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A Beacon of Hope: Inoculating Against Relapse

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A BEACON OF HOPE: INOCULATING AGAINST RELAPSE

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Masters of Arts in the
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at the University of Kentucky

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ABSTRACT OF THESIS

A BEACON OF HOPE: INOCULATING AGAINST RELAPSE

Inoculation is a robust theory applied to a variety of health behaviors. Social marketing is designed to change behavior by applying marketing tactics in the context of social change. This study combines inoculation theory with social marketing in the context of substance abuse disorders to promote long-term recovery. This is a pilot project that specifically focuses on the Beacon House, a residential recovery treatment center in Louisville, Kentucky. With the growing drug problem in America, it is necessary to implement effective recovery strategies in treatment programs. The social marketing plan focuses on the target audience to outline potential barriers, motivators, and competition to remaining in long-term recovery. Three intervention strategies were developed as part of the project: a core inoculation message, booster messages, and refusal skills training. These strategies utilize inoculation messages in various ways to address the complexity of long-term recovery. While this study focuses on the Beacon House treatment facility, the concepts can be applied to similar treatment centers.

KEYWORDS: Inoculation, Social Marketing, Long-term Recovery, Relapse, Substance Abuse Disorder

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Part One: Introduction, Background and Strategies

Introduction

The National Institute on Drug Abuse (2015) estimates nearly \$193 billion dollars is spent annually on issues related to illicit drug usage, including cost of crimes, loss of productivity in the workplace and healthcare. Sixteen percent of the U.S. population meets the diagnostic criteria for addiction, one of the most prominent preventable public health problems in the U.S. (Richter, Kunz & Foster, 2015). Research conducted in 2013 found an estimated 24.6 million people, or 9.4 percent of the population, used an illicit drug within the past month (National Institute on Drug Abuse, 2015). Heroin abuse, in particular, has increased at alarming rates in recent years. In 2014, there were nearly 435,000 people ages 12 or older who used heroin, and that number is only expected to rise (Substance Abuse and Mental Health Services Administration, 2015). Thus, effective treatment programs for substance abuse disorder (SUD) in general, and heroin abuse in particular, are of crucial importance.

As the amount of illicit drug usage is rising, so is the need for effective strategies to motivate those struggling with substance abuse to seek recovery and avoid relapse. Although SUD is treatable, the threat and risk of relapse is also prevalent. A study from the *Journal of the American Medical Association* in 2000 found that 40-60 percent of drug users relapse (National Institute on Drug Abuse, 2014). A combination of factors make relapse such a challenging issue for many drug users including exposure to the drug, environmental triggers, and stress (Recovery.org, 2017). When confronted with any of these triggers, it can be hard to maintain recovery and avoid relapse. Pharmaceuticals are effective in treating drug addiction, specifically in the case of opioids (Strang, Babor, Caulkins, Fischer, Foxcroft & Humphreys, 2012). However, behavioral treatment

programs have demonstrated effectiveness in improving the efficacy of these medications and helping individuals remain in recovery longer (National Institute on Drug Abuse, 2014).

It is important that individuals struggling with substance abuse disorder have the proper tools to avoid potential relapse. Effective intervention programs can result in positive behavioral changes among drug users. Recovery programs aim to reduce drug usage and other behaviors through intervention, counseling, and specialized programs to address the social and psychological factors that relate to problem behaviors (Barrett, Simpson & Lehman, 1998). Halfway houses are a specific type of intervention program that allow individuals struggling with substance abuse disorders a place to stay early in the recovery process before they make a full transition to independent life. There are strict guidelines in order to enter a halfway home, such as alcohol/drug abstinence, working a 12-step program through Alcoholics Anonymous (AA), paying rent, and obtaining a job. Previous research supports the success of halfway houses in remaining sober. Behavioral treatment programs, such as halfway houses, allow people to work on life skills to effectively handle stressful environments and develop behaviors to improve their life (National Institute on Drug Abuse, 2014). All behavior treatment programs are different and offer unique programs and intervention strategies to aid recovery.

The Beacon House is one example of a halfway house facility that fosters behavioral treatment and will be the focus of this paper. Located in Louisville, Kentucky, the Beacon House is residential halfway house for men recovering from substance abuse. Current residents at the Beacon House include men ages 23-50, around 85% in treatment for opioid abuse. Its unique program and facility requirements offer an affordable, safe,

and supportive environment for men to not only remain sober, but also start acquiring the proper skills to maintain recovery and avoid relapse once living on their own. Using the Beacon House as a model, this project aims to reduce the number of relapses and increase the time of stay in a halfway recovery house through the use of social marketing strategies.

Social marketing is a marketing discipline that strives to influence behaviors through a systematic planning process that employs marketing tactics to deliver positive benefits to a target audience (Lee & Kotler, 2016). While traditional marketing deals with product or service purchases, there is an increasing trend to promote specific behaviors using marketing strategies that promote social change. As issues such as obesity, drug usage, and crime continue to rise, it is necessary to develop unique and creative strategies in order to combat these issues. The demand to better society and change behaviors has included using traditional marketing to mobilize this sort of social change. Social marketing is a powerful tool that has the capability to bring about social change and create more desirable, sustainable behaviors. This paper focuses on how to use social marketing to address opioid drug issue, and, in particular, help men seeking recovery in a halfway house avoid relapse.

Addiction, Recovery, and Relapse

Addiction to drugs and alcohol is conceptualized as, “a reward deficit disorder characterized by a transition from controlled to impulsive and compulsive drug intake that is mediated by both positive and negative reinforcement” (Volkow & Baler, 2015, p. 10). Addiction is a brain disease (Volkow, 2014); drugs alter the way the brain works by exciting parts of the brain that make a person feel good. When continually feeding the

body a drug that feels good, the body eventually becomes dependent on it. The body becomes accustomed to the drug intake and then requires the drug in order to feel “normal” (National Institute on Drug Abuse, 2017). There are several factors that increase a person’s vulnerability to addiction. Genetic factors account for nearly 40-60% of susceptibility to addictive behaviors (Volkow & Baler, 2015). Environmental factors, such as stress and poor parental support, and mental illness are other factors that can contribute to addiction (Volkow & Baler, 2015). Consequently, addiction is often the result of factors beyond recreational drug use, especially in the case of opioids. This form of illicit drug use was originally developed for medical use and many times is still used for prescription medical purposes today (Strang et al., 2012). However, opioids are increasingly misused in a variety of ways. While these prescription drugs are intended for medical purposes, they are misused through actions such as fraud, theft and visiting multiple doctors (Strang et. al., 2012). It is these nonmedical uses of opioids that have caused severe problems in society.

The U.S. is currently battling an unprecedented opioid epidemic (U.S. Department of Health and Human Services, 2016). Out of the 52,404 drug related deaths in 2015, opioid use accounted for 33,091 of those deaths (Rudd, Seth, David & Scholl, 2016). Opioids are a class of drugs, both legal and illegal, that naturally or synthetically binds to receptors in the brain or body (U.S. Department of Health and Human Services, 2016). Opioids can be used for a variety of purposes, and combined with the intense marketing from pharmaceutical companies; these drugs are becoming more frequently prescribed in the U.S. (Volkow, 2014). Opioids such as oxycodone, hydrocodone, and morphine are commonly prescribed to patients by medical professionals as painkillers. Although the

use of opioids as pain relievers are safe when prescribed for a short period of time, many times these drugs are misused by either taking more than prescribed or using in a different manner than prescribed (National Institute on Drug Abuse, 2016). While many develop substance abuse disorders from non-medical use of opioids, people prescribed opioids are also at risk of addiction when the drug is not taken as prescribed, such as taking too many pills at once, too often and/or overdosing. The vast majority of drug overdoses in 2014 resulting in deaths, nearly 6 out of 10, involved opioids (U.S. Department of Health and Human Services, 2016).

The opioid epidemic has economic ramifications with nearly \$55 billion spent on costs related to prescription opioid use each year, including health and social costs (U.S. Department of Health and Human Services, 2016). Drugs are an imminent threat to the public good because not only does it affect public health, but drug abuse also creates crime, family destruction, community decline, and chaos (Strang et al., 2012). Thus, the drug abuse problem not only affects the person using, but rather the entire public community. Drug abuse can lead to drugged driving, violence, child abuse and other issues, such as homelessness and loss of work productivity (National Institute of Health, 2016). Opioids in particular can make people become highly dependent, thus leading to more abuse and addiction to these types of drugs (U.S. National Institute of Health, 2016).

In addition to the increasing abuse of prescription opioids, there is now an amplified practice of heroin use, an illicit opioid drug (Center for Disease Control and Prevention, 2017). The ways heroin can be used allows it to reach the brain quickly, giving almost immediate gratification to users and making it extremely addictive. As a

person's intake of heroin increases, so does his or her tolerance, resulting in the body's dependence on the drug. The intense withdrawal symptoms of heroin make it challenging for users to quit (National Institute of Health, 2016). Heroin is illegal, extremely addictive, and is oftentimes combined with the use of other drugs as well. Since 2010, heroin deaths have quadrupled, resulting in more than 12,989 deaths in 2015 (Center for Disease Control and Prevention, 2017).

While substance abuse is an important social issue in the United States, the incidence rate is particularly striking in Kentucky (Brown & Ingram, 2014), thus the interest of focusing our initial efforts on the Beacon House for this project. The number of Kentuckians who die due to drug overdoses rose to over 1,000 per year in the past decade. In 2014, out of all drug related deaths involving heroin, 93.99 percent of those deaths were accidental (Brown & Ingram, 2014). Compared to the rest of the U.S., Kentucky is one of the leading states in overdose deaths, and that number is only expected to rise (U.S. Department of Health and Human Services, 2016). In July of 2016, the Kentucky Justice Cabinet announced it would allocate \$15.7 million to programs helping to aid this drug epidemic (Watkins, 2016). Although efforts are being undertaken to alleviate the opioid epidemic, there is still much work to be done. In February of 2017, Louisville Metro Emergency Services responded to 52 overdose calls within a 32-hour timeframe, a staggering jump from the 25 overdose calls in the same time period the week before (Ellis & Allen, 2017). The threat of relapse and overdosing is evident, and Kentucky's efforts in confronting the opioid epidemic prove it will be a tough challenge.

Recovery is a difficult process from the start and is an ongoing process that includes continuous maintenance and effort. It can be very challenging for a person to

discontinue using drugs due to the physical symptoms that will occur. When a person addicted to opioids first quits, he or she will experience intense withdrawal symptoms; this can include nausea, vomiting, diarrhea, pain and even seizures (Volkow, 2014). Most people wanting to begin the recovery process seek help and guidance from a treatment facility. Several factors have emerged from the literature as crucial components to successful treatment outcomes, such as avoiding relapse and maintaining abstinence. First, length of stay in treatment is a crucial predictor of abstinence. In one study, individuals who completed 2 years of treatment were found to have 90% success rate of abstinence, whereas individuals who dropped out before completing one year of the same treatment program only had a 25% success rate (Barthwell & Brown, 2015). Another important part of almost any recovery treatment program is the 12-step Alcoholics Anonymous (AA) program. This well-known program offers 12 steps for those seeking recovery to actively work through in order to avoid relapse and remain in recovery. AA emerged in the 1930's and became the "go to" solution for substance abuse and many other addictions. The 12-step AA program is widely praised by former addicts, often part of court mandated orders, and even referred to by physicians as an integral part of treatment and recovery (National Public Radio, 2014). However, the 12-step program is not without criticism. Its faith-based approach can come across as very harsh and demanding, flawing those that are not able to remain in recovery (Glaser, 2015).

