Derrick Feldmann:
Who and at what point are we looking to communicate opportunities for treatment? Is it those who are past, are they at risk, are they current, and then who do we deploy to help deliver that message or is it more that we inform a person who supports a person around them just to know that there are options and opportunities so they can start to nudge later on?

Ellen Kelsay:
That's Derrick Feldmann, managing director of the Ad Council Research Institute, which leverages the insight-driven approach of the Ad Council to examine some of the most important social issues of our time. A leading researcher on cause engagement, Derrick is also a Global Research Fellow and lecturer on social movements at the Skoll Centre at Oxford University and the author of three books. As part of his role at the Ad Council Research Institute, he led a team that released a June 2023 study focused on a timely and critical health topic, reaching and supporting those who have or are at risk of developing substance use disorders.

I'm Ellen Kelsay and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, Derrick and I discuss key insights from the Ad Council Research Institute's new report on substance use disorders, with a focus on opportunities for employers to reach and engage employees open to treatment.

Derrick, welcome. I'm so grateful for your time joining us today.

Derrick Feldmann:
Of course. I'm happy to be here.

Ellen Kelsay:
Well, it's an important topic and we're really eager to bring the research findings that you and your team conducted to our audience on a very important topic and that is of the state of substance use disorders in the United States. Maybe let's just start level setting of the current state and the magnitude of the challenge that is substance use disorders here in the U.S. What have you seen in your research?

Derrick Feldmann:
Yes, it's an interesting one because, you know, that was really our first intention is to try to understand what is the current state, but also looking at various profiles of people who are at risk and if they've had past or current substance use disorders (SUD) as well. Here's what we discovered, at least in the current state. There's about 62% of the population in a of sort of a current substance use disorder in some way. Where we get that from is that we were looking at individuals who have, at least in the past or sort of in this high or are at risk or of high-risk concern areas. You know, when you start to break that down a little bit further, it's quite interesting because when you think about that 62% number, it's quite big. A current SUD is going to have different complexities of which type, but that really wasn't necessarily our focus. Our focus was looking like are they open to treatment, are they not open to treatment, are they currently in treatment overall. And these were some key pieces for us to try to truly understand. What's interesting is that the current state of SUDs, we see that while there is a group that's not necessarily open to treatment, we do have a great opportunity for those who are open to treatment and that's really where we spent most of our time, because those are the individuals through our efforts, through partners, through other means that we can really move them and nudge them towards treatment options.

Ellen Kelsay:
That's so profoundly important and I loved how you kind of talked through the purpose at the outside of the study and how you segmented the groups. Maybe let's talk about that. Who were the study participants? You really break those down. You talked about those with past substance use, potentially those at risk, those who are currently. Any more you'd expand upon there related to the profile of the folks that you engaged throughout the course of this work?

Derrick Feldmann:
We looked at it through three different lenses. Those who had a past SUD, which essentially meant that they had at some point in their lifetime an SUD in any various form. We had those that were at risk and that at risk we really consulted and looked at different models from, whether it be SAMHSA or CDC or different kinds of environments and how we're looking at and assessing at risk. Specifically, what it means is that at risk a person used a substance in the past three months and at least met one criteria and that was they used other than prescribed, they tried or failed to control their usage, and someone expressed concern to them. We had various question batteries to get at one of those. Those that have a current SUD in which they had used a substance in the past three months and met two or more of those criteria, but one additional piece of it is that, whether or not they went and are seeking treatment, that we added that in there too, overall. So essentially our goal was to understand those that are at risk, they're using substances, but they meet at least one of those criteria and/or if they are current and sort of they're using and they meet two or more. It was a great way for us to start to quantify and that's where you get that higher number. They might be at risk or they're currently using in some way, because the number might be quite high from that perspective when you're doing a national sample in a way.

Ellen Kelsay:
As you dove into these groups, did you have any significant moments of ahas when you were able to hone in on certain populations that are more at risk or have developed substance use disorders and also who is more open and receptive to pursuing treatment.

