

# Welcome!

*The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.*

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# **Advocating for Change How to Influence Opioid Policy in Your Community**

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# Presenter Disclaimer

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The views and opinions expressed herein are those of the author and do not necessarily reflect those of any affiliated organizations.

# Objectives:

- Identify effective advocacy strategies for influencing opioid-related legislation, funding, and programs.
- Share real-world examples of successful community-led policy change.
- Equip attendees with tools to engage decision-makers, build coalitions, and mobilize public support.

# US National Overview of the Opioid Crisis

- *Historic scale:* The crisis began with prescription opioids in the late 1990s, escalated with heroin in the 2010s, and peaked with synthetic opioids like fentanyl.
- *Recent progress:* 25% drop from March 2024 to March 2025
- *Current toll:* Estimated 80,000 deaths in 2024, down from over 110,000 in 2023.
- *Fentanyl:* Continue to drive the majority of overdose deaths.

## *Resources:*

CDC - Understanding the Opioid Overdose Epidemic - <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

# Key Interventions

Expanded access to naloxone (opioid overdose reversal drug).

Increased availability of medications for opioid use disorder (MOUD).

Growth of prevention programs and community-based responses.


Federal and state investments in data-driven prevention and treatment.

# Challenges That Remain

 More potent, less predictable synthetic opioids.

 Access to treatment is still far too uneven.

 Social determinants and inequities.

 The risk of complacency.

# Moving Forward

- *Invest in prevention upstream.*
- *Expand access to proven treatments.*
- *Scale up prevention programs.*
- *Strengthen policies and funding with accountability.*
- *Open the conversation and fight social labeling.*



An aerial photograph of a vast mountain range, likely the Himalayas, captured during the golden hour of sunset or sunrise. The peaks are bathed in a warm, golden light, while the valleys and lower slopes are in shadow, creating a dramatic play of light and shadow. The sky is filled with soft, wispy clouds, and the overall atmosphere is serene and majestic. The text 'How Policy Decisions Shape the Response' is centered over the image in a bold, dark blue font.

# **How Policy Decisions Shape the Response**

# Understanding the Policy Landscape

Federal Level	State Level	Local Level
<ul style="list-style-type: none"><li>• Legislation and funding.</li><li>• Regulatory Agencies.</li><li>• National Strategy.</li></ul>	<ul style="list-style-type: none"><li>• Licensing and oversight.</li><li>• Prescription monitoring programs (PMPs).</li><li>• Medicaid policy.</li><li>• Legislation.</li></ul>	<ul style="list-style-type: none"><li>• Implementation and innovation.</li><li>• Public health campaigns.</li><li>• Law enforcement and first responders.</li><li>• Community Coalitions.</li></ul>

# Examples of Key Legislation Supporting Substance Use Disorders (SUD) Initiatives

- *SUPPORT Act (2018)* – The SUD Prevention that Promotes Opioid Recovery and Treatment Act expanded access to treatment, recovery services, and telehealth for opioid use disorder.
- *Affordable Care Act (2010)* – Strengthened coverage for mental health and substance use disorder treatment, including parity protections for insurance coverage.
- *Americans with Disabilities Act (ADA)* – Protects individuals with substance use disorders from discrimination in employment and public services.
- *21st Century Cures Act (2016)* – Provided funding for opioid treatment and prevention programs, including support for state-level initiatives.

# Barriers to SUD/Opioid Policy Change

Social labeling  
and  
misunderstanding.

Bureaucratic and  
regulatory  
hurdles.

Fragmented  
policy landscape.

Limited funding  
and misallocation.

Lack of political  
will.

Insufficient  
community  
engagement.

# Community Advocacy in Action

- *HEALing Communities Study (HCS):* It showed that community coalitions can reduce overdose deaths by coordinating local efforts, improving naloxone distribution, and expanding access to medications for opioid use disorder.
- *SAFE Project:* created the SAFE Community Playbook, which is a step-by-step process of how communities can organize, evaluate, and create change. Playbook can serve as your framework walking you through finding the right team to lead your effort, working together to identify your priorities, and finally, putting your work into action.
- *Peer Naloxone Distribution:* Programs where individuals with lived experience distribute naloxone within their communities have proven highly effective. These efforts bypass formal systems and reach people most at risk.