In addition, research does not always support AA's success rate. In fact, AA alone has only a 5-10% success rate (National Public Radio, 2014). To clarify, that is one in every 15 people who use AA alone that are effective in staying sober. This success rate is not a statistic the AA program focuses on, therefore, many people are unaware of the

staggering lack of success AA actually accomplishes. Research on the effectiveness of AA and the 12-step program is challenging to conduct, given AA meetings occur in a naturalistic setting, as well as the anonymous feature of the program (Sharma & Branscum, 2010). Dr. Lance Dodes, a psychiatrist studying addiction, believes that AA seems successful because “we hear from the people that do well; we don’t hear from the people who don’t do well” (National Public Radio, 2014). Oftentimes, individuals are coerced into attending AA, usually court-ordered, and research has found this coercion leads to significantly worse outcomes (Kownacki & Shadish, 1999). The forcefulness of attending AA is problematic, as the goal of the program is affiliation. Research found that AA is most successful when utilized several times per week while engaging in other AA-related activities (Morgenstern, Labouvie, McCrady, Kahler & Frey, 1997). Thus, working the 12-step AA program alone may not lead to long-term recovery, however, it may be most effective when combined with other recovery treatments, such as residential recovery. This stems from the idea that AA is described more as a brotherhood than a treatment, thus surrounding oneself with similar individuals could create more effective results (National Public Radio, 2014). Integrating the 12-step program with behavioral treatment programs offers individuals seeking substance abuse recovery a better way to reduce relapse and remain in recovery.

Relapse is a common threat to seeking to sustain long-term recovery and can be very dangerous. Many things can trigger relapse, which is why it can be hard to avoid. Some common triggers are stress and environmental factor. This includes friends, places, or activities associated with substance use (Recovery.org, 2017). Often, relapse can lead to an overdose, and even death. Overdose rates are continuing to rise in America; in

2014, there were 47,055 overdose deaths (Rudd et al., 2016). Relapse is often challenging because individuals are not armed with recovery tools in order to stay sober and remain in recovery long-term. Many times, substance users do not have the proper resources, training or skills to tackle recovery alone. A drug treatment program offers individuals different strategies to cope with cravings, avoid relapse, and help an individual seek recovery again, should relapse occur (National Institute on Drug Abuse, 2012). The first 90 days of treatment are critical because it is the most likely time frame that people will end up relapsing (Beacon House, 2017). The most effective way to reduce the risk of relapse is to enter in a long-term recovery program (National Institute on Drug Abuse, 2012). As such, this project is focused on reducing relapse among individuals in long-term recovery.

Residential Recovery and the Beacon House

In 2013, about 2.5 million people received treatment for SUD at a specialty facility (National Institute on Drug Abuse, 2015). People who are at the highest risk of relapse without continued support are often referred to therapeutic community (TC) programs or community residential treatment facilities such as halfway houses (Barthwell & Brown, 2015). At such residential facilities, people may stay for 6 to 12 months or more, participating in structured programming meant to modify cognitive, affective and behavioral functioning and socialization among other individuals in recovery (Barthwell & Brown, 2015). The relapse prevention (RP) approach to treatment incorporates behavioral and cognitive strategies to help individuals identify high-risk situations where they will be most vulnerable to relapse. This type of treatment provides individuals with the proper skills to both prevent an initial relapse and to also help manage a relapse if it

happens to occur (Marlatt & Witkeiwitz, 2005). RP was found to be an effective form of treatment for reducing substance use and potentially associated with more long-lasting effects than alternative treatments (Witkiewitz & Marlatt, 2004). Due to this research, this project will be focused on the Beacon House, a recovery facility in Louisville, Kentucky that utilizes the RP approach.

The Beacon House is a residential recovery facility offering temporary accommodations for men seeking recovery. Unlike detoxification/recovery houses, all men who live in the Beacon House are sober upon entry, although most of them have only been sober for a few days. The men are required to go through a 3-day detox program before being admitted. Residents must adhere to many guidelines in order to be eligible to live in the Beacon House. At this halfway house, it is required that all residents remain abstinent from drugs and alcohol while participating in their recovery program. Drug tests are randomly administered and if a resident fails, he will no longer be able to stay. The Beacon House focuses on the entire self in recovery. Recovery is not just about abstaining from alcohol and drugs; it is a more holistic approach that engages the mind, body and spirit. Each resident at the Beacon House has a personalized program to fit his needs, but all are essentially working the 12-Step program. In the program, the men are also required to secure and maintain paid employment and pay a small rent amount in order to live at the Beacon House.

The Beacon House staff approached researchers at the University of Kentucky seeking effective no cost/low cost strategies to help its residents remain in long-term recovery and avoid relapse. The staff expressed a need for additional strategies to implement into the Beacon House treatment program with the ultimate goal of

developing effective maintenance strategies in order for Beacon House residents to maintain their long-term recovery. Since it is voluntary recovery facility, the residents fall into the maintenance stage of behavior change (Prochaska & DiClemente, 1983). In this part of the behavior change process, individuals are actually engaging in the behavior (in this case, recovery). As such, the maintenance stage requires the need to engage in maintenance strategies in order to turn the newly developed behavior (recovery) into a habit. It is necessary to protect the behavior in the maintenance stage by resisting competing behaviors (such as relapse). Inoculation theory (McGuire, 1964) is the most well known theory for building resistance and boosting motivation to maintain a current behavior or attitude. Consequently, inoculation theory was chosen as the theoretical framework for the social marketing plan and message strategies at the Beacon House.

Inoculation Strategy

In today's world, we are capable of encountering between 4,000 to 10,000 advertisements each day (Marshall, 2015). Whether it is consciously known or not, there is no escaping the overwhelming presence and influence of marketing in society. As marketing is becoming more and more prevalent, so does our resistance to persuasion (Fransen, Smit & Verlegh, 2015). Many consumers are aware of persuasion tactics and can often attempt to avoid persuasive attempts, such as recording a program and fast-forwarding through commercials (Johnson, 2006). Increasing technology allows consumers to be in control of their media usage and have the capacity to actively seek to resist advertising in order to maintain a sense of control in an overly commercialized society. The problem, however, is that people are persuaded via other channels outside of the media and may not be as aware or able to resist persuasion. Social networks, such as

peers, parents, teachers, and even strangers have persuasive power. While individuals may be savvier regarding their ability to resist mediated persuasive attempts, it is important to address the different kinds of interpersonal persuasion attempts. In this interpersonal context, attempts to persuade to use drugs or alcohol may be extremely difficult to resist, creating potentially risky scenarios for individuals seeking long-term recovery. Inoculation theory will be the central theoretical framework for developing strategic messages for this project. Utilizing two sided messages, the goal is to bolster resistance to persuasion that occurs in this interpersonal context with friends, family members, co-workers, dealers, and other social interactions.

This project will be focused on boosting resistance to relapse for those seeking to maintain recovery from substance abuse. Resistance to persuasion has been a longstanding topic of interest among scholars studying social influence. Inoculation theory (McGuire, 1961a, 1961b) represents one of the first systematic attempts to better understand how individuals' attitudes can be made resistant to change. Using biological inoculation of human immunization as a metaphor, inoculation theory offers a strategy for fostering resistance to counter-attitudinal attacks. McGuire suggested that just as a person is protected from diseases via inoculation with a weakened virus, a person with established attitudes (including beliefs, values, opinions, etc.) could be inoculated to provide protection from impending threats to that attitude. Consequently, McGuire reasoned that presenting an individual with a weakened form of a counter-attitudinal threat provides a "shock value" (1961b, p. 185) by the realization that the current held attitude is vulnerable and susceptible to threats. The shock works to motivate individuals to strengthen the attitude in place in order to better prepare and become resistant to

upcoming challenges. By forewarning individuals of an impending attack and presenting weakened arguments against an attitude currently held, inoculation can bolster resistance through refutation.

There are two specific mechanisms responsible for the process of inoculation: threat and refutational preemption (McGuire, 1964). Ivanov (2017) details how these two elements are incorporated into the design of an inoculation message. Threat, the realization that one's attitude is vulnerable and may be challenged, is elicited explicitly or implicitly. Explicit threat is generated via a forewarning that the attitude is vulnerable and is likely to be challenged. Implicit threat, on the other hand, is generated by the refutational component of the inoculation message, which provides specific examples of potential attitudinal challenges in an attempt to legitimize the threat to existing attitudes. Refutation includes the presentation of weakened arguments of the opposing position and then refuting those arguments. The final part of an inoculation message includes a call to action. This offers actual material and examples of what to do and how to refute an attitudinal challenge. The body of research that has accumulated since McGuire's (1961a, 1961b) seminal works demonstrates the robustness of this theory (Banas & Rains, 2010; Compton, 2013; Compton & Pfau, 2005). Combining social marketing techniques with messages using inoculation as a resistance strategy has the potential to assist halfway houses with developing interventions aimed at shoring up positive attitudes towards recovery and reducing the number of residents who relapse.

Using messages designed based on McGuire's original principles (McGuire, 1961a, 1961b; McGuire & Papageorgis, 1961), this field experiment will utilize a core inoculation message, which includes a forewarning designed to elicit threat and motivate

Beacon House residents to shore up their attitudes. In addition, the message includes several counterarguments focused on 1) managing interpersonal relationships, 2) building new support networks and 3) calling their sponsor when needed. Terse booster messages have also been developed that reinforce the inoculation message; the boosters utilize both same and novel counter-attitudinal arguments and refutations and calls to action that were introduced in the core message. Last, refusal skills training will be an integral part of the social marketing plan. The refusal skills training will include prompts developed from counter-attitudinal arguments in the core inoculation message, which allow the residents to role-play possible responses.

The utilization of a social marketing plan and strategy aimed at reducing relapse from substance abuse provides an organization with the necessary tools to develop interventions and messages focused on the target market's most critical needs. Social marketing has achieved behavioral changes in many different settings, thus it can be successful in a variety of contexts. The present plan proposes an application and examination of inoculation's ability to confer resistance to relapse among individuals seeking recovery from substance abuse. A field experiment and intervention will be conducted over a 12-month period beginning June 1, 2017 and ending May 31, 2018 to examine the effects of inoculation and social marketing tactics. As such, the following research questions will be considered:

RQ1: Compared to the previous 12 months, what effect will the inoculation-based intervention have on the average number of relapses in the 12-month period since the start of the intervention?