Derrick Feldmann:
It was interesting because when we started this project, we do this in multi research phases so we have a qualitative environment and then we have a quantitative environment for this research methodology, and we started to pick something up in our qualitative phase. That was really around regardless of demographic, regardless of these different profile areas that I've been talking about, most of our sample, we were seeing trauma. There were some kind of trauma in their life, childhood or as an adult, single event or lifetime, that was just a prevalent factor across all of our sample. We started to see it in the qualitative and then we started to see that in the quantitative and much of the reasons that we heard why did they start using, it was part of this traumatic experience that may have happened, again either in their childhood or in their adult life in general. What's interesting is that common traumatic environment and for those that work to try to address this and help people move into treatment areas, we have to understand it's not just about using and that there's other causes and factors out there contributing to it overall. The other thing that I would mention too, because you kind of mentioned what are you starting to see in some of these profiles? I would say that our current SUDs that are out there and not open to treatment, the biggest thing that we heard overall is they just don't believe their use is a problem, even though they are currently suffering in that way. Some of that's attributed to, hey, I think I can stop, I can do this on my own, I don't need treatment, I can quit, and so forth. “I have that willpower” or “I'll power through it in some way.” That's the literal words that we would hear and I use that in air quotes here since we're on audio. But what was also interesting too is that those who have an SUD in some way and are open to treatment, much of that openness is because they're fearful of the shame or the judgment that really comes from communities, people that know them or even in the workplace, you know, environments in general. I think that this is something common that is going to happen and we're going to continue to see, which is also a way in to talk about that, especially for those who have gone through the treatment journey and can talk about overcoming that judgment and shame too.

Ellen Kelsay:
Wow, you just said so much that I want to make sure we loop back on a couple of those things. So trauma as really a common delineating factor across all of these groups. Anything else you would comment on. you know, as more significant findings in certain age groups, certain demographics, racial groups, employment status, anything else there that you would shed a light on?

Derrick Feldmann:
Yes, and especially when I would look at sort of the barriers, I think it's interesting to note that in our study, by the way, just to kind of give a little bit more background on our sample of close to 3,000 individuals, we ensure

that we had a great representation and not just a general population, but additional racial ethnic breakdown and in subpopulations too. So non-white Hispanic, so that includes like black, Hispanic themselves, AAPI - Asian Pacific Islander - American Indian, Alaska native. There are some interesting things here and specifically when it comes to our black and Hispanic respondents. When we look at affordability, which was a top concern overall as a barrier to going into treatment, and this was for all races and ethnicities, we also saw that there were other stronger barriers and that part of it was sort of fear of people finding out and believing that they should be able to control this, was something that we actually heard a little bit stronger from our black and Hispanic respondents overall, too. It's just sort of interesting to note that we did see even some slight variances with our ethnic environments that you were just talking about. One other thing besides race that is key to understand here, when we look at those who are at risk, remember that qualification, they met one of those environments in addition to using within the last three months or they are sort of current SUD or at risk, one of the things that we heard consistently across all spectrums has been around affordability. We really have to help people understand the options, insurance or non, and how can we overcome those broadly speaking because that's a top barrier regardless.

Ellen Kelsay:
That's great and I appreciate you talking us through some of those barriers as well as I know what you all refer to in your report as motivators. You just mentioned a number of things that are barriers perhaps to varying degrees by different cohorts within the study, but you mentioned shame, fear, some stigma, affordability, but then you also talked about this motivator factor of people wanting to be present for their family, their friends, and that that is a good motivator in helping them and encouraging them to maybe move down the path towards seeking treatment as well as just wanting to feel better themselves and to improve their health. Anything else you would bring forward in terms of a motivator?