# What Is Implementation Science?



Implementation science studies how to promote the systematic uptake of research findings and evidence-based practices into routine policy and practice.





It focuses on how interventions are adopted, adapted, and sustained in real-world settings.



# Why Policymakers Matter

 Policymakers control the levers of legislation, funding, and regulation.

 Their decisions directly affect whether and how evidence-based interventions are scaled, supported, or sustained.

 Without their buy-in, even the most effective interventions may never reach the populations they're designed to help.

# Key Reasons to Communicate Implementation Science to Policymakers

- *Promotes evidence-informed policy.*
- *Improves adoption and rollout.*
- *Enhances health for all.*
- *Supports policy as a strategy.*
- *Builds trust and collaboration.*



*Resource:*

*Purtle, J., Moucheraud, C., Yang, L.H. et al. Four very basic ways to think about policy in implementation science. Implement Sci Commun 4, 111 (2023). <https://doi.org/10.1186/s43058-023-00497-1>*

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# How to Know What is Important for Policymakers

# Understand the Policy Cycle

*Policymaking typically follows a cycle:*



*Knowing where your issue fits in this cycle helps you time your input for maximum impact*

*Resource: European Commission: 10 steps to reach and inform policymakers - [https://rea.ec.europa.eu/10-steps-reach-and-inform-policymakers\\_en](https://rea.ec.europa.eu/10-steps-reach-and-inform-policymakers_en)*

# Research Their Interests and Values

*Policymakers are driven by:*

- *Constituent needs (what voters care about).*
- *Party platforms (ideological alignment).*
- *Budget constraints (cost-effectiveness).*
- *Re-election goals (visible wins).*



# Monitor Political and Public Discourse

**Stay informed by tracking:**

**Political debates.**

**Policy forums and advisory boards.**

**Media coverage and public opinion polls.**



**This helps you identify trending issues and tailor your message to current concerns.**

# Engage in Stakeholder Consultation

## *Talk to:*

- Legislative aides.
- Advocacy groups.
- Civil servants.
- Community leaders.



# Frame Your Proposal Around Societal Challenges

Policymakers respond best when you:

- Link your findings to real-world problems.
- Offer solutions that are feasible and scalable.
- Highlight economic, social, or health impacts.



For example:

Instead of saying “this intervention reduces substance use,” say “this program could save \$2M annually in emergency care costs and reduce overdose deaths by 30%.”



# Adapt Your Language and Format

## Use:

- Policy briefs with clear recommendations
- Infographics to simplify complex data
- Stories and case studies to humanize the issue

Avoid jargon and overly technical explanations.

Your goal should be clarity, not complexity.

# Ground Your Advocacy in Evidence

Builds credibility  
and trust.

Strengthens your  
arguments.

Influences policy  
and decision-  
making.

Improves  
effectiveness and  
impact.