RQ2: Compared to the previous 12 months, what effect will the inoculation-based intervention have on length of stay at the Beacon House?

RQ3: Compared to the previous 12 months, what effect will the inoculation-based intervention have on the time between relapse and re-entry into recovery in the 12 months since the start of the intervention?

Social Marketing Strategy

Social marketing offers a powerful tool for targeting health behavior change. In the context of substance abuse recovery, social marketing is appropriate to address this issue in a comprehensive manner. Social marketing focuses on consumers and consumer based research, identifies the barriers the population will face, outlines the risks and costs, and recognizes the motivators of behavior change. In the context of substance abuse disorders, this project will be specifically focused on men seeking long-term recovery and strategies to reduce relapse. These individuals are committed to recovery, so the ultimate goal is to increase their ability to maintain recovery and avoid relapse. Social marketing focuses on behavior change and maintenance, thus, an appropriate strategy in this context.

The goal of social marketing is to use persuasion to change behavior through value or attitudinal change (Scheier & Grenard, 2010). It focuses on audience-centered communication with deliberate attempts to attractively market the desired social product. Social marketing accounts for more than just the communication of information by combining traditional marketing components with more in-depth, multifaceted components, including barriers, costs, benefits, policy audience segmentation and competition (Rice & Atkin, 2013). Social marketing utilizes communication strategies

such as television, print media, radio, and even social media in addition to interpersonal channels, in order to inform a target audience with a goal of changing the audiences' beliefs and behaviors, eventually changing behavior (Scheier & Grenard, 2010). The main difference between social marketing and traditional marketing is the behavior-changing goal. Traditional marketing focuses on the sell of a product or service. The ultimate goal is getting consumers to buy a product or service; hence all efforts go into selling, branding and getting the consumers attention. Social marketing, however, is an amended approach and uses marketing strategies to address behaviors in the context of social change. Instead of focusing on commercial products and brands, social marketing is aimed at reforming societal issues and persuading audiences to either adapt new positive behavior or stop pursuing bad behaviors. Social marketing can tackle a variety of social issues such as sexual risk, nutrition, smoking, health diseases and many more. While our specific area of social interest is in substance abuse, it is important to note all the different ways social marketing has been successful.

There are many examples of previous social marketing projects that provide evidence of its benefit and success. Well-known social marketing campaigns include the CDC's VERB campaign to promote physical activity in youth. VERB is not an acronym, but rather verb as a part of speech, indicating the tagline "it's what you do" (Wong, Huhman, Asbury, Bretthauer-Mueller, McCarthy, Londe & Heitzler, 2004). Results from this campaign found physical activity increased by 34% in 9-10 year olds exposed to the campaign (Huhman, Potter, Wong, Banspach, Duke, Heitzler, 2005). The impact of social marketing is long lasting and prevalent in society today. With the increase of Internet and mass media sources, social marketing has the potential to target audience at

many different levels. The National Youth Antidrug Media campaign used social marketing strategies in effort to reduce the initial use of teenage drug use and limit drug use for those already engaged in the behavior. Past social marketing campaigns offer guidance and future direction for this social marketing plan and message design strategy.

Inoculation Message Design Strategy

This social marketing plan created for the Beacon House will use inoculation theory as the message strategy for developing the strategic messages. In addition to the core inoculation message that is developed, there will also be booster messages and refusal skills training strategies that incorporate the inoculation elements in a different way.

Core Inoculation Message

As previously stated, the social marketing plan includes a traditional inoculation message, which is the core inoculation message developed for this intervention, and serves as the focal point of the message design. All other intervention strategies stem from this core inoculation message. The core inoculation message incorporates the two basic components of an inoculation message: threat and refutational preemption (McGuire, 1964). Threat is generated through forewarning in order to motivate Beacon House residents to strengthen their attitudes of recovery, as the threat should notify residents that their attitudes are, indeed, susceptible to challenges. The message includes counter-attitudinal arguments, providing the residents possible arguments that might be presented in order to convince them to relapse. The inoculation message then provides a refutation to those threats. The refutations presented in the core inoculation are focused

on motivating Beacon House residents to manage new interpersonal relationships, build new support networks with recovery friends, and to call their sponsor when needed.

Again, the core inoculation message developed for the social marketing plan was redesigned after an initial pre-test of an inoculation message. Qualitative interviews were conducted with a sample of Beacon House residents in order to 1) test whether inoculation could work in this type of setting and 2) test the effectiveness of the key components addressed in the message. The primary data collected from these interviews presented a need for a message re-design. As such, the message was redesigned in order to address the concerns of the residents and include more relevant situations invoking threat to the target population. The other intervention strategies stem from the core inoculation messages' key message components. The core inoculation message will be read or recited to the Beacon House residents on the first Sunday of each month at regularly scheduled community meetings.

Booster Messages

While inoculation messages serve significant purpose, the effectiveness of inoculation messages decays overtime (Compton & Pfau, 2005; Ivanov, Parker, & Dillingham, 2016; Ivanov, Pfau & Parker 2009). As such, consistent with the medical analogy of inoculation, the effect of this strategic approach can be reinforced, or boosted, by using attitudinal booster shots. However, are attitudinal booster shots effective in reinforcing (or extending) the effects of inoculation? There is limited research regarding the success of booster messages in inoculation, however research by Ivanov and colleagues (2016) tested boosters in the form of inoculation messages in two time windows, after two and four weeks from receiving the initial inoculation treatment.

Results from this study suggest that a longer period of time is needed for the effect of the initial inoculation message to decay, thus the usage of boosters may be more effective when the time interval is extended. Nonetheless, booster inoculation messages are important new strategies to uncover.

The proposed social marketing plan will utilize booster inoculation messages to help increase long-term recovery. This project will utilize booster messages in the form of Twitter, Facebook, and text messages. These messages will be disseminated 1-3 times weekly, excluding the first Sunday and third Wednesday of the month. Based on the content, the booster messages will be sent out around certain times/days of the week where the content will most appropriately resonate with the audience. In other words, the timing and content will be matched when appropriate. The boosters are excluded from these particular days, as the core inoculation and refusal skills training will be used on those days.

Refusal Skills Training

Research from social work and psychology, among other disciplines, has illuminated the importance of coping skills and social skills to post-treatment substance use outcomes. Given Marlatt and Gordon's (1980) finding that 47% of relapses to heroin use occurred in interpersonal situations involving conflict or social pressure, the researchers advocated for relapse prevention treatment that incorporates social skills training regarding high-risk interpersonal interactions. These interactions will be mimicked in the refusal skills training prompts and allow residents to practice and work on how to confront these attack messages in real life. Though Marlatt and Gordon's (1980) taxonomy of high-risk relapse situations incorporates the dimensions of

interpersonal determinants (e.g., social pressure to use), treatment programs which do not incorporate relapse prevention components often do not address social and communication skills necessary to navigate these interpersonal situations. The refusal skills training component of the social marketing plan will help those in substance abuse recovery to develop crucial social and communication skills to use out in the real world when they are faced with threats to recovery.

Additionally, treatment must emphasize self-efficacy regarding ability to adhere to abstinence plan (Barthwell & Brown, 2015). Bandura's (1994) social learning theory suggests self-efficacy is a determining factor in one's motivation to complete challenging tasks such as achieving and maintaining sobriety. Self-efficacy has been a successful predictor given multiple models for relapse in other high-risk behaviors, such as smoking cessation behaviors (Velicer, DiClemente, Rossi & Prochaska, 1990). Thus, researchers have identified efficacy-enhancing procedures for treatment programs for various substances such as promotion of collaboration between client and therapist (Larimer, Palmer & Marlatt, 1999).

As such, another strategy in this social marketing plan will include refusal skills training. This strategy will offer potential real life scenarios for the Beacon House residents to work through and respond. It is important that residents have an opportunity to practice the material from the inoculation message and generate their own responses. This refusal skills training will be completed on the third Wednesday of each month during regularly scheduled community meetings. The message design strategies for this social marketing plan are designed to enhance the core inoculation message. Both the booster messages and refusal skills training incorporate inoculation in its strategic design.

Booster messages will be terse forms of the core inoculation message that will be used as weekly reinforcement. The refusal skill training is designed to take what is learned and presented in the inoculation messages and putting these core elements to practical use. This training will bolster self-efficacy of residents and develop preparation for how to communicate in social interactions that may offer a threat to recovery. The goal of these strategies is to create cohesive messaging that compliments and reinforces the inoculation message in an effort for individuals to sustain long-term recovery.

Social Marketing Plan

As previously outlined, the social marketing plan will incorporate three key deliverables: the core inoculation message, reinforcement booster messages, and refusal skills training. In order for these intervention pieces to be developed most effectively and with the potential for providing the most influence, the social marketing plan provides an overview of substance abuse disorder by focusing on the consumer and the Beacon House residents. The social marketing plan is developed through extensive evaluation of this target audience in order to properly address the needs and concerns of this population and develop strategies that address or attempt to resolve these concerns. This social marketing plan is designed for, and will be utilized by, the Beacon House; however, its strategic approach and audience-centered viewpoint is beneficial for other halfway houses serving individuals seeking long-term recovery from substance abuse disorders.

Part Two: Social Marketing Plan

A Beacon of Hope: Inoculating Against Relapse

Social Marketing Plan
Prepared for the Beacon House

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Background, Purpose, and Focus

Substance abuse has been a pervasive problem in the US for many years (Center for Disease Control and Prevention, 2017). As the incidences of substance abuse disorders (SUD) and overdose rates continue to rise, a number of interventions and laws have intervened in order to address the issue. Medications have been used as treatment methods; however, this is simply the first step in the treatment of SUD (Volkow, 2014). Treatment of substance abuse must also address behavioral aspects in order to modify behaviors and develop attitudes and skills necessary for recovery (National Institute on Drug Abuse, 2014).

Opioid addiction in particular is growing at an astonishing rate. Every day, 91 Americans die from an opioid overdose, including prescription opioids and heroin (Center for Disease Control and Prevention, 2017). Opioids are extremely addictive and can easily be abused, even when legally prescribed. Heroin is an illegal opioid and is increasingly becoming the drug of choice among 18-25 year olds (Center for Disease Control and Prevention, 2017). In the past decade, heroin use among this age group more than doubled. As a result, overdose rates increased to more than 8,200 deaths (Center for Disease Control and Prevention, 2015).

While there are many resources aimed at helping those with substance abuse disorders, intervention programs such as halfway houses focus on assisting individuals early in their recovery as they transition back to independent living. The threat of relapse is constant as individuals in halfway houses begin to negotiate their new and fragile recovery. Research has found that people who are in recovery and do not utilize efforts post-treatment, such as transitional housing, halfway houses, or 12-Step programs, have less than a 50% chance of maintaining that sobriety (Beacon House, 2017). Additional research found that longer participation in treatment programs yields more positive self-efficacy, social, and drug usage outcomes (Moos & Moos, 2006). Therefore, the need for treatment facilities is crucial in success of recovery.

