



Episode 94: Unblocking Harm Reduction Behaviours Amidst the Fentanyl Crisis

with Penny Norman, VP of Strategy & Communications, Rescue Agency.

Penny Norman applies behavioural science to tackle a variety of pressing behavioural and mental health challenges. She provides a snapshot of the work Rescue has done to promote harm reduction behaviours within the context of the fentanyl crisis. The takeaways are widely applicable to behaviour change projects -- approach with an open mind, look for restraining forces, move beyond raising awareness, empower people, and learn and iterate.

Transcript:

KIRSTIN APPELT, HOST: Welcome to this edition of Calling DIBS. I'm your host, Kirstin Appelt, Research Director with UBC Decision Insights for Business and Society, or DIBS for short. Today, we're calling DIBS on Penny Norman.

Penny is VP of Strategy and Comms at Rescue, the Behaviour Change Agency. Penny presented at the Big Difference BC Conference last fall, and I really loved her presentation, and I actually also heard from a lot of folks that it was really powerful for them. And so I knew I needed to invite Penny to the podcast to chat more about the work. So I'll keep it short today and just jump right in. Welcome to the podcast, Penny.

PENNY NORMAN, GUEST: Thanks so much for having me, Kristin. It's a pleasure to be here.

APPELT: Excellent. And maybe we can just start with a softball question. Can you tell us a little bit about yourself?

NORMAN: Yeah, no problem. Well, I am a North Shore resident, but specialize in behavioural change strategy and I largely work across the U.S. with a few Canadian clients. And specifically I specialize in communications that change behaviour and focus a lot on public health.

My specialties are mental health and overdose reduction within communities but my team as a whole touches anything on from under-fives development to cannabis use, tobacco cessation and prevention. And so a whole gamut of different public health behaviours. And I lead a team of about ten at Rescue to deliver those communications.

APPELT: I always like to ask people, I think we're over 90 episodes in, I've asked this question every time, but every time it's a different answer because everyone's journeys to BI are so unique. What brought you to working in applied behavioural science?

NORMAN: Yeah, I think that's a great question, and you're right, it is very varied how people come in. I started in corporate advertising way back 20 years ago, and I was really lucky, at the agencies I was working at in London, specifically Abbott Mead Vickers, I worked with some amazing strategists. And at the time we didn't call them behavioural strategists, but some of the projects we did absolutely did change behaviour.

The one that really was pivotal in my experience was working on the organ donor register for the NHS in the UK. I was the account director on that account, working with an amazing strategist called Bridgette [INAUDIBLE] and we created a campaign that was to try and drive people to sign up to the organ donor register.

And I distinctly remember sitting in research groups. We had tried all sorts of strategies. We tried like guilted them into it. We tried telling them that it would be leaving this amazing legacy and nothing moved them. And I remember in a research group, and I was just there taking notes, I was not very, very senior, I was very important, but I was taking notes. And I remember Bridgette asked them, she said, well, would you take an organ? And it was it was chilling what they responded. They were like, yeah, I would take an organ. And she was like, well, why are you not on the register? And literally universally they went, oh my goodness, I need to sign up.

And we actually did a really interesting thing in that project. We researched with this group and then we got them back again like two weeks later and half of them had signed up, which is absolutely insane. When we went on to win that pitch, we produced the work and we had a million people sign up to the organ donor register in three months, which they had never seen before. And what was weird was, the first time it ran, we got a bit of a boost, but every time we ran the ads, we got more and more and more. It was just an escalation of sign ups. It was absolutely so so incredible.

And I think that was the moment I was like, wow, communications can have an incredible behavioural impact. And so that was really what got me passionate about it. I slowly moved into strategy throughout my career. And then as I was working in the last agency I worked at, I started to really, you know, passionately work on different impacts related projects. Everything from working with the YWCA on trying to get the \$10 a day childcare policy into law, which we actually were successful in, which was amazing, through to working with UBC on men's mental health and building a really powerful website for them called Heads Up Guys. And so when a role came up at rescue, it became the natural next step for me.