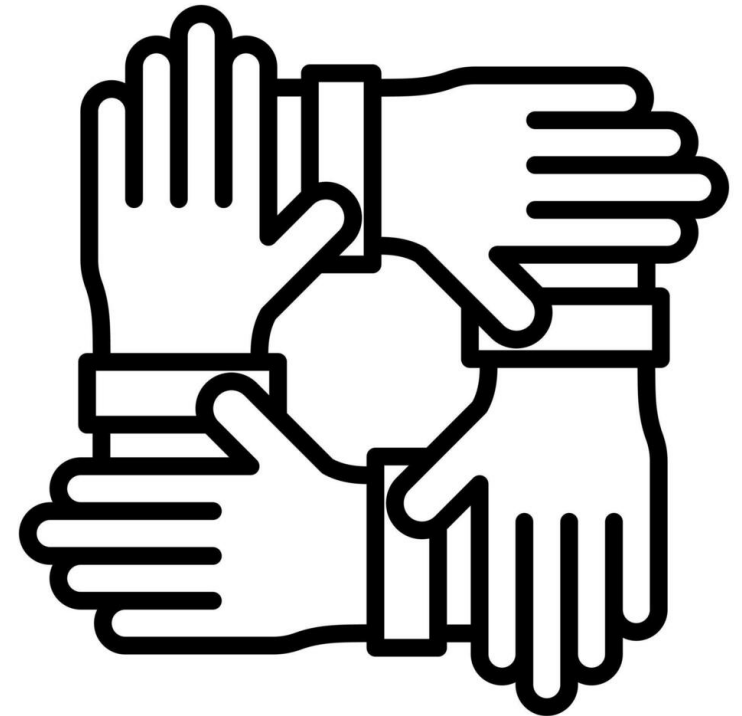
Helps address  
counterarguments.

Promotes ethical  
responsibility

# Build or Join a Coalition

## *Potential partners:*

- People with lived experience & families.
- Physicians, pharmacists, EMTs.
- Faith leaders.
- Recovery organizations.
- Public defenders and judges.
- Teachers and school counselors.





# **Best Practices for Effective Communication with Policymakers**

# Know Your Audience



Understand their roles, values, and constraints. Are they legislators, agency heads, or local officials?




Align your message with their priorities, such as cost-effectiveness, public safety, or equity.



# Build Relationships and Engage Early

 Meet with policymakers or their staff before formal proposals.

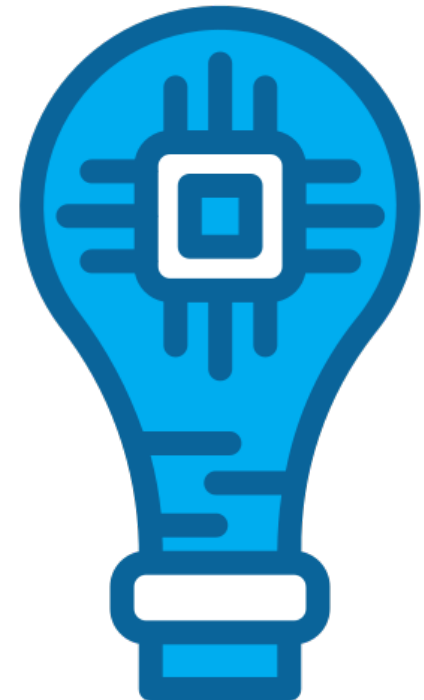
 Listen to their concerns and adapt your message accordingly.

 Follow up with updates and remain a resource.

# Engage Decision-Makers Strategically

## *Effective methods:*

- Request brief meetings (15–20 minutes).
- Attend town halls and committee hearings.
- Submit written testimony.
- Ask precise, actionable questions.



# Use Policy Briefs Strategically

*Keep it short (1–2 pages) and focused.*

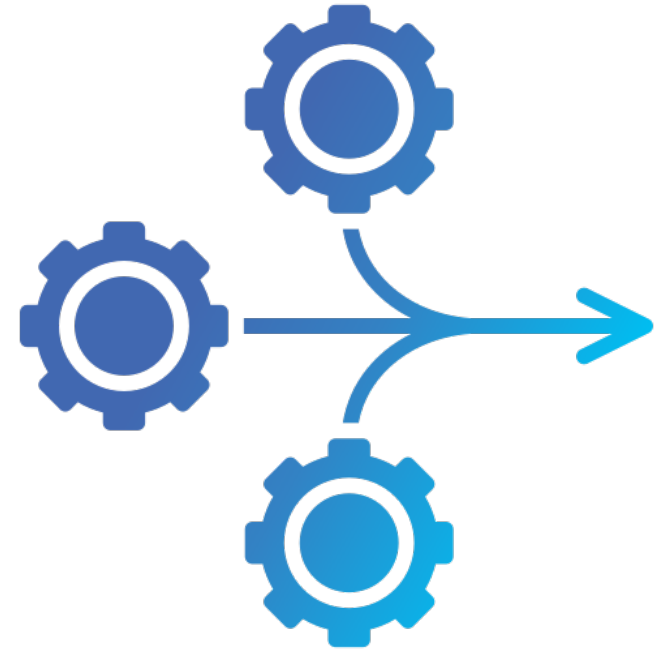
*Include:*

- A clear problem statement.
- Evidence-based recommendations.
- Expected outcomes and benefits.
- Cost and feasibility considerations.



