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Emerging Best Practices in the Design and Dissemination of Public Drug Warnings

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Overview

The purpose of this report is to outline emerging evidence on developing and issuing drug warnings¹ to inform the practices of organisations that issue them across Australia.

Drug warnings aim to:

- Alert people who use drugs and the public about acute and emerging drug threats.
- Inform people who use drugs of harm reduction strategies to reduce risk.
- Increase awareness amongst professional groups and networks who may need to respond.
- Facilitate information sharing among stakeholders.
- Reduce incidence and impact of drug related harms (1).

Much of the content in this report has been drawn from projects conducted and published in 2023:

- The European Union Drug Agencies (EUDA) review of risk communication for drug checking services (2).
- The Informing Drug Alerts in Australia (IDAA) survey (3)
- A co-design project on drug alerts that engaged Australian alcohol and other drug service providers (1, 4).

We present this report with recognition that people who use drugs have long demonstrated care for each other and play a vital role in alerting each other to concerns regarding drug supply. People with lived experience must be included at all stages of issuing a public drug warning.

¹ The term ‘drug warnings’ includes public drug warnings, drug alerts, and drug related community safety notices. Different terminology is used across jurisdictions nationally.

Summary

- Trust in the credibility of an agency issuing a drug warning is imperative. Peer-led organisations and drug checking services are regarded by people who use drugs as credible and trustworthy organisations.
- Peer-led organisations and people with lived and living experience should be involved at all stages including but not limited to the design and dissemination of drug warnings.
- Segmenting audiences, developing message templates for audience tailored messages and pre-testing messages prior to the emergence of a drug threat may bolster alert effectiveness.
- Drug warnings should use plain language and include appropriate technical specificity such as details of the substance identified and if relevant, transparency about unknown information and ongoing investigations.
- Drug warnings should use person first language, meaning that people who use drugs should be referred to as people who use drugs and not “drug users”.
- Drug warnings should promote action-oriented harm reduction and health care strategies that are strengths based and tailored to diverse groups of people who use drugs.
- Delivering the same overall message in a variety of ways, across several mediums and platforms (online, print, social media, SMS) is recommended. Engaging media via a media release may help to reach audiences who do not engage with harm reduction agencies.
- Evaluating lessons learned throughout the process of designing and disseminating a drug warning supports ongoing improvement, transparency, trust, credibility and preparedness.

Evidence on Drug Warnings

Studies conducted among people who use drugs have recorded encouraging findings on self-reported drug warning recall and behaviour change (3, 5, 6). In an Australian online survey conducted in 2023 survey of 567 people who report illicit drug use, 77% of participants reported seeing an alert in the past 5 years, 79% said that they did not try to obtain drugs matching the alert and 58% of people shared the alert with others (3). Very few respondents reported ‘alert fatigue’ as a result of seeing too many drug alerts (3).

The literature on drug warnings and behaviour change suggests that people are most likely to adopt the behaviours suggested by a drug warning when a communication promotes harm reduction strategies (such as those relating to overdose prevention and response) that are action oriented, tangible, aligned with the priorities of people who use drugs and acceptable to the contexts and cultures in which drug use takes place (1-3, 7-10).

Trust, Confidence & Credibility

The credibility of the organisation or person sharing a warning is imperative (1). Studies have indicated that alerts are likely to be read and adopted when they are shared by a peer (11, 12) or disseminated by a peer-led organisation or a drug checking service (2, 3, 13). By contrast, studies have explored instances where drug alerts have incited scepticism or caused people to act against alert advice (14-16). When drug warnings fail to engage with the priorities or realities of people who use drugs, they may be perceived as contributing to stigmatising narratives of personal responsibility, problematisation and be rejected by people who use drugs (15). Overall, the literature suggests that drug warnings should adopt a strengths-based stance and empower people who use drugs with harm reduction education (1-3, 14).

For drug warnings to achieve their aims, people who use drugs must have trust and confidence in the advice of a drug warning and ascribe credibility to the organisation issuing it (1-3). People who use drugs may be wary of healthcare providers without knowledge of drug markets and distrust authorities with narratives emphasising the 'dangerousness of drugs' in a context where drug use is criminalised (1). Organisations deemed trustworthy cultivate trust before the emergence of a drug threat, are invested in dialogue and are perceived to respect community concerns (2). Confidence in drug alerts is founded on the belief that a person's previous trust in the agency issuing an alert was well-placed and the belief that the agency will continue to offer reliable information about drugs in the future (2).

In Australia, community-based organisations, government health departments and drug checking services issue public drug warnings. Evidence indicates that peer-led, community-based organisations are often trusted to provide accurate information about drugs (2). Government agencies may have oversight of the data sources that evidence the need for a public drug warning, such as toxicology from fatal or non-fatal overdoses. Where drug related concerns are identified via government owned data sources, a government issued public drug warning a public drug warning that is issued by or linked to an 'official' source may be perceived as more credible. Jurisdictions may also designate a central platform for issuing warnings arising from multiple data sources. In any scenario, given trust in community-based organisations, it may be useful for this warning to be republished and disseminated by a community-based organisation. All Australian States and Territories have a community based organisation for people who use drugs and evidence supports empowering such organisations to guide the design and dissemination of drug warnings (3).

Process

Issuing a drug alert may be conceived of as a process carried out over phases of [1] preparedness, [2] design & dissemination and [3] evaluation. The following sections outline emerging best practice at each of these phases.