APPELT: Wow, that's a really awesome journey. And just to be able to have such impact from so early on in your career, how amazing. That's hard to chase though. That's like, you got the high, and then how do you keep building?

NORMAN: Well what was so funny was I remember sort of, when I became a sort of full time strategist, I was really interested in behavioural insights and Harvard had like a free course on it. And I was like, great, I'm going to join that, and so I joined it, so the edX set of courses, and the first case study was that campaign. And I was like, oh I know this. So, although you know, it's like technical, you know, what qualifications. But I was like, well I have worked in it for so long now that, you know, it's also that experience that comes into play.

APPELT: Yeah, absolutely. And yeah, that's one of the things I really like about behavioural science is there are so many ways into it. You know, some people build it up through going through the academic route and branching out. Other folks build up the experience and then across other sectors. So it's really neat to be able to have so many perspectives at the table.

You mentioned a bit about Rescue and what they do, but since a lot of our listeners may not be familiar, do you want to just give us a little bit of an overview of Rescue and what the agency does?

NORMAN: So Rescue was founded over 20 years ago in 2001 by our founder, Jeff Jordan. And really at that time he set it up because he felt that tobacco control programs were terrible and really didn't understand

teens and he has been on a mission to make healthy behaviours more effortless and the obvious choice for people. And from starting in the sort of early days really focusing on tobacco control, we've extended into many other behaviours from cannabis use, other substances, overdose prevention. We do a lot with under-5s development and mental health, and we work across the states across the US.

APPELT: Something that really strikes me is just this is a perfect fit for you, but it's also just such a good, you said, oh, you know, over 20 years. And that really aligns well with the emergence of behavioural insights into the public consciousness. So what amazing timing that this agency is doing this work and has all these tools at its disposal. And I know you have a lot of neat tools at the agency. So I thought maybe we could hear about a specific portfolio and know you've been doing a lot of work in the fentanyl crisis, maybe just to get us situated. You could tell us a bit about the context, and then we can hear about some of the work.

NORMAN: Amazing. Yeah. No problem. So yeah, unfortunately what we're seeing in the last ten years have been pretty distressing as far as the overdose fatalities across the US and obviously Canada as well and in certain global jurisdictions.

We, in 2023, we saw over 107,000 deaths in the US, which, you know, it's incredibly tragic. We've seen 67% of those are from synthetic opioids, specifically fentanyl, which has been entering the drug supply. We know right now that one in two pills that are seized by the DEA contain a fatal dose of fentanyl. And also, very tragically, we had a new data last summer which said that 42% of Americans know someone has died from an overdose. This is impacting every community, every corner of the US. And so is a hugely important issue to address. And so, yeah, we've been very much brought in to tackle that on many levels.

And the reality is there's many different layers to this. There's everything from stigma reduction around how communities are approaching the issue of drug use through to how we educate schools and parents, through to how do we educate teens directly? How do we talk to young adults who are using socially or might just be offered a line of coke, all the way through to how we are handling those with opioid use disorder or substance use disorder? How we can help them move into recovery. And also, you know, de-escalate usage that's going on with these drugs to try and, you know, have a comprehensive approach to reducing overdose deaths. It's a very complex issue, one that I've found very, very fascinating. But we still continue to need really every innovation that we can find and behavioural insights has been an interesting one to apply.

APPELT: Yeah, building on that, you really outlined how this isn't a behaviour, it's this massive complex of behaviours and it's something where it's really fraught. You talked about how rescue does work in mental health and, you know, mental health stigma. All these things are related. So how do you approach a project in a fraught context like this? What methods or approaches tools do you use?

NORMAN: There's a couple of really good benefits we have at Rescue. One is that I've been working in this, specializing in it for four years, and so my team has a huge body of knowledge. And because we work with multiple jurisdictions, every research study we do adds to our collective knowledge. And we're always leveling up our work. So I don't walk into a project from zero on this. I'm walking in going, okay, we know this type of messaging worked here, we know this community is impacted. We obviously verify. We obviously still do research, but we're able to come in very informed which is really helpful.