# Simplify and Clarify

- *Avoid jargon and technical language.*
- *Use plain language and visual aids like infographics or charts.*
- *Frame your message around real-world impact, not abstract theory.*



# Ground Proposals in Data and Stories

- *Combine quantitative evidence (e.g., health outcomes, cost savings) with qualitative narratives (e.g., patient stories or community testimonials).*
- *This dual approach makes your proposal both credible and emotionally resonant.*



# Offer Clear, Actionable Recommendations

- *Don't just present findings—propose to them what could be done next.*
- *Provide policy options, implementation steps, and potential partners.*



# Advocate for Specific, Achievable Policies

Expanded  
naloxone  
distribution.

Preventive  
service  
programs.

Funding for  
medication-  
assisted  
treatment (MAT).

Good Samaritan  
protections.

Drug court  
reforms.

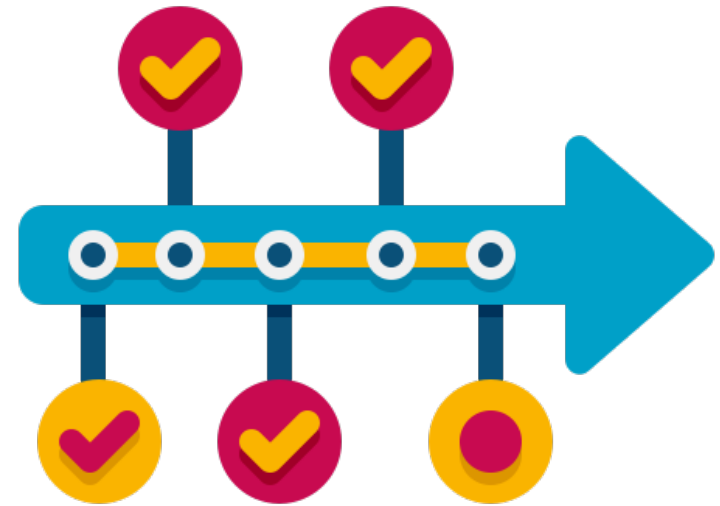
Post-overdose  
outreach teams.

Treatment  
access in jails  
and prisons.



# Follow Up and Track Progress

- *Send thank-you notes after meetings.*
- *Publicly acknowledge progress.*
- *Track votes and funding decisions.*
- *Hold leaders accountable respectfully.*



# Time It Right

- *Align your communication with legislative cycles, budget planning, or public health crises.*
- *Use windows of opportunity when public or political attention is high.*



*Resources:*

*Guide to Communicating Policy Briefs in Public Health - [https://www.vitalstrategies.org/wp-content/uploads/Guide-to-Communicating-Policy-Briefs-in-Public-Health\\_ENG.pdf](https://www.vitalstrategies.org/wp-content/uploads/Guide-to-Communicating-Policy-Briefs-in-Public-Health_ENG.pdf)*

*Resources for communicating effectively with policymakers - <https://healthsciencecomm.wustl.edu/resources-for-communicating-effectively-with-policymakers/>*

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# How to Draft a Policy Brief

# 1- Title and Executive Summary



Title: Clear and specific (e.g., “Scaling Evidence-Based Mental Health Interventions in Public Schools”).



Executive Summary: 3–5 sentences summarizing the problem, key findings, and recommended actions.



# 2- Problem Statement



Define the public health issue.



Use data to show its scope, urgency, and impact.



Frame it in terms that matter to policymakers (e.g., cost, equity, public safety).