Preparedness

Preparedness refers to activities undertaken prior to the emergence of a drug threat. Essential to alert preparedness are adequate data collection, analysis and moderation processes to detect signals of drug related concerns for public health. Organisations who issue drug warnings may collect and analyse data from various sources, including but not limited to drug checking services (17), emergency department toxico-surveillance programs (18), anecdotal sources (19), police seizures (20) or residue analysis of drug use equipment (21). Reliable access to diverse data sources that can be analysed and shared with minimal time lag supports preparedness.

Central to preparedness is an organisation's cultivation of trust, confidence and credibility among people who use drugs. Preparedness is supported by establishing multidisciplinary and interagency networks which include people with lived and living experience and community organisations for people who use drugs, toxicologists, addiction medicine specialists and public health experts (22-24).

Audience segmentation and message mapping provide a framework for organisations to understand how to tailor communications to effectively reach diverse audiences. Audience segmentation and message mapping may also support preparedness (2). Organisations can support preparedness by understanding the nature and needs of their potential audiences prior to issuing drug warnings. Two tools that may be of use are audience segmentation and message mapping.

Audience segmentation

Audience segmentation is the process of dividing a broad audience into more specific groups with shared characteristics and communication preferences. For drug warnings, this involves delineating diverse audiences of people who use drugs along axes associated with demography, types of drugs used, contexts of drug use, and ideal communication channels or services through which to reach audiences. It should also be recognised that people who use drugs exist on a spectrum from those willing to proactively adopt the strategies recommended by a drug warning to those who may be sceptical or resistant (2). Segmentation exercises should be undertaken with regard for people's overlapping identities as they relate to gender, sexuality, race, culture and disability, with conscious effort taken to include people of diverse identities in audience segmentation, message mapping and pre-testing exercises.

Message mapping

Message mapping is an activity which occurs after audience segmentation and refers to the development of frameworks to support the delivery of the same message in a variety of ways to different segments of a target audience (2). Developing a framework for alert messages and pre-testing messages with diverse audiences of people who use drugs will bolster alert preparedness.

Design & Dissemination

The European Union Drug Agency has identified five interrelated components of drug related risk that influence how agencies may make decisions about whether to issue an alert, the content of an alert and who to target. These factors include [1] the identification of a drug threat, [2] the likelihood that people will be exposed to a drug threat, [3] the nature of harm that may result from a threat, [4] the likelihood that harm may occur and [5] the extent of harm in exposed populations (2). Australian agencies issuing drug warnings should consider these factors when determining whether to issue a warning, designing the warning and disseminating it. Using colours such as red, yellow and white to stratify communications along lines of urgency or risk can be useful to help audiences to quickly understand the level of threat indicated by a communication.

Oversight by a multidisciplinary team comprising people with diverse skills and experience and with representation from community organisations, people who use drugs, toxicologists, clinicians and public health professionals can provide guidance to ensure the situational and contextual relevance of drug warnings (22-24).

Organisations must prioritise the timely dissemination of alerts and their information should be credible (evidence-based), realistic and relatable. Issuing a timely alert in response to a signal of concern is subject to processes associated with data analysis, verification and stakeholder coordination and agency approvals. The establishment of interagency networks (23) and reference groups, such as the Standing Panel on Toxicity Risk in New South Wales (24), can support protocols for timely alert dissemination. Depending on the type and level of threat indicated by a signal of concern, it may be imperative to issue an alert as soon as practically possible, in some circumstances it may be feasible to issue an alert within one day of detection (22).

Essential information

All drug warnings and community notices should contain the following information.

- What is known or not known about a concern.
- The substance that is the subject of concern.
- Where known, what the substance was sold as or believed to be.
- Details about experienced or potential harms relating to the detected substance.
- Transparency about the source of warning information.
- Details about any ongoing investigations.
- The date of the warning or community notice.
- What harm reduction strategies people can enact in response to the warning.

- Links or referrals to more information.

In addition to the essential information listed above, the factors listed in the table below should also be considered, when designing and disseminating public drug warnings.

Language

- Language should be simple, specific, prioritised and clear.
- Warnings should highlight the immediacy of a threat, but language should not alienate or stigmatise people who use drugs and offer specific advice on how to respond to increase the likelihood of people enacting useful responses.
- Australian guidance on accessible health communication recommends writing that is equal to a year 7 level.
- Translating warnings into languages other than English may be required.
- Tailoring language to be culturally appropriate for specific audiences may be required.

Visual components

- Combining text with graphics and other visual elements can illustrate key concepts and recommended actions.
- Visual components such as colour can be used to indicate the severity of a warning.
- A clear image of or a description of the substance should be included where possible.
- Consistent and reliable branding enhances recognition and trust as credibility does not need to be assessed each time an alert is issued.
- The number of organisational logos should be limited to avoid delayed warning recognition and visual clutter and confusion.
- Clear actionable headings with the most important information at the top reinforces urgency and enhances comprehension.

Length & level of detail

- Audience preference for warning length and level of detail will vary.
- The use of different dissemination platforms (email, social media, print) permits the same warning to be issued with different levels of detail.
- To maximise the likelihood of comprehension of key actions, the warning should contain one core message and ideally not more than three messages.

Coordination

- All iterations of one drug warning should contain the same core message.
- If multiple organisations issue a warning, core unified messages should remain consistent.

Dissemination

- To enhance reach, drug warnings should be disseminated on multiple platforms (website, social media, email) and in various formats (electronic, printable) and where feasible in diverse mediums such as audio and video.
- The content format and tone of a warning must align with the platform and communication method selected.
- Websites are critical to risk communication systems because they enable drug warnings to be updated as new information emerges and can segment information into categories of relevance for different audiences.

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