We also have a framework we call decision blocks we use specifically in this context. And that is really because it forces, um, everyone at the table, us, clients, to check our biases and come at it with a true sense of what is going on. I'll kind of unpack that a little bit for you. We really start with this sentiment that all behaviours make sense to the person that's doing them in some way, and that it's very jarring for many people when you're talking about someone who may have used heroin for ten years or someone who's experimenting with

meth. Like these, a lot of people cannot understand why someone might do that, and, you know, have respect for them. And people are very judgmental of that. But we believe that, you know, there is a reason they are doing this, and we need to understand that reason, and that's where we start from. Ultimately, that behaviour is useful, serves a purpose, is helpful to them in some way.

And so we really need to understand why. What's going on here? Why is it helping them? Because, you know, if you propose a different behaviour and it doesn't replace how this substance is helping them, you're not helping them at all. They're not going to look at it.

One of the specific behavioural thinkers that really inspired kind of the work around this that really inspired me was Kurt Lewin. And the fact that he talked about two forces that dictate behaviour: there's driving forces and restraining forces. The driving forces kind of motivate you to do the behaviour and restraining forces are the factors that counter the driving force to shape the behaviour. So there's certain things you can't do.

So driving force might be, you know, I want to spend, you know, \$100,000 on a sports car. Restraining forces are like, I don't have that money or I have other commitments. So your behaviour might not be to purchase it even though you have driving forces. But we often focus, and specifically marketing, we over-focus on driving forces being like, we have got to get them to do this. How do we inspire them to do this? And actually we forget the restraining forces. And it's so important that we don't do that. And by looking at restraining forces, we kind of move from this "how can I get them to do this behaviour?" to "why are they not already doing it?". What is that blocker? And that's what we kind of lead on to decision blocks. Like what is the rock in the road that's stopping them moving forwards that I can't see coming in cold.

And so this framework has been really useful in helping us shape the work we do moving past like inherent stigmas and biases. Every one of us has a bias, and so it really forces us to recognize that and step away from it and step into the shoes of the person. And what we do is we isolate what these blocks are into three forms.

So we have information block, so do they have that foundational knowledge to make an informed decisions? We have impact blocks: how do they connect with the risk or healthy behaviour? How do they otherize it? Because we see that a lot. A lot of people will sort of otherize the fentanyl risk. We outline solutions blocks, you know, do they believe the solutions are achievable? Can they picture themselves doing it? Does it feel like them? And then there's reinforcement blocks: if they've done what the behaviour wants, how do we continue to reinforce that? If they've bought one naloxone, what if it runs out? How do we get them to go again? Like what's the what's the ongoing piece that we need to do there?

And so with our campaigns, we will figure out through our research, you know, what's missing? What's the blocks in the way? What do we need to move to really kind of start to really understand the situation and craft like, what's step one of our plan, what's step two, what's step three? So we can work with the communities to kind of make the change that we need.

APPELT: That's so interesting. And I want to pull on a bunch of different things there. But first, I just wanted to clarify a term that some folks might know. You said otherize. Could you explain what that means?

NORMAN: Yeah, no, that's a great question. So often people will see a risk, and we see it a lot with substance use, where they will be like, well, yeah, but that's not my risk. I'm not at risk. And we often find especially with substance use, that they put kind of cloaks of invincibility around them. They'll be like, yeah, but I trust my dealer. He knows the good stuff. There's no risk to me because I don't use that much, even though that person might be using a pill, you know, twice a week and not realizing that every single time they try, they are really rolling the dice on whether they have an overdose or not, and they just can't comprehend it.

So otherizing is like, this is someone else's problem. We also see it with teens who will be like, oh, well, it's just those who use heroin that are affected, right? Or it's just those who do extreme behaviours, not realizing their own behaviour is extreme. So it's just really distancing themselves from the risk. So we do see that a lot.