# 3- Implementation Science Findings

“ Highlight what was studied, where, and with whom.

🔑 Share key insights: what worked, what didn't, and why.

📊 Emphasize real-world relevance and scalability.

# 4- Policy Recommendations

Offer 2–4 clear, actionable steps.



Include implementation strategies (e.g., funding mechanisms, partnerships, legislative changes).



Note potential barriers and how to overcome them.

# 5- Impact and Feasibility



Quantify expected outcomes (e.g., reduced hospitalizations, improved access).




Include cost-effectiveness data if available.



Mention pilot success or stakeholder support.

# 6- Call to Action

 End with a strong appeal: what you want the policymaker to do next.

 Include contact info for follow-up.

# Tips for Success

- *Keep it short:* Briefs should be 1–2 pages; presentations under 10 slides.
- *Use plain language:* Avoid academic jargon.
- *Tailor to your audience:* Know their priorities and political context.
- *Follow up:* Offer to meet, provide more data, or help with drafting legislation.

# Case Study 1:

## *Opioid Overdose Data and Prescription Drug Monitoring Programs (PDMPs)*



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# Opioid Overdose Data → Prescription Drug Monitoring Programs (PDMPs)

- *Background: In the early 2000s, public health agencies began collecting and analyzing data on opioid-related overdoses, emergency room visits, and prescription patterns.*
- *The data revealed a sharp rise in opioid misuse, particularly involving drugs like oxycodone and hydrocodone.*

# Data Delivered to Policymakers

- *CDC and state health departments provided detailed reports showing geographic hotspots of opioid overdoses.*
- *Medicaid claims and pharmacy data highlighted patterns of “doctor shopping” and overprescribing.*
- *Mortality data showed a surge in overdose deaths, especially in rural and economically disadvantaged areas.*

*Resource: National Academy for State Health Policy; How States Access and Deploy Data to Improve SUD Prevention, Treatment, and Recovery; Report 01-29-21 - <https://nashp.org/how-states-access-and-deploy-data-to-improve-sud-prevention-treatment-and-recovery/>*

# Policy Translation:

- *Prescription Drug Monitoring Programs (PDMP) were enacted in nearly every U.S. state to track controlled substance prescriptions.*
- *These databases allow prescribers and pharmacists to monitor patient histories and flag risky behaviors.*
- *Some states made PDMP use mandatory before prescribing opioids, while others integrated them into electronic health records for easier access.*



# Impact:

- *Studies showed that states with robust PDMPs saw reductions in opioid prescribing and overdose rates.*
- *PDMPs became a cornerstone of federal and state opioid response strategies, supported by funding from agencies like SAMHSA and ONDCP.*

Resources: <https://www.naadac.org/public-policy>



# Why This Matters for Implementation Science

- *This example illustrates how real-time, cross-sector data—from healthcare, law enforcement, and public health—can inform targeted, scalable interventions.*
- *It also shows the importance of presenting data in ways that resonate with policymakers: emphasizing cost savings, public safety, and health outcomes.*

# Case Study 2:

## *Expanding Naloxone Access Through County Policy Change*



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# Setting

- *A mid-sized county (population ~250,000) experiencing a sharp rise in opioid overdose deaths, particularly involving fentanyl.*
- *Naloxone was available to first responders but not widely accessible to the public, and the county had no standing order or funding for community distribution.*