Derrick Feldmann:
Yes, you got that. That is exactly right and one of the things here that anybody who, like myself or any of my colleagues at the Ag Council or any other partner whose job is to go out and communicate and connect with audiences, it's one thing to try to overcome barriers and challenges, but it's another thing to really focus on opportunity and those motivating factors, reinforcing and building those motivating factors up. You covered many of them around just this, I want to be present, I want to be healthy around my loved ones and my kids and those that care and love and that are in my spheres of circles that I care deeply about and I know that care for me. It's this feeling of being present, being around them and being healthy. I really think this is a key opportunity for those working on this issue is tapping into that desire to be more present, to be healthy, to be there around family, and to help empathize around that this is a feeling that they have and recognize it and utilize it as a way to start to nudge towards the treatment options, broadly speaking. I think that this is a great space to explore some of that messaging and narrative, which we did and we saw great marks around it.

Ellen Kelsay:
Let's talk about that messaging or the narrative. Who are trusted messengers? How should individuals, support systems, organizations, friends, family, they've got somebody in their life who is struggling with substance use disorder, who and what approaches are the best ways to try and help somebody seek treatment, identify that maybe they need help seeking treatment and what types of messages have really resonated in your research?

Derrick Feldmann:
First, let's talk about those messengers and sources. Here at the Ad Council, from our Covid work all the way to now and beyond, we have consistently focused on who are those people that can really start to persuade the closest to us, right? Because messaging and awareness builds understanding broadly speaking, but even if you hear a message, whether I purchase something or engage, it's usually that person around you that nudges you and that kind of behavior, broadly speaking. When you think about those sources, there were a couple key things that we discovered. First and foremost, it's not uncommon that we see family and friends always being those trusted sources and messengers around the individual. We saw that here too. But there is somebody that's right up near the top there and someone who has gone through this journey as well and that's key because, and we got to keep in mind, they can empathize with the feelings and they relate right away.

What is key as a trusted source and messenger beyond just family and friends is that person who's gone through treatment and can talk directly to an audience like that about this is what it's going to be like and there is hope, there is opportunity here. Those are key sources and messengers I would tap directly into. When we're thinking about messaging, we had lots of different messaging pieces and elements which we highlight in the report and much of those messages, if you read the report, it is around two kind of pieces overall. One is overcoming that self-stigma piece that we talked about and secondarily talking and getting sort of that feeling that they're not necessarily alone, which is something that we heard consistently as well. What we discovered in much of the messaging, which actually all of our message frames did really well, Ellen, normally, you know, we've got like one or two that really rise, but all of them worked for different cases and instances. Here's the consistent piece across all of them. When the messages talked about a relevant piece of feelings and that they were tapping into those feelings of I'm struggling and I feel that shame, I'm recognizing that and I talk about that piece, then it does well. When I also deliver that message from somebody who's been there, that message does really, really well too. It was sort of showing that it's okay, we were kind of validating their feelings and also providing them with a person and a story that said, it may be hard, but trust me it will be better and those feelings that you want, that desire and those motivating factors you've talked about will happen, if you can get there.

Ellen Kelsay:
In your report you refer to this as the people who know me and the people who know the journey. Also, the connecting and relating to the fear and the shame that people have and helping them overcome that because I've either been on the path myself and I'm maybe a step ahead of you in the journey or I understand how you feel and you're not alone. And I love that all of your messages worked. That speaks to a lot of different ways that people can try this. That's wonderful.

Derrick Feldmann:
Yes. Ellen, I would say one thing too about the messages and you see it in the report, there are certain phrases that did better than others, of course. You're always going to have that. But broadly speaking, I think any message that recognizes where people are in this moment and helps them understand that they're not alone and that there's a journey and it speaks from a person directly about their own experience. That's in the place where we're trying to help people who really are open to treatment. That's the opportunity we all have. That is a great opportunity.

Ellen Kelsay:
Let's transition to treatment. You said people who are open to treatment, what type of treatment or recovery services would they be most likely to consider? Anything there that you would call out?

Derrick Feldmann:
When we were looking at both those who are currently have an SUD and those at risk, mental health therapy and treatment rose towards the top. We know that that might be linked to the trauma, that underlying current throughout all of the research. But in addition to that, some of the top key ones included a support group, detoxification, stabilization programs, medication assisted treatment, outpatient. Now there's a bigger list to much of this which is in the report, and I wouldn't necessarily think about this as should I be promoting one over the other, but rather knowing that we have these options there that some might gravitate towards others, but that our mental health therapy and treatment is towards the top. It's also important to look at it by race and ethnicity too, which we highlight in the report as well.