APPELT: That makes a lot of sense. And when you're talking about the Lewinian forces, you were saying how the idea of not just looking at motivators, but the barriers, the restraining forces. And that's something that actually when we teach that in the nine month program, it's like one week, six months later, that's one of the things that students always really found just transformational in their thinking. That's just such a great way to distill this big idea into to something that is really actionable. Don't just look at what motivates, but also look at what's in the way.

And I also just wanted to reiterate what you were saying about "all decisions make sense", and I think sometimes we focus on these easy, the term you were using before like, oh, it's extreme. Other people doing extreme behaviour. But even if you just look at your own life, there's decisions that other people would say don't make sense, but you would have a rationale for them, you know, even if it's just hitting snooze on your alarm clock, someone else would say, that's not a good behaviour, but you would have your rationale.

So I think that's such an important way to approach problems, that you're not looking for why the decision doesn't make sense. You're looking for why the decision does make sense in that context and how to find ways around, so I love that. So you told us about the decision block strategy and a bit about what you find. Do you want to tell us more about that process and how that led you to create new campaigns?

NORMAN: Certainly what we found was, the typical approach to the fentanyl crisis from public health was to be like, let's just tell everyone it's really bad, like they're going to die. And what they created was loads of ads that were really scary. We have coffins, we have corpses, we have scary monsters. It did tell people that there is this risk going on, but unfortunately, when we test that with those who are high risk, so these are, we work with people and research with people who are actively using substances.

What we found was it drove the ostrich effect, which is that they just turned a blind eye. They just avoided the topic because it was so sinister. They just couldn't grapple with that they had anything to do with that. And even though the back of their minds are like, yeah, I am at risk, they in no way wanted to digest that information or watch that that content, because it was just too scary. So, you know, if telling people something is really scary and that they might die isn't working, then, kind of, what do you do?

And what was really interesting is, we continued kind of digging and sort of figuring out like, how can we get them to kind of understand this risk? And I'm going to specifically focus on those who are using socially, young adults who, you know, they go out, a friend offers them a pill, their cousin gives them a line of coke. That type of thing is ad hoc, it's in the moment. And they're just making these decisions.

What we know is that drug usage in that context is very much made in the heat of the moment. They might go in saying I'm not going to use, but actually, they might just decide in the moment, they might feel safe. And what we know is in, in the moment decision making means that even if people have the risk information they need, it isn't top of mind. It's actually the hot cold empathy gap is probably the best description of this, which is like, if you go shopping when you're hungry, you're going to buy something very different to if you're not hungry.

And it's the same if you're in the moment decision making, you know, it's a hot environment, which is like you're just going to go with your emotions. You're going to go with your gut here. You trust your cousin.

They're not going to give you something dodgy. You want to have fun. Like you're not thinking I might die. Like that's just not going to happen. And you're going to make different decisions in that moment. And we very much saw that.

And then even when we presented like the very stark facts, as I said before, respondents were able to explain away why they personally were not at risk. And so we often had like, "I don't use that much", like "the person I get my substances from are really trustworthy" so it's not an issue of safety for me. So they really quickly explained away why they weren't at risk and they could not grapple with the fact that this was them. I suppose when I look at the behavioural insight side, it's more like a confirmation bias-- I've been using for a while, the stuff I've been given haven't given me an overdose to date.

And so it kind of supported that usage was safe, even though we knew, the changing drug landscape, even year ago the DEA was seizing seven in ten pills were laced with a deadly dose of fentanyl. It's back down to five in ten, so one and two, but still not good odds.

And then respondents would also reference other friends who did more high risk behaviours and that also made them feel safe. They had these kind of outliers, like as long as I don't do as much as them, I'm fine. So one guy I remember was talking about, he used a lot of cocaine on the weekends and he'd be like, oh, I'm called the lightweight. My friend, they call him the whale because he does the big line. And like because he had that friend, he felt safer.