The Beacon House in Louisville, Kentucky will be the focus of this social marketing plan. Mr. Russ Read, Executive Director of the Beacon House, approached social marketing and communication experts at the University of Kentucky inquiring if inoculation theory and social marketing might be appropriate strategies in this context. According to Mr. Reed, the Beacon House is the last step for these men on the continuum to long-term recovery. It is a place where people can learn to live independently and gain valuable life skills, including financial and educational skills, and the ability to repair and develop successful relationships.

As such, a partnership began with the goal in mind of developing a social marketing plan for the Beacon House, which integrated inoculation messages aimed at reducing relapse and promoting sustained residence at the Beacon House. The specific life skills Mr. Read identified that are taught at the Beacon House will be incorporated into the inoculation messages. Specifically, the messages will address the necessary skills, both behavioral and cognitive, that are needed in order to avoid relapse and remain in recovery.

The stages of change model (Prochaska & DiClemente, 1983) describe the six stages of change individuals experience in the behavior change process. (Lee & Kotler, 2016). This framework is important in identifying what stage the target audience is at in regards to changing behavior, thus, affecting how the behavior needs to be approached. The first stage, precontemplation, is when the audience is either unaware of the problem behavior or has no intention of changing. Stage two is contemplation. In this stage, a person is aware he or she has a problem behavior and is starting to decide what or if they should do anything about it. Contemplators are aware of the problem, but still have not acted on it. Stage three is the preparation, where a person has decided to take action in changing a behavior and is in the process of preparing to take this action. Action is stage four and is when a person actually engages in modifying or changing his or her behavior. Since this action is new, stage five of maintenance turns the new behavior into a habit. People in this stage are engaging in the new behavior and working on maintaining it. Lastly, there is the termination stage. This is the ultimate goal in all behavior change because a person has finally given up the previous behavior for good and no longer feels a threat or temptation to revert to old behaviors.

The residents at the Beacon House are in the maintenance stage of behavior change. The maintenance stage of behavior change includes individuals that have already matriculated through the other stages, including engaging in the action necessary to enter recovery and are working on maintaining this behavior. In this particular context, these men have been voluntarily in recovery for at least three days and are working on maintaining their recovery in order to avoid relapse. While the target audience is engaging in the action of staying sober, they are also working very hard to maintain this behavior. There will always be threats and temptations, so maintaining long-term recovery can be challenging. As such, the social marketing plan is designed to create strategies that target the audience at this maintenance stage of behavior change using inoculation. Inoculation is the most well-known and useful theory in promoting resistance and maintaining a current behavior/attitude for audiences. As such, an inoculation based message strategy was chosen as the framework for this project.

Inoculation theory is a resistance strategy that may be used to encourage motivation to bolster attitudes. Inoculation theory utilizes two-sided messages, presenting an explicit forewarning that one's attitudes could be attacked, weakened counter-attitudinal arguments, and providing refutations to the arguments. The weakened arguments initiate a process in which individuals develop counterarguments and become motivated to defend their attitudes against an actual attack (Compton & Pfau, 2005). Inoculation has the potential to bolster attitudes towards maintaining recovery and avoiding relapse. Considering the Beacon House residents are in the maintenance stage of behavior change, inoculation fits as the most appropriate message design strategy to use in order to not only resist persuasive attempts, but to reinforce current attitudes in favor of long-term recovery.

The Beacon House offers a venue for investigating the effectiveness of social marketing and inoculation strategies with individuals seeking to maintain recovery and avoid

relapse. This facility shares similarities with other halfway houses, thus the research and outcomes of this project may be applicable in other substance abuse treatment facilities.

The Beacon House is a unique facility in that it is more of a transitional treatment center. All Beacon House residents are sober, must have a job, and are required to maintain abstinence and employment in order to sustain residence. This facility is a voluntary treatment center; therefore, all residents are there by choice. The Beacon House will be a key facility for investigating the efficacy of inoculation messages, as there is an opportunity to bolster the attitudes that are already in place. The Beacon House residents already have a positive attitude regarding recovery and there is potential for inoculation to bolster those attitudes.

Purpose:

The purpose of this social marketing plan is to promote long-term substance abuse recovery.

Focus:

The focus of this plan is to reduce the number of relapses and increase the length of stay at the Beacon House

The focus of this plan is developing an intervention incorporating inoculation messages to aid treatment at the Beacon House. This will be a pre-experimental field design. The inoculation message will be used in three different ways through the intervention:

1. A formal inoculation message read or recited once a month at regularly scheduled meetings
2. Reinforcement inoculation messages with booster/terse messages used 1-3 times per week
3. Refusal skills practice with role play once per month at regularly scheduled meetings

Situational Analysis

It is important to consider internal and external factors that contribute to the success and challenges at the Beacon House and the individuals struggling with substance abuse recovery. There are many influences outside of the Beacon House that must be addressed in order to prevent relapse. The following SWOT analysis, developed for the Beacon House, considers the strengths and opportunities to maximize and the weaknesses and threats to minimize, while keeping the target audience in mind.

Strengths:

- ❖ The Beacon House is a voluntary recovery center
- ❖ All residents are admitted by choice and have a positive attitude towards substance abuse recovery
- ❖ Residents work the 12-Step Alcoholics Anonymous program in addition to staying at the Beacon House
- ❖ Residents are required to have full-time employment
- ❖ Must pay monthly rent
- ❖ Required to enter a 3-day detox before admission
- ❖ Beacon House staff and residents meet twice a week for “community” meetings
- ❖ Required to have a sponsor in the 12-Step program
- ❖ Life skills classes

Weaknesses:

- ❖ Besides working the 12-Steps, the Beacon House has very limited resources available to residents
- ❖ The duration of stay at the Beacon House is no more than 9 months
- ❖ Only available for men
- ❖ Residents are able to leave at any time
- ❖ 50 person capacity
- ❖ Vulnerable population that can be easily susceptible to threats of relapse
- ❖ Majority of residents do not have health insurance or other resources to assist recovery

Opportunities:

- ❖ As of June 2016, Kentucky’s Justice Cabinet committed \$15.7 million of the state budget to address the opioid epidemic
- ❖ Increasing legal penalties for using illicit drugs may cause more people to consider recovery options
- ❖ There are many similar halfway houses located across the state and country to allow for expansion
- ❖ Opioid addiction is a prevalent area of concern for government officials, non-profits and educators across the state
- ❖ Additional funding opportunities

Threats:

- ❖ Relapse is a daily challenge
- ❖ Once leaving treatment, residents go back to their regular lives and are faced with environmental triggers and pressure from friends and family that may still be engaging in substance abuse
- ❖ Residents have limited interpersonal skills necessary to develop new, healthy relationships

- ❖ Others offering drugs, either from other residents in the Beacon House or from people outside the facility
- ❖ The combination of mixing drugs, such as alcohol and heroin

Target Audience

The target audience is all residents at the Beacon House. However, it was necessary to look at a sample of residents for pre-testing in order to effectively develop the social marketing plan and inoculation messages. This sample population includes men ages 21-60 ($\bar{x}=34$) that are primarily Caucasian. The Beacon House is a voluntary residence and the men may leave anytime; hence, they have chosen substance abuse recovery and are open to messages aimed at supporting their recovery and reducing relapse and increasing the length of stay at the Beacon House. The messages would not need to convince the target audience that recovery is desirable because the residents are at the Beacon House by choice. Therefore, they already have the correct mindset and attitudes of wanting to remain in long-term recovery. These residents are in the maintenance stage of behavior change and must engage in actions in order to maintain their recovery. This positions inoculation as a potentially effective strategy in this context.

University of Kentucky faculty, using feedback from the Beacon House staff, developed the initial message. In order to ensure the effectiveness of the message, the inoculation message was pre-tested via several in-depth interviews at the Beacon House. These initial interviews served as the guideline for this social marketing plan and informed the message design process. Based on these interviews, the data indicated that the original inoculation message may have been less effective, as it did not address what the men foresaw as potential threats to their relapse. The original message included threats to their recovery that focused on interactions with strangers that might offer the Beacon House residents drugs, such as dealers, or people they might know hanging out at the bus stop or check cashing store. In the initial meetings, the Beacon House staff identified these as the most prevalent threats to the target audience. However, the in-depth interviews uncovered other potential threats that were the most concerning to the residents.

The in-depth interviews illustrated that the men felt most vulnerable navigating new situations, including work and situations with new friends and coworkers. Several men identified they try to stay out of these “dangerous situations” and abstain from situations and events that involve drinking and drug use. The problem is that this is not always possible. The men will face situations in which they cannot escape. As one male noted: *“I can’t let them deter me from what I’m trying to do. What I’m trying to do in the long run is far greater.”*

Another male commented on how hard it can be to stay away from dangerous situations, especially when you are not sure what can happen:

“And I mean I know it’s, I feel like it’s almost easy for everybody to sit here and say, you know, even though I know I don’t want to get high, it’s like until you’re faced with a situation, what are the real feelings that you feel?”

It is not likely that these men will be able to avoid every situation where they will face the temptations of relapse. Outside of others seeking to maintain substance abuse recovery, many do not understand the daily struggles these men face. Many of the Beacon House residents noted that it would be, “*disrespectful to challenge,*” their recovery. However, they conceded that they knew these threats were very real and they would need to navigate them.

Based on these key findings, important changes were made to the inoculation message. The message was re-designed to incorporate threats the men felt would be more challenging and felt less efficacious in their ability to traverse, such as how to navigate new situations and interact with people at work while still staying in recovery. Several of the men also noted that making new friends was challenging, even though they understood the importance of fellowship and building a new network of sober friends.

In addition, the original message integrated much of the Alcoholics Anonymous (AA) language, so that there would be consistency with the messaging the men were hearing at the Beacon House. The in-depth interviews revealed that this was a mistake, because the men did not think there was enough in the message that they had not heard before in other settings. They described the message as repetitive and situations they constantly dealt with, therefore, know how to handle. As one man noted:

*“When it’s talking about people walking up on you and not caring about nothing, we’re going to have those people in our lives all the time. It’s not going to stop. You’ll be dealing with those people until the day you die. You gotta know how to pass them, you know? I get offered sh** all the time, you know.”*

These men know how to approach the familiar situations, saying:

“I have to say, I would just say, you know what, no thanks. I’m not going to give them a big spiel about, I don’t drink anymore, I work the 12 steps. I’d be like you know, I got something going on, man. You know, just thanks anyway.”

It seemed easy and natural to handle these situations and not threatening. As such, the message was re-designed to address the concerns the men shared during the interviews and intentionally diverge, although not conflict, from some of the AA language.