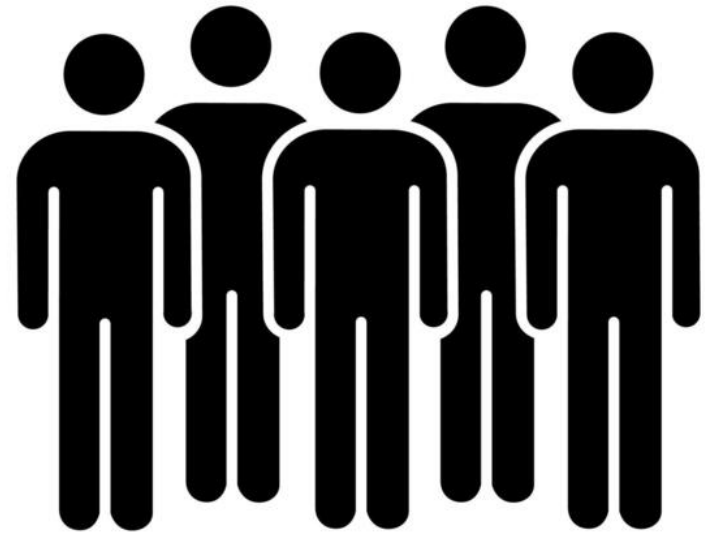


# The Advocates

*A small coalition called Families for Recovery & Safety, made up of:*

- Two parents who lost children to overdose.
- A public health nurse.
- A recovery coach.
- A local pharmacist.

*They had no formal political power—but strong community credibility.*



# The Target Policymaker

*A County Commissioner who:*

- Chaired the county's Health and Human Services Committee
- Was fiscally conservative but publicly concerned about overdose deaths
- Had not taken a clear position on opioid prevention programs.



# The Strategy That Led to Success

## 1. They Did Their Homework First

Before contacting the commissioner, the group gathered:

- County-specific overdose data (fatal and nonfatal).
- Cost estimates showing naloxone distribution was cheaper than emergency response.
- Examples of neighboring counties with standing orders already in place.

**Why it worked:** They framed the issue as **local, practical, and solvable**, not ideological.

## 2. They Requested a Short, Respectful Meeting

- *Instead of protesting or demanding action, they emailed:*

*“We’ would appreciate 20 minutes of your time to share data and discuss options the county could consider to reduce overdose deaths.”*

*Why it worked: Policymakers are more receptive when they don’t feel ambushed or accused.*

# 3. They Combined Data + Lived Experience

*At the meeting:*

- The nurse presented a **one-page fact sheet**.
- One parent briefly shared their child's story (2 minutes).
- The pharmacist explained how a standing order would work operationally.
- They avoided graphic details and focused on **policy relevance**.

*Why it worked:*

- Data appealed to logic.
- Personal story created urgency.
- Operational details reduced fear of unintended consequences.



# 4. They Made a Clear, Achievable Ask

They did not ask the Commissioner to “end the opioid crisis.”



**They asked for:**

A countywide naloxone standing order.

\$50,000 in pilot funding for community distribution.

A progress review after 12 months.



**Why it worked:**

The request was specific, time-limited, and budget-conscious.

# 5. They Addressed Concerns Before Being Asked

## They proactively addressed common objections:

- “Naloxone encourages drug use” → cited evidence to the contrary.
- “Cost” → showed ER cost savings.
- “Public safety” → noted law enforcement support.

## Why it worked:

They reduced political risk for the commissioner.

# 6. They Built Quiet Allies

## After the meeting, they:

Met individually with two other commissioners.

Secured a letter of support from the sheriff.

Asked the local hospital to endorse the proposal.



## Why it worked:

By the time the issue came to a vote, it no longer felt controversial.



# 7. They Used Media Carefully

- *They published a measured op-ed:*
  - Focused on saving lives.
  - Mentioned bipartisan support.
  - Avoided attacking anyone.
- *The commissioner was quoted positively.*

*Why it worked:*

*Public recognition made it easier for the policymaker to say “yes.”*



# The Outcome

The county approved the standing order unanimously.

Naloxone kits were distributed through libraries, health clinics, and outreach teams.

Within one year, overdose deaths dropped by 18%.

The program became permanent and expanded.

# Key Takeaways (What Actually Drove Success)

- ✓ *Focus on local data.*
- ✓ *Combine evidence with brief, respectful personal stories.*
- ✓ *Make specific, realistic policy asks.*
- ✓ *Reduce political risk for the decision-maker.*
- ✓ *Build support before public votes.*
- ✓ *Frame the issue as public health and fiscal responsibility.*

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**Thank you .**