And we actually also see that with cannabis. A lot of people will say, well, I don't wake and bake like my friend. So I don't have, you know, Cannabis Use Disorder, not realizing that if you have a gummy every night, that is Cannabis Use Disorder. But like there were certain behaviours that they considered, oh, I don't do that, so I'm safe. And again, if you look at the behavioural insight behind that, it's kind of social comparison theory, it's like because I have this, you know, this comparison, I can put kind of a wrapper of safety around me. And so we really kind of got a bit stuck and we really had to sort of dig deep and think again.

And one of the things I thought was interesting was I really wondered if we were asking the right question or actually following the right kind of path. We kind of went into like, they need to understand the risk, they need to believe they are at risk and they need to take harm reduction measures to protect themselves. And actually, what was interesting is when we looked at the social comparison, it gave us another insight, which was maybe we don't ask them to protect themselves, but we actually kind of get them to believe that their friends are at risk.

We already knew that they believed their friends were doing something more extreme, and we see that everywhere. A teen will often believe that their friends are doing more extreme things, because actually their friends will big up like, oh, I was so wasted, or I did all this stuff, they'll big up what they're doing. Even actually, when we look at the data, it's actually very similar behaviours, people often project, you know, they've done more extreme things than they have. Actually, you know, believing their friends are at risk was not a big leap for many of them.

And so instead of asking people to take harm reduction measures to protect themselves, we asked them to protect their friends. And instead, and this was a huge change, a sort of complete reframe on this space, and it immediately opened the door. So instead of having all these blocks like, oh no, I'm not at risk, I'm not at risk, I'm not at risk, we suddenly had this unlock of yeah, absolutely. Like I would absolutely protect my friends.

I remember one guy, you know, I broke my heart, but sort of said that, you know, sometimes their own self-worth was not as much as how they thought about their friends and that, you know, it was very motivating

that they could protect their friends. And so we suddenly had an unlock, and they were much more motivated to see the relevance of carrying naloxone of understanding the signs of overdose, of knowing what to do if someone overdose because of the friends that they were with, which gave us a new way in. And so we built a significant amount of work around that specific insight and that application of decision blocks.

APPELT: That is so comprehensive. There's just so many thoughts running through my mind of some kind of parallels to other problems where it's just the idea that a lot of traditional campaigns, we'll call them, just focus on the awareness piece, and then at some point everyone's aware, but the awareness does not necessarily lead to action. You can know all of the dangers and like I said, still, that's not what comes to mind in the moment.

And so moving from awareness to action is obviously a big part of the behavioural science story. And then I really loved what you're saying about moving to this idea of the social tool of, if everyone is taking care of their friends, then they're getting taken care of as well. So it's still reaching everyone in this really neat way.

And I love how you were bringing up that, for some folks, this is a really important value and it's an opportunity for them to feel empowered and like they're taking action. And so instead of something where they're feeling bad about their own behaviour, they get a chance to feel good about their behaviour because they're doing something that's helping their friends. And what an amazing way to shift that narrative.

NORMAN: Yeah, absolutely. And I think the idea of community and coming together is a movement that we need to be falling back on more and more and seeing the importance of, I mean, even with my mental health work, community and the sense of purpose builds so much when you connect with others, you do things for other people, I think as a community and as a universality, we should always be thinking about like, how can we bring community together to solve something? And weirdly, this really much ties into the sense of community and friendship and empowerment of your friends to know what to do to be able to save a life.

APPELT: Well, it sounds compelling. Do you have results you can share that speak to the fact that it did work?

NORMAN: Yeah, absolutely. So, two campaigns come to mind.