The initial interviews with the target audience at the Beacon House found that many of these men recognize the threat of potential relapse, but do not feel discouraged; the participants shared that having the time at the Beacon House to stabilize their recovery is critical to them. Although these men identify the fear of relapse, they feel as if some fear is necessary because relapse is scary, therefore, they need to feel that fear. One participant claimed, “*The threat of relapse is always there, but you can learn how to*

handle it.” Many of these participants admitted to previous relapses, as one particular man noted, “I’m pretty sure if I left here...I would relapse right now.” Although these men are aware of the potential fear and threat to relapsing, all are committed to recovery and believe that recovery is possible. As another resident noted regarding the likelihood of those in recovery that have relapsed: “It makes me feel good because I am part of a fewer percentile. I feel like, you know, I am feeling positive about it.”

Behavior Objectives and Target Goals

Several objectives are outlined for the target audience to reach. In order to ensure the effectiveness of the inoculation message, there must be certain objectives in place in order to specifically identify the behaviors, knowledge, and beliefs the target audience should achieve from this plan.

Behavior Objectives:

1. To remain in active recovery without a relapse at the Beacon House for 90 days
2. To remain in active recovery at the Beacon House for 9 months

For the target audience to maintain recovery, these behavior objectives must be in place. The behavior objectives support the overall purpose and focus of this social marketing plan and give the target audience specific behaviors to achieve. As a note, the behavioral objectives are aligned with the three research questions (see p. 19). Although there is no behavior objective to address RQ3, it is still an important research question to consider.

Knowledge Objectives:

1. To know they will be faced with temptations to relapse
2. To know what situations will create the most temptation for relapse
3. To know possible responses for situations in which their recovery is threatened

These objectives focus on the target audience acquiring information and statistics regarding situations that may threaten their recovery. In particular, there will be a focus on situations that will threaten the target market’s recovery and could influence a relapse. It is important for these knowledge objectives to be in place in order to achieve the desired behaviors.

Belief Objectives:

1. To believe they are capable of resisting the temptations
2. To believe they can handle situations that arise
3. To believe they have the tools necessary to avoid relapse

Since the Beacon House is a voluntary recovery program, residents already have committed to recovery and have positive attitudes towards the promise of a new and

better life. Although this mindset is already in place for recovery, it is also important to address the men’s beliefs about being able to remain in recovery long-term. The men must believe they have the efficacy to resist triggers and temptations of relapse in order to remain in long-term recovery.

Based on the purpose, focus, and objectives of this plan, the target goals are as follows:

Program Goals (Dependent Variables):

1. In the first year, beginning June 1, 2017, to increase the number of men who complete a 90 day stay at the Beacon House with no relapse by 5% compared to the year preceding the intervention
2. In the first year, beginning June 1, 2017, to increase the duration of stay at the Beacon House to 9 months with no relapse by 5% compared to the year preceding the intervention

Table 1 below offers a comprehensive overview of how the purpose, focus, objectives and goals of this project work together.

Table 1: Overview of Social Marketing Plan

Campaign Purpose:	Promote long-term substance abuse recovery
Focus:	Reduce the number of relapses and increase the length of stay at the Beacon House
Objectives:	
<i>Behavior objectives</i>	<ol style="list-style-type: none"> 1. To remain in active recovery without a relapse at the Beacon House for 90 days 2. To remain in active recovery at the Beacon House for 9 months
<i>Knowledge objectives</i>	<ol style="list-style-type: none"> 1. To know they will be faced with temptations to relapse 2. To know what situations will create the most temptation for relapse 3. To know possible responses for situations in which their recovery is threatened
<i>Belief objectives</i>	<ol style="list-style-type: none"> 1. To believe they are capable of resisting the temptations 2. To believe they can handle situations that arise 3. To believe they have the tools necessary to avoid relapse
Goals:	<p>In the first year, beginning June 1, 2017, to:</p> <ol style="list-style-type: none"> 1. Increase the number of men who complete a 90 day stay at the Beacon House with no relapse by 5% compared to the year preceding the intervention 2. Increase the duration of stay at the Beacon House to 9 months with no relapse by 5% compared to the year preceding the intervention

Barriers, Motivators, and Competitors

For the success of this plan, it is essential to address the barriers, motivators, and competitors that will affect the target audiences' ability to sustain recovery and resist relapse. This will deepen our understanding of the target audience and what will be most beneficial. By identifying these factors, we will have the best possible understanding of how to design the messages and intervention to ensure success. Below, we have identified each of these considerations.

Barriers

There are many barriers to consider that affect the Beacon House residents and their ability to perform the desired behaviors. Barriers in social marketing are defined as the concerns the target audience has for adopting the behavior. We must consider what the target audience at the Beacon House is giving up, what he must quit, whether he think he is capable of doing this behavior, and other potential barriers or "costs" the audience will face. In this case, there are many perceived barriers that play a role in determining whether or not these men can maintain recovery and avoid relapse. Barriers are a critical consideration in this social marketing plan, as it is important to identify if and how the barriers may be overcome. Some potential barriers to the Beacon House residents include:

- ❖ Fear of the unknown or new situations
- ❖ Being around old friends that use
- ❖ Fear of failure
- ❖ Friends not being able to stay sober
- ❖ Not being able to resist temptation
- ❖ Pressure from others
- ❖ Challenges to building healthy new relationships
- ❖ Vulnerability

One of the main barriers identified in interviews with these men included *the fear of the unknown or new situations*, as the biggest perceived barrier. Some of these men do not have the confidence that they will be able to remain sober once leaving the Beacon House. As one man describes:

"I'm not very confident in that fact that...there's going to be you know I'm going to be overwhelmed and things are going to press in on me in the future and that's why, the only reason I came here was to build a foundation and get a sponsor and try to learn how to cope and deal with the situation that'll come...I know it's going to come around you know where I'm overwhelmed by circumstance and I'm stressed out, or I'm going be lazy because I've made a bunch of money and acquired success and I'm comfortable and I ain't sweating my brains out and I'm like hey, I deserve a drink."

In essence, how do they prepare for the situations in which they have yet to encounter or have encountered before and failed? Many of them described multiple relapses and that they do not want to head down that road again. They described uncertainty as they think of how they will avoid relapse with so many established relationships that need to be re-negotiated and unknown relationships and situations ahead of them. One participant described the “escape plan” rule his sponsor taught him when he gets in an uncomfortable or unknown situation. According to the participant:

“Escape plan is, typically I would uh like for instance I went to a wedding, uh make sure that I have a car separate from my wife and kids or whoever I go with. Um and be able to leave if anything uncomfortable, you know if you get to that 3rd point and you’re uncomfortable, then you have to have something to, and forewarn everybody that if I disappear, you know...I’ll text you and tell you that I had to go.”

While new/unknown situations act as barriers, many of the men noted that the regular guys selling drugs on the street were no bother. One man in particular noted that it just seems like part of the equation, something they have to deal with. This is something he deals with almost daily and felt comfortable being able to resist in these situations, saying he: *“often prays or tells them to screw themselves.”*

The original inoculation message included threats to recovery that included situations, such as walking down the street or the neighborhood and being offered drugs. This mock situation was designed in order to stimulate a certain level of threat and vulnerability to these men. However, the majority of the participants indicated they did not feel threatened by this situation. In fact, they claimed that this situation is something they face almost daily; therefore, they are comfortable with resisting and saying no. As several men claimed: *“I know the warning signs. I know what to do when that situation occurs. And I know what I’m supposed to do.”* Another stated: *“Yea. I feel real confident I could do it. Yea um... it’s like I got a whole parking garage full of pain that makes me know that that ain’t going to be right.”*

However, what made the men feel most susceptible and vulnerable was the unknown. Situations these men have not yet experienced, cannot imagine or cannot control fostered feelings of vulnerability and posed one of the biggest barriers to resisting relapse. For example, one participant said: *“I know from my personal experience, my first three months was rough. You know not everybody is as aware as I was when I came here, aware of the things that are going to set me up for failure.”* As such, taking into account the data from the in-depth interviews, the final core message focuses more on counter-attitudinal attacks in new and unknown situations, such as the workplace or navigating relationships with family.

A number of other potential barriers came up in the interviews as well:

- ❖ Being around old friends that use
 - *“I get offered shit all the time you know”*
- ❖ Fear of failure or relapse

- *“It’s everyday”*
- *“Fear of failure is one of my biggest fears in life. And I’ve been failing for so long now that I’ve kind of got one foot in the door, it’s like scary to think about losing the small progress that I have made”*
- ❖ Friends not being able to stay sober
 - *“So like I said, a lot of people come in here to do that, to get that tolerance down you know, so they can go back out. And that’s why people die, because this heroin shit is an epidemic and they come in and they get sober for you know, 20 days whatever, however long, they get a little bit of sobriety under them. Then, they go back out and start using the same amount as when they came in, and then they find them dead. You know, it’s— it’s sad.”*
 - *“Just knowing he was doing it and being in the house with me, and seeing ... because if he didn’t offer it to me, like I said I knew him from the streets, if me seeing him that way would have triggered me wanting to get high that bad, I knew all it would have taken is for me to ask him, and he would have given it to me. So I mean ... it was bad. Even though he didn’t offer it to me, it was still a situation where I knew I could get it if I wanted it.”*
- ❖ Not being able to say no
 - *That insanity of taking that first drink. I used to talk myself into it. I mean, in no time. You know, there was no debate. Now it’s kind of like, you know exactly what’s going to happen. And there’s no, I mean there’s no, it’s you know what’s going to happen. You’re done.*
- ❖ Pressure from others
 - *Being pressured, “puts butterflies in my stomach”*
 - *“People who offer are threatening my life, and I’m having to defend myself*
- ❖ Challenges building healthy relationships
 - *“I know fellowship is important, but it makes me anxious because I am bad at making friends.”*
- ❖ Vulnerability
 - *When thinking about risky or tempting situation, “Well it makes me, it lets me know that I’m still vulnerable at this point in my recovery but um but that I do have um you know things that I can do to combat it, and not risk it.”*

By recognizing these barriers the target audience faces, we are able to address these issues in the intervention messages. The information learned from the pre-interviews helped in the message design. The messages are designed in attempt to reduce these perceived barriers. The inoculation messages will utilize these barriers as a forewarning element of the message, then providing counterarguments and calls to action to overcome barriers.

Motivators

Motivators are the factors that will entice the target audience to be more likely to perform the desired behavior of remaining in long-term recovery and avoiding relapse. To be successful, the plan must identify the people, ideas and concepts that will best motivate the target audience to remain in long-term recovery. Based on in-depth interviews with the Beacon House residents, the motivators are identified as follows:

- ❖ 12-Step program
- ❖ Fear as motivator
- ❖ AA sponsors
- ❖ Self-motivation
- ❖ Sober friends at the Beacon House
- ❖ Legal consequences
- ❖ Anger/Reactance

Self-motivation is particularly beneficial to this target population. This is best exhibited in a quote from one of the participants: *“In my head and in my heart today, I just know I don’t want to get high. And there’s really not anybody that can say anything to me to make me change the way I feel about that today.”*

These men are committed to avoiding relapse and feel that self-motivation is very important in keeping them on track to staying sober. One man claims he knows he can do it because:

“I don’t want no more pain (laughter), I don’t want anymore. Um you know, just (sighs) I’m old I mean, I ain’t got time to keep starting over and over and over. At some point I want to start living, you know, get this thing right.”

