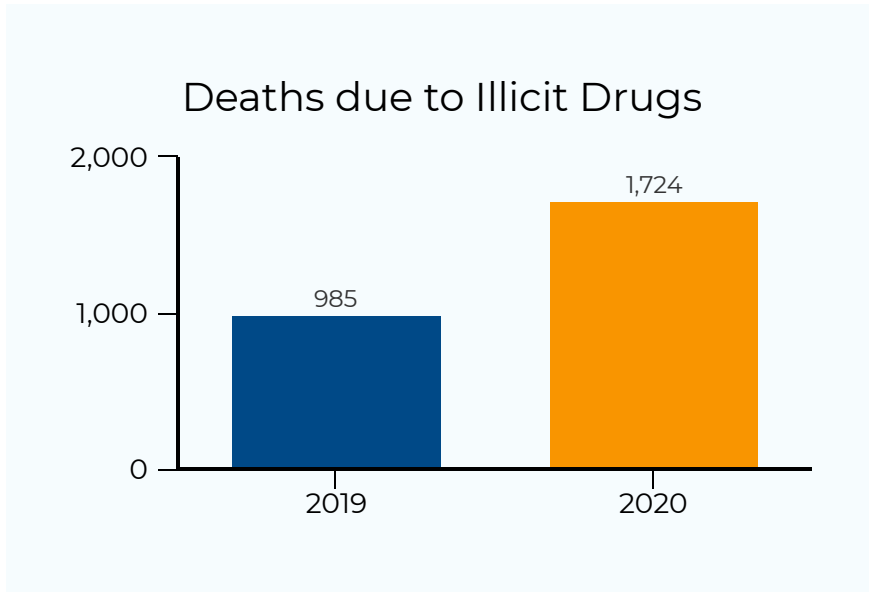


COMMUNICATING DRUG ALERTS

The illicit drug supply in British Columbia (BC) has become increasingly toxic since 2013 due to fentanyl adulteration. In response, drug and overdose alerts are issued when adulterated drugs are identified and/or drugs are causing unexpected overdose responses within particular regions in BC.



The need for effective drug alert communication is even more apparent within the context of COVID-19.



From 2019 to 2020 there was a **75% increase in deaths** due to illicit drug use.

- Services for people who use drugs (peers) are less available.
- Peers are using drugs alone more frequently due to physical distancing orders and concerns about COVID-19 infection.
- Illegal drugs are increasingly unpredictable and toxic due to border closures.

The following outlines recommendations from an analysis of interviews with 30 peers, and a focus group with five health service providers, building on previous research on drug alert communication in BC.

PREFERRED MODES OF COMMUNICATION

Peer Social Networks

Important sources and means of spreading information relating to adulterated drugs.

Dealers

Extended buyer-seller relationships engender trust, and dealers are considered reliable sources of unadulterated drugs and information on potency.

Poster Alerts

Contains useful information. Peers reported altering drug use behaviours after seeing posters (e.g., smoking instead of injecting).

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COMMUNICATING DRUG ALERTS

PREFERRED MODES OF COMMUNICATION

	Strengths	Limitations
WORD OF MOUTH 	<ul style="list-style-type: none"> Reaches people that may not engage with services, have limited access to technology (e.g. cell phones, computers, internet), or may not be able to read. Cultivates a sense of ownership, caring and community; allows peers to personalize information (e.g., through story) to convey risk. Contextualizes trends in the data (e.g., spikes in emergency service calls). 	<ul style="list-style-type: none"> Communication breaks down, especially in rural and remote communities. Information may be delayed and altered as it spreads. Can be easily disrupted (e.g., COVID-19).
SOCIAL MEDIA 	<ul style="list-style-type: none"> Identified as a preferred method amongst younger peers. Potential to reach broader audience, including people who hide their drug use. Easy to keep information current. 	<ul style="list-style-type: none"> May compromise anonymity. Older generations may be less comfortable using social media. Limited to those with access to technology.
TRADITIONAL MEDIA 	<ul style="list-style-type: none"> Targets a broad audience, including both peers and people who do not use drugs. 	<ul style="list-style-type: none"> Less likely to reach younger generations. Less likely to reach those who are precariously housed/homeless.
ELECTRONIC COMMUNICATION 	<ul style="list-style-type: none"> Several peers suggested push notifications similar to emergency alerts (e.g., extreme weather warnings). 	<ul style="list-style-type: none"> Limited to those with access to technology. Possible barrier for those who have difficulties keeping the same phone. Concerns over privacy and anonymity (e.g., notification banners).
POSTERS 	<ul style="list-style-type: none"> Easily accessible especially for those with limited access to technology. 	<ul style="list-style-type: none"> Difficult to keep up to date; lead to potentially conflicting information. Labour intensive to distribute.

ADDITIONAL CONSIDERATIONS

- Use multiple modes of communication to target different peer demographics (e.g., social media for youth) and provide in multiple languages.
- Include bold font and graphics to grab attention, and help convey message. Graphics can improve access for those that may be unable to read. Use alt text to make alerts more accessible for blind and visually impaired peers.
- Create opportunities for peers to peers to be involved in alert messaging, and provide feedback.
- Avoid abstinence language and words such as "bad" which confers judgment. Words such as "strong," "potent," "overdose," and "bad" can also signal potency and may encourage some to seek these drugs out.
- Highlight ill effects of adulterated drugs by using phrases such as "withdrawal" and "dope sick," because the fear of withdrawal outweighs the fear of overdosing.
- Incorporate calls to action and provide information on relevant and available services in the surrounding area, making sure to include notable landmarks and/or directions.