So we first launched this with the Illinois Department of Human Services and Prevention first, really focused on communications across Illinois, but specifically Chicago, which was one of our highest overdose areas. And we very much used the strategy of protect your friends. And we did a-- we're on our 11th campaign with them, so it's been a long journey. But when we found when we moved from, you know, just risk awareness to protect your friends as a strategy, we saw an 81% increase in clicks to carry naloxone on the website, instead of, we always get a lot of trolling on comments and people wouldn't really like our ads when it was all about the risk. And then we suddenly saw, you know, nearly 10,000 likes and reactions to our ads. So it just a very different sentiment. And, you know, 200 saves, like who saves an ad? Like that's amazing. So just a lot of engagement in that.

That campaign, unfortunately we don't have an evaluation on, but we also ran the same strategy with the Los Angeles County Substance Abuse Prevention and Control group. We created a brand called Fentanyl Frontline, and again used a similar approach, specifically focused on those most at-risk of people actively using pills and powders in their lives. And that, we did have a full evaluation and we were able to see a 3.2x greater odds of scoring above average on knowledge of naloxone. And so they were all kind of much more open to understanding about naloxone. The vast majority, 94%, found it informative, worth remembering, grabbed their attention.

And what was really interesting is, actually 82%, even though the message was about protecting your friends, 82% said it would actually make them avoid or reduce their use of pills and powders. So it actually had a prevention impact, which was really interesting. And then 84% said because of these ads, I'll carry or continue to carry naloxone. And so we could see just such a powerful impact on that specific message, which was really exciting to see.

And finally, I mean, very often, some of our campaigns, especially in this space, don't have the budget for evaluation, to have something with evaluation was just so excited for me. So yeah, we've seen it really work very powerfully. And if anyone's interested in learning more, you can head to the Rescue website. There's case studies up, but also we have a webinar series, and I present quite a lot on some of the findings. So you can sign up for that to kind of, if you want to see the ads.

APPELT: I really love that you were, like you said, that you have the opportunity to get results because that's such a challenge in and of itself. But the idea that even talking about protecting your friends beyond just naloxone use and carrying, that it helped them reduce their own use is just so amazing. And when you think about it, it does make sense. Like if you're going to be helping your friends, you have to be in a place where you can mentally and physically do that. But that's not something you would necessarily know. That's one of those amazing side effects that you don't necessarily think will happen, but then it does.

NORMAN: Yeah, I also wonder if it's, because you're talking about like, you're going straight into like, hey, you need to learn how to save a life, and this is blah blah blah. Like, the knock on effect of, oh, wow, we're not in like, this isn't here anymore. Like, I'm actually, like, first aid for this thing I'm doing. So although we don't join the dots, people join the dots of, like, oh yeah, what I am doing is very scary. And like, they have that moment and we just don't, you know, communicate it, but it's the natural outcome of talking about saving lives/ Even though we're not, you know, judging them, we're not judgmental about their usage, we're not chastising them in any way. It actually is that moment of like, wow, this is actually got real, real quick.

APPELT: Yeah, so neat. And so you've talked a bit about some of the campaigns, and I know you also do some work in the digital space. Is that something you've been able to take into the digital space as well?

NORMAN: Yeah, I'm actually a weird geek in the digital side. Before Rescue, I was actually at a digital agency. So like, my heartland was like, I built a lot of digital websites, and actually got to work with UBC, specifically on men's mental health and Heads Up Guys website.

And working with the team there, we developed a lot of sort of diagnostic tools and tools that would indicate how a man's mental health is. But what's been really interesting about that process is that we were able to see how many people were coming to the site and actually be like, well, we actually know the percentage who've done the sort of self-assessment on the site. We know what percentage are depressed or suicidal, and it was such a powerful piece for that team to be able to go and get more funding and that type of thing.

But I've sort of taken that learning and started to try and integrate it within our campaigns to like, deepen our learning on what we know about, you know, those substances. The reality is that data in this space is really limited. We only get our overdose data six months after the fatalities because of all the, you know, the processing of death certificate. So we're always working with data gaps.

We also have no idea like, what substances people are using, like it's really hard to fill in the gaps because you can't research all the time. So I very much wanted to see if we could create a little tool on the website that would help us understand a bit more what was going on and also, you know, aid behaviour change and see if we could move people further along, you know, our behaviour change journey just within the website.