Working the 12-Step program and utilizing AA sponsors came up many times in the interviews as good ways to keep them motivated. One man describes the 12-Step program as: *“not one of those half-ass programs, you can’t, you know, it’s not something you are not going to graduate, it’s not going to be an end to it, you have to do it your whole life.”* The men were all very satisfied with their sponsors and felt able to call their sponsors when needed. Men who have been in the Beacon House longer will often encourage the new residents to actually utilize their sponsors. As one participant said,

“Nine times out of ten I tell them, you need to call your sponsor, you need to talk to your sponsor. You know? And you have to utilize all these, these great assets thrown in front of you, all these things — these tools —that are thrown in front of you because they are there for a reason.”

Some other motivators to consider for these men are:

- ❖ Fear as motivator

- *“Oh, absolutely. It’s a good healthy fear. Uh, you know, and on my 5th step, I put uh, one of my fears was complacency. Because I had some sobriety before but I got real complacent.”*
- ❖ Feeling of strength
 - *“Once I put in my mind and my heart that I am through, I’m through”*
- ❖ Sober friends
 - *On going to a sports bar- “I would, I don’t know if I would have to, I would want to have some sobriety around me. And uh I think that’s the main thing for me.”*
- ❖ Legal consequences
 - *On turning down drug dealers- “It’s kind of unique in my situation where I feel like I just did 9 years of prison man. That wasn’t my first time in prison so I’d tell them that I’d suffered quite enough and the reason that I hadn’t seen them in a while is because I’ve been in prison which they would already know.”*
- ❖ Anger
 - *“It makes me feel angry, you know, but sometimes I gotta think they don’t know how it’s like to be a recovering addict. You know, we’ve got a disease for real.”*

Another main motivator for these men is the opportunity to be a better person, father, husband, or all of the above. While the Beacon House residents shared they are driven by self-motivation, the important people and roles they have in their lives also motivate them. As one resident shared: *“I’ve been selfish my whole life, now I have to be selfish for the right reason.”*

Based on what was learned from the target audience about motivators, we were able to incorporate these motivators into the inoculation messages. Motivators are key, as these are the factors that will promote the target audience’s willingness to engage in the desired behaviors. A specific motivator that came out through the interviews was self-motivation. These men have an internal motivation to remain in long-term recovery. The inoculation messages address this motivator and other motivators alike in a variety of ways. Beacon House residents are urged to stay motivated and remain in recovery by doing actions such as calling a sponsor or hanging around recovery friends when they encounter a threatening situation in order to stay on track. In the refusal skills training, motivation is stimulated via the role-play. The residents will increase their self-efficacy as they practice responding to threatening situations to their recovery, thus building motivation to stay in recovery. All intervention deliverables outline the motivators to utilize when faced with a threatening situation.

Competitors

Competitors in social marketing are different from traditional marketing competitors. Instead of brand competitors or other products, social marketing competitors include behaviors, people, or organizations that will challenge the behaviors that promote long-term recovery. Often, competitors are much more preferable, habitual, and easier to do

than to perform the desired behavior. For example, in this case, it may be easier to fall back to old habits such as spending time with old friends that still use. As such, the most likely competitor is indefinitely deciding to forego recovery and use drugs and alcohol again. This competing behavior poses a great threat to this social marketing campaign because recovery is not a one-time decision, but rather a decision made multiple times every day. It takes a lot of work to remain in recovery, so much that the competition may seem easier at times. Behaviors that are long-term, and must be repeated over time can be very difficult to sustain (Lee & Kotler, 2016). The competitors to long-term recovery include:

- ❖ Relapsing
- ❖ Idealization of drugs (both alcohol and drugs) in the media
- ❖ Romantic relationships
- ❖ Family members and friends that still use
- ❖ Bars, clubs, or other venues where drug use is prevalent
- ❖ Drug dealers

As a participant reports: *“I used to be an addict. I’m still an addict. I’m always going to be a recovering addict.”* Every day, these men must choose to live a life in recovery and reject relapse. Sometimes it can be hard, maybe even excruciating. The temptation to relapse is a huge competitor seen in almost all interviews with these men. The idea of relapsing is not something that immediately goes away with recovery. According to one participant: *“I mean occasionally yeah, in the back of my mind I think, yeah, it would be nice to go shoot some meth and go enjoy myself, because that was my drug.”* Although these men are committed to recovery, it is still hard to resist doing something they once enjoyed.

It is especially hard for men to remain in recovery when family and friends are still using. One man describes this as one of the biggest risks and temptations in his recovery. He says: *“Um, a very difficult situation for me to be in would be, for me, to be around with it. Just to be with the person that I did the majority of my drinking and drinking with.”* Old family and friends are likely to serve as a source of competition, so addressing this threat is critical to the success of this plan. Another resident exemplifies the struggle of being around family

“I was at my uncle’s just real recently, and he said “Are you still clean?” And I was like, “Yeah.” And he said, “I’m about to smoke a bowl of meth, you know, I don’t know if you want to walk outside, or you want me to walk outside or what, but uh.” I was like, “It’s your place, you do what you do, and I’ll leave when I want to.” And I walked outside... it’s what I expected pretty much”

Pressure from the media is an important competitor to consider as well. Although these men can build skills to resist and avoid temptation, it is harder to get away from advertisements, television shows, and movies that promote or show different forms of substance use. One participant claimed: *“Every time you turn on the TV there’s a good-looking babe with a bottle of Corona in her hand.”*

It can be hard to sustain recovery when there are much stronger competing forces in society that idealize the idea of drinking. It is important to remember that these men suffer from substance abuse disorders. As with all individuals suffering from substance abuse disorders, it is necessary to not only avoid his or her drug of choice, but all drugs in general. These men cannot risk their recovery of one drug for another. Regarding drinking, a participant said: *“I know the road it’s going to lead down, you know um, drinking hasn’t brought anything good in my life.”*

Additional competitors to consider:

- ❖ Loved ones
 - *“I have to love them from a distance because the love they are trying to give me is going to send me on that great unknown for sure, and there’s no guarantee that I’ll ever come back from that”*
- ❖ Bars, clubs, and other risky venues
 - *“Oh, I wouldn’t be able to hang out in bars, go have ginger ale and play pool. I’m just not ready for something like that.”*
- ❖ Romantic relationships
 - On a bad situation to avoid- *“Probably around some females would be you know uh I could see myself, cause I haven’t you know been with a female in 9 years so I could see myself with some young, if I was got, allowed myself to be trapped in a situation with you know some young pretty...females you know”*
- ❖ Drug dealers
 - On being offered/encountering drugs on the street- *“Oh, it happens now. I mean, yeah, it’s a definite.”*

The competition is a challenging area to address given that it is often tied to social interactions for this group of individuals. Therefore, the goal is to design the messages with these competitors and the nature of these relationships in mind. It is necessary for the intervention messages to address the competition in the forewarning, as these are the kinds of people and behaviors that pose a challenge to long-term recovery. The identified competitors are integrated in the intervention messaging to promote recognition of the threats to recovery these relationships may pose and motivate the bolstering of attitudes in preparation for these interactions.

Positioning Statement

Positioning is important in social marketing because it allows an organization to frame the behavior and goals in a way that will distinctively resonate with the target audience. There are many different forms of positioning, however, we have developed a benefit-focused positioning statement. This type of positioning statement focuses on the benefits the target audience will receive.

It is important for the Beacon House residents to believe that long-term independent living recovery is obtainable. Although there might be challenges and threats to

maintaining recovery and avoiding relapse, the men need to know the skills they have gained and lessons learned through treatment will provide the foundation for a new and better life.

Marketing Mix Strategy

The marketing mix in social marketing is another area that varies greatly from traditional marketing. Marketing mix strategy includes the 4 P's (product, price, place, and promotion) that work together to ensure proper message design strategy. Social marketing uses these 4 P's in the marketing mix; however, the use of each "P" is much different than in traditional marketing. The successful mix of the 4 P's will enable an operational plan. Each of these 4 P's is broken down more descriptively in each section to fully understand its function in the overall plan.

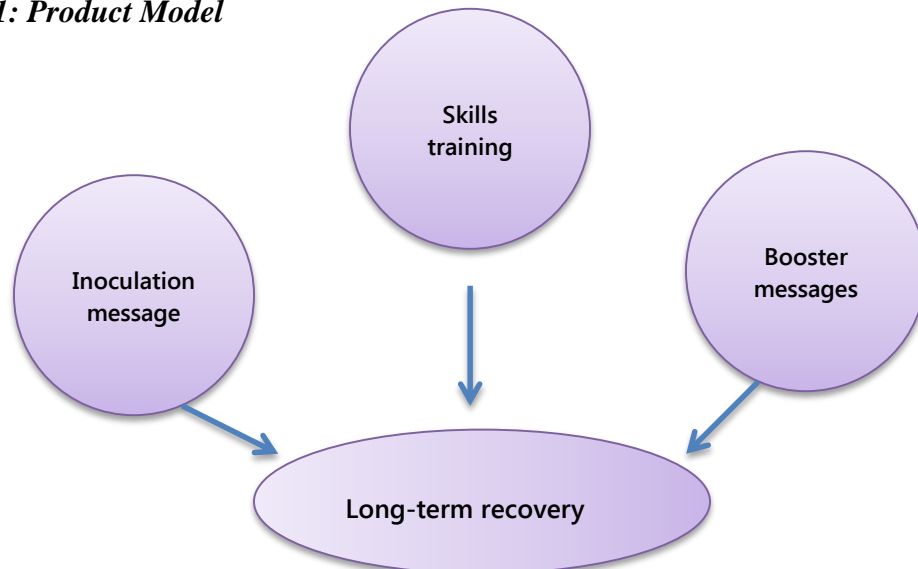
Product:

A product in social marketing is not necessarily what one might consider a typical "product." Traditionally, a product is a tangible good, such as clothes, a pen, or a chair; however, a product can be anything offered to satisfy a good or need for consumers (Lee & Kotler, 2016). There are two categories of products to consider: core product and actual product. The specifics for this project are:

Core product: long-term recovery and relapse refusal

Actual product: inoculation message, booster messages, and refusal skills training

Figure 1: Product Model



The three actual products directly relate to the central product platform of the core product. The focal product will be the inoculation message. This message will be presented in a formal core message during community meetings and reiterated/broken

down into shorter, terse, booster messages. The inoculation message will also be used to develop practical refusal skills in a role-play exercise.

Tangible objects to include: These will be actual, tangible products the target audience will encounter.

- ❖ Core inoculation message
- ❖ Terse, booster messages
- ❖ Prompts for refusal skills training

Services to include: We will be incorporating several new services to complement and enhance the existing services provided at the Beacon House.