Ellen Kelsay:
As I was looking at the report, you called out the things that rose to the top, but there were many other approaches too that seem to resonate. You talk about the 12-step program, peer mentorship and coaching, you do talk about residential programs, faith-based programs, so lots of potential opportunities, but the mental health and the support groups really coming out high on top. That was great to see.

Derrick Feldmann:
I think if I was in somebody else's shoes looking at offerings, I don't think it's more of an or do we say this or that, it's more of an and. Just knowing that certain audiences are going to maybe gravitate towards others. Like for instance, we broke this down by racial and ethnic groups too as well, which I mentioned earlier, and you see a lot of consistencies. But one thing is detoxification and stabilization was much higher with our AAPI Asian Pacific Islander community than it was say for our Hispanic community that we had in here. It's important maybe that your listeners will also want to check out those pieces because there are key differences by racial ethnic demographics.

Ellen Kelsay:
Is there anything significant that you would call out related to those who are currently struggling with substance use disorder versus those at risk? If somebody is, you know, currently struggling conceivably they perhaps have tried something already, would they be more apt to try that again or less apt to try that again? Any variation you would see there between those that are currently struggling and those that potentially are at risk but haven't yet sought treatment?

Derrick Feldmann:
Yes, we do have some great data points throughout, but one of the things I would mention here is that those who are currently struggling and of course open to treatment, much of that, you know, the feelings exist, the barriers are there and the motivators are present. It's kind of like they're contemplating both sides of it and they may have tried something in the past or not. This is really, really where I would bring in a great trusted messenger or a person of relevance for them because they are at the point of still contemplation. This is the consideration phase of potential treatment. I highly encourage to utilize people who have been at that moment of making that decision, because that's where they are. They're like on the fence of whether or not they go forward again or if they haven't in the past. I highly encourage the use of those individuals. Now, if a person is currently having an SUD or in their past in general and they're not as open to treatment right now, much of that we know is because they believe they have their own willpower and so forth, I would highly encourage for those who know somebody might have a past SUD or even if you're a professional to look at what support mechanisms are around them, to encourage them to seek treatment when that individual moves into other states that we have talked about. Moving from a past to an at risk state or even an at risk to a current state, even deeper and so forth. Because you know, for us, one of the key things we always do at the Ad Council is hone in on audiences and target audiences, whether it's mental health or substance use disorder. Much of this work is to look at, well, who and at what point are we looking to communicate opportunities for treatment? Is it those who are past, are they at risk, are they current, and then who do we deploy to help deliver that message or is it more that we inform a person who supports a person around them just to know that there are options and opportunities so they can start to nudge later on. I think it's important and key to break down where we see opportunity and where the focus should be just given what an organization's priorities are.

Ellen Kelsay:
Before we move on, I just want to kind of loop back and see is there anything else you wanted to bring forward that I didn't ask you about related to any aspect of the study - the participants, what you saw in terms of barriers, motivators, messages, treatment. Anything else that you'd like to bring forward?

Derrick Feldmann:
Yes, absolutely. One of the things is that we know individuals are open to treatment. Individuals are going online to find resources. It's a given, right? How many of us have gone online to find out information about health and so many other things. Anybody working on this should really consider how do we couple some of the more fact logistical environments, treatment costs and so forth with really good and great human stories of the journey that they've taken. It is that journey that creates that moment of relevancy. While we want to dive into the benefits and features and challenges of treatment, we should start with a moment of relevance similar to what we discovered in our message frames, because we know that they see a person who's gone through this treatment as a very trusted, reliable source of information. So create that human connection, create that storytelling component online leading into deeper information about treatment options, because

it's the space where they first want to become confident and comfortable and that can happen through these trusted messengers. I highly encourage great storytelling online and showing up in places where really searches around treatment happen.