So we created this little interaction. So we would drive to the website a little interaction. It's just a little quiz, and it's, you know, "see how you can protect your friends or overdose, take three short question quiz to get personalized life saving tips". And we kind of asked them, you know, where are they using, how often they're using, and what are they using? And just, you know, it's completely anonymous. There's no data collection beyond, you know, anonymous data collection from Google Analytics.

And then we would serve them up personalized information around, you know, you know, usually carry naloxone. If their answers indicated that that person was using alone, we gave them information about using alone, if they indicated that their person was using, say, at work, then we would give them information on Opioid Use Disorder and kind of recovery information.

So it was a very simple tool. It was not complicated, but what it did was give us some immediate information, which was really helpful. It first of all told us like who's coming from the campaign? Are these the right people? 73% were 18-34 which was bang on our age group, which was great. And also 77% indicated their friends use drugs at the risk of being like the fentanyl. So again, it showed sort of, our targeting was working because you can't take a box on Facebook or Instagram and say "please target people who use cocaine". It doesn't really work. So it's quite hard to make sure we're kind of relevant there. And also, 76% indicated their friends use substances more than once a month. So again, these were people at high risk of an overdose. So it gave us really good information about who we were reaching and who was coming to the site.

It also gave us really good information about what drugs were being used, because sometimes you kind of think, we were really focused on social use substances. But we could also see, you know, cocaine was being one of the most popular substances, along with oxys, benzos. But, you know, some are using heroin, some are using meth. Adderall was creeping up. And over time we've been able to follow those year after year to see trends like is increasing is it not.

And also, as we saw fentanyl powder starting to go into the cocaine supply, so dealers were actually selling fentanyl powder as cocaine, we knew immediately we had to jump on that because that was a new trend that we saw because we could see how many were using cocaine from this quiz.

This whole campaign was all about social use and being with friends, but what surprised me was that we actually were able to kind of look at the locations where people were using and actually isolate that a huge percentage were using alone. Far more than we were expecting. And that, again, is the most dangerous behaviour, because the most amount of overdose happens when someone's alone, because there's no one there to save them. And so that also showed us that instead of just focusing on social, we needed to start integrating campaign assets around using alone, the dangers of using alone, and test strips, talking about, you know, testing drugs, and what to do if you want to use alone and should you be and all that good content. So it gave us really powerful information.

But also, I think the other thing that was really interesting showed that it increased the likelihood of adopting harm reduction behaviours. What we found was when we looked at the data from the group that didn't go through the quiz to the group that did go through the quiz, we saw, you know, over 2.5 minute increase on time on the site. And they were three times more likely to click to find naloxone than those who didn't. And even 30% actually shared their quiz with their friends, which I was not expecting.

So some really unusual findings, and ultimately was able to us to not only, you know, find out more about who we were talking to, find out more about what's going on on the ground, but also actually improved our behaviour change, which was cool to see.

APPELT: It just reminds me of this idea that, you know, like these little tools-- they can take a lot of work on the back end-- but when they're presented simply, they can be so powerful. It's amazing that it's both impactful for people who have different substance abuse disorders, but also for you and your team in terms of being able to help them more. And I know that's something that you care a lot about is learning and iterating across campaigns, and it sounds like this is something that really helps you do that. Is there any ways that the campaigns have adapted over time based on learnings that you would like to share?

NORMAN: Yeah, I mean, all the time. So many. I mean, with this space, it's also really working closely with our clients and connecting with subject matter experts in the space, so those working with those using substances, so we know what's going on with the drug supply and iterating there. This tool is helpful for us to be like, okay, we're using alone, you know, we're now working to try and integrate significant using along content. And just making sure, when we see, you know, what facts engage people the most, what is the most motivating, that we're then looking at how we can iterate more on those.