- ❖ Existing service:
 - Sponsor/mentor in AA program
 - Sunday night session meetings
 - Monday/Wednesday community meetings
- ❖ New services to include:
 - Refusal skills training
 - Develop private Facebook page
 - Messages for Twitter and text

Price:

There are a variety of costs to address that will challenge the men in adopting the new desired behaviors. The marketing mix element of price in social marketing, therefore, is seen as the costs in adopting the behavior, This price, or cost, can be either monetary or nonmonetary. For the most part, our target audience will face nonmonetary costs or disincentives. It is important to decrease these nonmonetary costs for the Beacon House residents.

Nonmonetary disincentives (ex: negative public perception):

- ❖ Fear of relapse
- ❖ Fear of unknown situations
- ❖ Time spent away from loved ones (friends, family, and others)
- ❖ Time spent working the 12-Step program (loss of free time)
- ❖ Effort it takes to stay committed to recovery
- ❖ Negative views of substance users from society

Nonmonetary incentives (ex: positive recognition, reward):

- ❖ Internal incentive of pride and accomplishment from choosing to resist relapse
- ❖ Support from others, such as Beacon House staff, family members, and recovery friends

Monetary incentives (ex: discounts, coupons):

- ❖ There will not be any direct monetary incentives used in this plan

Monetary disincentives (fines, taxes):

- ❖ The men will not have to pay for anything. All program details will not require any money from the Beacon House residents
- ❖ Possibility of facing legal fines, if relapsed
- ❖ Possibility of being homeless if relapse and asked to leave Beacon House

Place:

The third element of the marketing mix, place, considers the need to make access to the product and strategies as convenient and easy as possible for the target audience. Place is crucial to the Beacon House; as a transitional house, the men are likely to spend a good portion of their time at other places outside of the facility. While a great deal of time is spent at the Beacon House, most threats to recovery will happen outside of the facility in different locations. This is why the terse/booster messages will be very important in this project and reinforce attitudes at the place where potential threats may occur. Below are some important place considerations this plan will address:

- ❖ Most of the desired behavior will be performed in the Beacon House
 - Inoculation message presented in regular meetings
 - Refusal skills training/role-play as an in-house activity for residents
- ❖ Terse/booster messages will be available through mobile devices (via Twitter or text message) and can be accessed anywhere
 - This is vital to preventing relapse because we will be able to access these men at the point of decision-making outside of the Beacon House. The terse/booster messages will be sent 1-3 weekly on specific times and days of the week as a motivator to shore up defenses against relapse.

Promotion:

In order for the inoculation message to be successful, it needs to be effectively promoted so the target market is properly exposed to the message. Thus, promotion includes the strategic messages, messengers and creative strategies to include in the Beacon House social marketing plan. The following bullets are key points to consider in the promotion of the inoculation message:

- ❖ Key messages from inoculation messages we want to communicate to the target audience:
 - Call your sponsor before you use
 - Acknowledge the threat of relapse
 - Know you can maintain long-term recovery
 - It will be challenging, but you can do it
 - Find a new network of friends/fellowship to support you
- ❖ Key messengers:
 - Russ Read, Beacon House Executive Director
 - Booster messages will be sent via text message and published on the Beacon House Twitter page
 - AA sponsors

- Other facilitators at the Beacon House
- ❖ Creative strategy:
 - Tagline: “A Beacon of Hope”
 - This phrase recognizes the Beacon House as a place where residents can feel hopeful that they will reach their goal of staying sober
- ❖ Communication channels:
 - In-person meetings
 - Workshops
 - Mobile devices- text message, Twitter
 - Word of mouth
 - Communication at Beacon House- email listerv, bulletin boards, newsletters

Monitoring and Evaluation Plan

Pre-Monitoring:

Before beginning the intervention, in-depth interviews were conducted to 1) qualitatively assess if the mechanisms for inoculation were present and 2) pre-test the message. Indeed, the mechanisms for inoculation were present, which allowed the project to move forward utilizing an inoculation message strategy. In addition, as previously stated, based on feedback from these interviews, the inoculation message was revised to better address the counter-attitudinal messages the target market was concerned they would encounter. The redesigned version of the inoculation message will be used in this plan.

The pre-monitoring will include the Beacon House residents completing a cross sectional survey to assess beliefs and knowledge, as stated in the beliefs and knowledge objectives.

Post-Monitoring:

Relapse rates will be collected every three months to compare current relapse rates to relapse rates from the last 12 months. The Beacon House tracks relapse rates monthly; therefore, these monthly relapse rates collected by the Beacon House will be analyzed every three months. Last, a record will be kept of length of stay to assess the length of stay compared to the previous 12 months.

Every three months, the same cross sectional survey to assess the belief and knowledge objectives will be completed.

Evaluation:

At the end of the first year, the same cross sectional survey to assess the belief and knowledge objectives will be completed.

Budget

The total proposed budget for this plan is \$1,000

Table 2: Budget

Item:	Cost:	Description:
Inoculation message	\$0	Developed by UK
Booster messages	\$0	No cost for social media
Facebook	\$0	48 posts
Twitter	\$0	48 messages
Text	\$0	48 messages
Prompts for refusal skills training	\$0	12 prompts
Facilitators	\$0	Part of regular duties
Total:	\$0	

This is a low cost/no cost social marketing plan. Based on the proposed budget, the main elements of the plan can be implemented at no cost.

Implementation Plan for June 1, 2017 Launch

Table 3: Implementation Plan

Phase 1- Core Inoculation Message	
Item:	Date:
Initial redesign of message	By the end of February 2017
Presentation of message in meetings	First Sunday of each month at regular 10 p.m. meetings starting June 3

Phase 2- Refusal Skills Training	
Item:	Date:
Finalize skills training guide	By May 5
Training for volunteers	May 25-27
Implementation of skills training	Third Wednesday of each month at regular 6 p.m. meetings starting June 21

Table 2: Implementation Plan (continued)

Phase 3- Booster Messages	
Item:	Date:
Finalize messages for Twitter	By May 5
Finalize messages for texts	By May 5
Finalize messages for Facebook	By May 5
Tweet message	1-3 times weekly at specific times/days of the week when content and timing is aligned, with exceptions of the first Sunday and third Wednesday of each month
Text message	1-3 times weekly at specific times/days of the week when content and timing is aligned, with exceptions of the first Sunday and third Wednesday of each month
Facebook message	1-3 times weekly at specific times/days of the week when content and timing is aligned, with the exception of the first Sunday and third Wednesday of each month

Part Three: Discussion and Conclusion

Discussion

The purpose of this study is to promote long-term substance abuse recovery. Substance abuse disorder (SUD) is a growing problem not only in Kentucky, but also in America. In 2013, an estimated 24.6 million people admitted to using an illicit drug within the past month (National Institute on Drug Abuse, 2015). Opioid drugs, particularly heroin, are being used at an increasingly alarming rate within the past few years. In 2014, nearly 435,000 people over the age of 12 used heroin, and this number is only expected to rise (Substance Abuse and Mental Health Services Administration, 2015). As such, the Beacon House staff approached researchers at the University of Kentucky to develop effective strategies to utilize in treatment programs in an effort to combat the drug abuse problem in Kentucky. While SUD is treatable, the threat of relapse is prevalent, even with the use of treatment programs. Without long-term recovery efforts, an individual has less than a 50% chance of maintaining sobriety (Beacon House, 2016). The purpose of maintaining long-term recovery led to the development of the research questions and objectives used in this project.

The research questions and corresponding behavior objectives identified focus on the overall purpose of maintaining long-term substance abuse recovery. The behavior objectives outlined in the social marketing plan directly stem from the initial research questions as a way to examine these research questions further. The first two research questions inquire into the effect of the inoculation-based intervention strategies on the average number of relapses (RQ1) and length of stay (RQ2) compared to the previous year. The two behavioral objectives of the social marketing plan specifically address

these two questions by focusing the intervention on enhancing the ability of the residents to remain in active recovery: 1) without relapse at the Beacon House for 90 days (BO1) as well as 2) maintaining residence at the Beacon House for 9 months without relapse (BO2). The last research question (RQ3) asks about the effect of the inoculation-based strategies on the length of time between relapsing and re-entering recovery compared to the previous year. While the social marketing plan does not include a behavior objective to specifically address this question, it is still important to consider for further research. The effects of the inoculation intervention strategies may offer insight for this question. The goal of the social marketing plan is to answer the research questions through the utilization of message strategies to explore whether or not the behavioral objectives have been met.

Intervention Strategies

There are three main intervention strategies used in the social marketing plan: the core inoculation message, reinforcement booster messages, and refusal skills training. First is the core inoculation message, which will be utilized on the first Sunday of every month at 10 p.m. during regularly scheduled meetings at the Beacon House. The core message will only be used once a month due to the length of the message and will be read or recited. To ensure that the full inoculation message is not redundant, terse booster messages will be used to reinforce the core inoculation message. These booster messages will be sent out 1-3 times weekly via multiple platforms (Text, Twitter, and Facebook), with the exception of the two days of the month where the other two intervention strategies will be used. All residents at the Beacon House have a cellphone and will be able to receive these messages. The booster messages will be used on certain days/times

of the week based on the content of each message. It is clear by the content of these messages that some will resonate more with the audience on more specific times and days, such as a message about going out with coworkers being sent around the end of the work day on Friday. The booster messages will still be randomized; however will be strategic in the days and time of day to be sent. Although succinct, the booster messages still encompass all the elements of a traditional inoculation message and will enhance the main elements of the core message. Finally, the refusal skills training offers prompts for the Beacon House residents to role-play as a means of building self-efficacy skills. This intervention will be used on the third Wednesday of every month at 6 p.m. during regularly scheduled community meetings. The refusal skills prompts outline potential threatening situations these men may encounter. Instead of providing a response for how to deal with the threat, like the inoculation message does, the refusal skills asks the residents to role-play and act out how they might respond to the situation. The refusal skills training still offers the key elements of the inoculation message, however, the residents develop their own responses instead of being provided with actual material for responses. Each intervention strategy is designed to target the behavior objectives. The most important message of the intervention, however, is the core inoculation message because without this message, none of the other intervention strategies would be possible. In combination, the intervention strategies developed offer a robust way to address the behavior objectives.

Behavior Objective 1

In order to target the maintenance of long-term recovery, the first behavior objective is to ensure that residents remain in active recovery without relapse for 90 days.