Ellen Kelsay:
I'm glad you mentioned that. I'm going to ask you a question about that in just a second, but before I do, I've got one more question for you. Translate this to our audience, in particular, of employers who are supporting their employees and the workforce at large. How should they think about leveraging your study, the findings, the tips and tricks related to messengers, formats that might work better than others in a corporate employer setting. Anything there that you would really want to make sure our audience took away from this conversation?

Derrick Feldmann:
Yes, I really think it comes down to how can a company help to overcome the stigma and the shame piece, because we know that the current SUDs open to treatment for past and at risk, much of this relates to stigma and shame of seeking treatment. They don't want this to deter their employment journey or anything else, their future success or potential. I think the more that companies can do to help recognize that you might feel this way or others and to try to help overcome that, providing resources to their employees that recognize that this is a space where you can get help and support that's directed to where that is. We recognize you might have this moment of judgment or shame, but we're not going to know that or be involved in that environment, but help recognizing it and building that confidence through the workplace is a great place to start. Of course, offering all offerings, options, insurance, non-insurance related are all unique ways, of course companies can do treatment options more of the delivery mechanism or options for people to go to, but we have to kind of go back upstream a little bit further. While all of those might exist and are great that they exist for employees, we still have to overcome the first barrier, which is stigma and shame. So companies talking about it and recognizing it and persuading people towards great options available to their employees is a great way to do that. Maybe even if there are employees that are comfortable talking about it, which may or may not happen, those are great storytelling options too.

Ellen Kelsay:
Thank you. Those are great. My next question is, you are the Ad Council Research Institute and you all did this work, I'm sure for many reasons, but one of them might be to develop an ad campaign. What's next? Where do you see this work evolving to in terms of the approach your organization might take?

Derrick Feldmann:
Yes, the interesting thing on my side of the Ad Council overarching organization is focused on how do we get this in the hands of those who are trying to work in the field. To get people into treatment. That was our first goal here and my colleagues on the other side of our campaign team is actively working on a campaign effort and development, but hopefully they'll be able to share that later on with you too as well. The great learnings that we had from this will definitely be applied into those future campaign efforts. I'm also excited too for the organizations that themselves who are already communicating to really take this toolkit and resource and really bolster what they're already doing.

Ellen Kelsay:
Oh my gosh, it's giving them such a boost to those efforts and perhaps maybe the campaign will give them some good nuggets to leverage as well. Anything upcoming from a research perspective related to this work? Anything else that you'd like to maybe do a double click on or that you're keeping an eye on and might take a look at in the future?

Derrick Feldmann:
Yes, we have been actually focused on a couple key areas. One around 988 and mental health resources. We have some research forthcoming. In addition to that, we recently released some research around extreme risk protection orders and for those that are in crisis and are harmed themselves or others, messaging on those states that have that kind of law in policy in place, how to communicate that to the public, and especially those

who are in the public who know someone who's in crisis as well. There's some great toolkits and resources for people who are working in the field related to that. So those two pieces and we have additional elements coming out with those. Lastly, we actually, of course it's election time and so forth, so we usually work on some great voting research, which we've done in the past, so probably look to more of that as we get into the, the coming year to two. But there's so much more in this sort of space related to the mental health pillar and work that we have obviously have here at the Ad Council, so more on that.

Ellen Kelsay:
Well, Derrick, we are immensely grateful to you and your team, the good work that you are doing and are planning to do. Always appreciate your partnership on our podcast. This is the second time we featured your organization and the important work you all are doing is just something we are happy to bring forward to our audience. Thank you, yet again, for your partnership.

Derrick Feldmann:
Of course, anytime. It's a pleasure and thanks for all that you're doing too.

Ellen Kelsay:
I've been speaking with Derrick Feldmann about how employers can engage those with substance use disorders in treatment. You can access the Ad Council Research Institute's full report, *Substance Use Disorders: Identifying How to Reach, Encourage and Support those Open to Treatment*, by visiting https://www.adcouncil.org/ and searching for substance use disorder study.

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