We're also exploring a lot more with influencers, which is super interesting because we know that we're a government organization, and telling people about substance use has not always gone down well. And like, who are we to say this. Using influencers we've been able to give them like really lifesaving information. There's one influencer we worked with in Illinois. It's really interesting. We asked him to sort of breakdown how you get naloxone. And so he did a whole process and educated around naloxone about protecting friends. Again, same message, protecting friends. Yeah we should carry naloxone, it does this, and this is how to get it. And he literally walks in and does this. It's now the most-- it's gone viral. So we paid for a certain amount of like, I think a hundred thousand views of it. It's now gone viral. It has 1.2 million views. It's his most popular video, which is amazing. And he just delivered it in a really authentic way.

And so, you know, we're always trying new things and like iterating, and will absolutely use influencers again and there's, you know, always inherent risks with, you know, trying new things. But we need as much innovation as possible within our campaigns around this area. The more we can try and learn and optimize and do more here, the better our campaigns will get and the more effective it will be, which is ultimately saving lives in this space.

APPELT: Wow, that's amazing that you leveled up an influencer.

NORMAN: I mean, he did so much. I can't take the credit, like, he delivered it. We gave him the points, he did such a good job. And, yeah. Like it's amazing. His video is-- yeah, it just has taken off. It's brilliant.

APPELT: And it speaks to the demand for the content and that there is this gap that there's people who want the information, but it needs to be delivered a certain way. And, you know, with a person who has a skill set of being so able to communicate to the right audience.

NORMAN: Yeah, 100%.

APPELT: Well, pivoting a little bit and zooming out, do you have a message for folks who are new to the field of BI and kind of just getting their feet wet in terms of practicing BI?

NORMAN: I think try and avoid perfect. Everything I do is... I aim for simple, and try something. It's okay if it doesn't work, you know. Figure out how you're going to measure it and do something small. Don't get daunted by like, having to do it all and being like, well, it's gotta be the most perfect experiment, it's gotta be,

you know, just even small baby steps. Every time you do them, you'll come out the other side knowing so much more.

So I think go away from, you know, this has got to be perfect, this has got to be this big thing. It can be really small. It can be, you know what? We're going to run an experiment between two banner ads. We're going to do... we're going to change the email headline, and we'll try it two ways. Just break off small things and you'll gain more confidence in it. And it will.., you'll learn more. So don't feel... like the quiz, this was a really small, like actually, you know, it's very simple to code. It's not complicated, but it has just been so beneficial. And that was just a small thing. I was like, let's try it. No one might use it. And we've had over a thousand people through that quiz now. So, you know, you just don't know. So try it. Don't be afraid to try that and then see how it goes and tell us all about it.

APPELT: Yeah exactly. Yeah, I think that's one of the things I really love about this space is because it's all about learning, even learning little bits helps. And you know, it's a cumulative knowledge. So one little piece adds a lot, and then someone else, whether you or someone else, builds on it, it's going to grow.

NORMAN: The collective is the power. And so, not one person can do it all. If we all do a small amount, change will happen for sure.

APPELT: Yeah, well, that's a perfect message. I always ask, any last thoughts, any questions I should have asked and didn't, or anything else you wanted to share?

NORMAN: Well, no. It's just been a pleasure to come and share. As I said, we regularly do webinars at Rescue, so you can sign up for those, and you actually will get to see the videos and the case studies that we present. And then what we're finding in certain areas, specifically in public health. So it is, you know, a good shout out. But yeah, it's been absolute pleasure to chat.

APPELT: Well, thank you so much. I mean, this is an amazing episode for me because you're doing-- everyone does impactful work, but this is on such a critical challenge and the way you're bringing innovation to this space, it's just so exciting to see. So it's been really interesting to hear about the projects and the approaches Rescue uses. And I am excited to stay tuned and hear about some of the future work, where you're doing more learning and iterating, because I know it's going to be equally impactful. So thank you for joining us today.

NORMAN: No problem. Absolute pleasure.

APPELT: And thanks to our listeners for joining another episode of Calling DIBS.