This objective will be measured by tracking of relapse rates every three months and will be compared to relapse rates before the intervention. Based on previous research utilizing two-sided message strategies (Banerjee & Greene, 2006, 2007; Ivanov, Parker, Sims & Yoo, 2013), it can be suggested that the combination of intervention strategies may increase self-efficacy and decrease the number of relapses, thus, enabling more residents to stay in recovery without relapse for 90 days. Banerjee and Greene (2006, 2007) identified the importance of antismoking interventions that utilized workshops to learn skills and help with message processing. While there is a support for inoculation messages in previous research in the health context (Parker, Ivanov & Compton, 2012; Parker, Rains & Ivanov, 2016), there is no concrete support regarding inoculation messages' effect on relapse. Therefore, it is only possible to infer based on previous inoculation studies what may be possible in applying similar inoculation messages in substance abuse disorders. Inoculation has been used to address a variety of health behaviors (Parker et al., 2012; Parker et al., 2016; Godbold & Pfau, 2000), showing the theory's utility in multiple behaviors in the health context. A recent study by Parker et al. (2012), looked at inoculation messages in unprotected sex and binge drinking behaviors. The result of applying inoculation in this new health behavior was effective in this study. As such, it is likely to consider inoculation's value in the domain of reducing drug use. Long-term recovery is novel to inoculation, introducing novel arguments and counterarguments in the inoculation messages. From this research, it is likely that inoculation messages will be applicable in this new domain of health behaviors.

The booster messages should support the key elements of the core inoculation message. In addition, the boosters will introduce novel counter-attitudinal arguments and

refutations. Compton and Pfau (2005) argued that booster message effectiveness was equivocal, but determined that the reasoning for this may be due to the lack of being able to “identify optimal timing for effectiveness of booster messages” (Compton & Pfau, 2005, p. 107). Later, Ivanov and colleagues (2016) tested the timing of these messages. They examined the timing of booster inoculation messages after two and four weeks from initial exposure. The findings indicated there were no significant differences between two and four weeks of exposure to booster messages on individual’s ability to resist counter-attitudinal attacks (Ivanov et al., 2016). Further, in their meta-analysis, Banas & Rains (2010) concluded that inoculation messages may be effective for as many as four weeks without experiencing decay. Banas and Rains’ (2010) meta-analysis found that inoculation messages offered equal resistance with both immediate and moderate (1-13 days) delays, however, the effects of the inoculation messages were found to dissipate after two weeks and were not optimal after one week. Stated differently, the greatest effect may be around one week. As a result of this study, the proposed booster messages should be used frequent enough to ensure no message decay. To ensure the timing of the messages is not an issue in this field based inoculation project, the booster messages will be sent out 1-3 times weekly in order to avoid inoculation message decay. With the use of booster messages in combination with the other two intervention messages, the goal is to yield fewer relapses and promote long-term recovery. Results from Ivanov and colleagues (2013) found a cumulative effect of using multiple booster messages to prevent decay of messages. Based on this empirical evidence, it is clear that booster messages are capable of preventing message deterioration. While the decay of a message is inevitable, booster messages can be used in order to extend the effectiveness of the

inoculation message. Therefore, there is a unique opportunity in utilizing booster messages when seeking to lengthen message relevance. Both the core and booster inoculation messages are designed to improve self-efficacy, however, the refusal skills training approaches this efficacy in a more hands-on approach in order to reduce relapse.

Refusal skills training helps improve perceived self-efficacy skills for refusing others (O'Keefe, 2016; Witkiewitz, Donovan & Hartzler, 2012) by offering opportunities to practically work through what they know, but may not feel confident in accomplishing once engaged in interactions with others. The evidence suggests refusal skills are most effective when offered as guided practice or an evaluation of their performance. Specifically, O'Keefe (2016) suggests that "simply encouraging participants to refuse others or providing information about refusal skill seems less effective in developing such skills than is providing a guided practice" (p. 261). Inoculation arms a message receiver with three things: 1) the motivation to shore up his or her defenses, 2) some content to help counterargue opposing views, and 3) guided practice on how to do so (Ivanov, 2012). It is this guided practice in inoculation that matches what O'Keefe is suggesting as an effective refusal skills training. Thus, the inoculation based refusal skills training should be beneficial in assisting residents with maintaining recovery longer, with hopes that they can remain in recovery for a full 90 days will no relapse. Further research from Witkiewitz and colleagues (2012) found that refusal skills training proved successful in the context of drinking by building self-efficacy and lowering drinking frequency among participants (Witkiewitz et al., 2012). The proposed refusal skills training will offer guided practice, and an opportunity for residents to generate their own responses and practice using those responses with others in order to build self-efficacy.

Due to this, the refusal skills training addresses BO1 by having the residents act out situations in which they may be most vulnerable to relapse in order to resist these situations and remain in recovery. The goal then is to prompt the residents with as many situations as possible in order to build self-efficacy.

Behavior Objective 2

The second behavior objective focuses on remaining in active recovery at the Beacon House for 9 months. This objective encompasses behavior objective one as the residents that maintain recovery for a full 90 days are more likely to maintain long-term recovery. Research findings by Moos and Moos (2006) suggest that longer length of stay in treatment for alcohol use disorders leads to better outcomes. Length of stay in recovery is a crucial predictor of long-term recovering, with research supporting the notion that people are at a higher risk of relapse without the continuous support from treatment programs such as halfway houses (Barthwell & Brown, 2015). As such, it is critical for the residents to stay for the entire treatment period of 9 months. Just as the 12-Step program cannot be utilized alone in order to be effective, recovery treatment programs must be fully utilized in order to achieve long-term recovery. This objective will be measured the same as the first objective by tracking relapse rates every three months from Beacon House residents in comparison to the previous 12 months. Data will also be collected to determine if the length of stay at the Beacon House before relapse increased in comparison to the 12 months prior to the intervention.

As noted, research supports inoculation's success in a multitude of applications (Parker et al., 2012; Pfau, Van Bockern & Kang, 1992). O'Keefe (2016) notes that inoculation, warning, and refusal skills are three different approaches to resistance to

persuasion. As such, this social marketing plan uses all three of these approaches in the intervention strategies with the intention of boosting the residents' motivation to avoid relapse using multiple strategies. Each strategy used in this social marketing plan is different; essentially, these strategies could be used independently of one another. However, the combination of inoculation and refusal skills training, as previously noted, provides forewarning as well as guided practice, the latter of these serving as the basis for the refusal skills suggested by O'Keefe (2016). While the core inoculation message and booster messages utilize the traditional call to action approaches via inoculation for how to overcome threats, the refusal skills training gives the freedom to residents working through their own approach for how to effectively handle a situation. There will be trained facilitators working with residents as they generate defenses, who are there to help the residents should they choose poorly in their response to a situation or fumble through a response. O'Keefe (2016) suggests the inoculation and warning approaches "seek to provide the receivers with certain sorts of cognitive defenses (e.g., increased confidence in initial attitudes, preparing the receiver's attitudinal defenses, encouraging mental counterarguing). In contrast, refusal skills training aims at equipping the receiver with certain communicative abilities" (p. 260). Inoculation builds these same communicative and cognitive skills and the strategies developed in this social marketing plan aim to encourage the residents' preparation for navigating interactions in which they need to protect their recovery and avoid relapse. In combination with the other intervention strategies, the refusal skills provide an opportunity for those dealing with substance abuse disorders to develop an arsenal of tactics and increase their perceived

self-efficacy in using those tactics in response to situations that may threaten their long-term recovery.

Previous research (O’Keefe, 2016; Witkiewitz et al., 2012) does suggest that although refusal skills training is effective at teaching proper refusal skills, these programs are generally not very effective in actually reducing the use or misuse of drugs, alcohol, and tobacco (O’Keefe, 2016). In many cases, boomerang effects have occurred. However, it is important to note that the lack of effectiveness in refusal skills training suggests that success possibly lies somewhere else. Specifically, Witkiewitz and researchers (2012) found that the refusal skills training for drinking was effective combined with behavioral intervention programs. This is where the combination of the core inoculation messages with the refusal skills training is important, as the approach of using a combination of the three (booster messages as well) is intended to boost the residents’ defenses using multiple strategies.

Knowledge and Belief Objectives

The deliverables for the intervention include two cognitive objectives, the knowledge and belief objectives, both of which are crucial in achieving the behavioral objectives in the social marketing plan. Knowledge objectives address the facts, statistics, and other important information the target audience members must know in order to achieve the behavioral objectives identified. The knowledge objectives in this project focus on the residents’ ability to identify three important things: 1) there will be temptations to relapse, 2) what situations will be most tempting to relapse, and 3) the possible responses for situations where recovery is threatened. It is important for the Beacon House residents to know their recovery attitudes will be threatened. This is done

through explicit forewarning of threat in the inoculation messages. Once knowing their recovery will be threatened, it is then crucial for these residents to know how to identify these threatening situations and how to respond. The inoculation messages delineate a variety of situations where recovery may be threatened, thus, getting the residents to think about all the different types of tempting situations. Finally, the inoculation messages provide call to action material and responses for how to handle these situations. Once achieving these knowledge objectives, the target audience must then achieve belief objectives.

The belief objectives outlined in the social marketing plan aim to build the necessary self-efficacy tools in order for the target audience members to believe they are capable of avoiding relapse. Once acquiring these knowledge objectives, it is important that the proper attitudes and opinions are in place in order for the target audience to believe they can achieve long-term recovery. The belief objectives delineated are for the target audience to believe three main things: 1) they are capable of resisting temptations, 2) they can handle the situations that arise, and 3) they have the tools necessary to avoid relapse. Belief objectives focus on the attitudes and feelings the target audience needs to have in order to engage in the desired behavior. The intervention strategies address these belief objectives by explicitly stating that the residents are capable of remaining in recovery. The messages also tell the target audience members how to respond to the threats in order to remain in recovery. The refusal skills training, in particular, focuses heavily on self-efficacy by allowing the residents to practice their responses to threatening situations. Through acting out how they will handle a situation, the residents can build the self-efficacy skills necessary to resist similar situations on their own.

Both knowledge and belief objectives are integrated into the intervention deliverables. The core and booster reinforcement inoculation messages address the temptations to relapse, such as the situations that are most threatening, and then offer a counterargument for how to respond to these threats. The refusal skills training addresses these threats again, but instead of offering a counterargument, the goal is to have the residents develop their own responses to these situations in order to build self-efficacy. Using inoculation messages, these three intervention strategies focus on building the vital knowledge, confidence, and self-efficacy skills needed in order to remain in long-term recovery.

Implementation

The social marketing plan for the Beacon House is unique, as it proposes to use inoculation messages in a new context of preventing relapse to substance abuse. As previously mentioned, this is a field experiment and intervention that will be monitored for 12 months. The initial research questions and behavior objectives proposed will compare the data collected from this social marketing plan to previous 12 months before the intervention. During the intervention, the residents will complete cross-sectional surveys every three months to assess the knowledge and belief objectives identified in the social marketing plan. The same cross-sectional survey will be administered at the end of the first year of implementation of the social marketing plan. The core inoculation message, booster messages, and refusal skills training will be monitored quarterly for the entire year of implementation in order to determine if any changes or message re-design is needed.

The social marketing plan and inoculation-based intervention provides several implications. First, this social marketing plan can help health professionals by identifying additional successful strategies to combat the opioid epidemic. The literature is clear that there is a continuing need for effective drug prevention strategies. As such, this project will hopefully offer new message strategies, which are successful in promoting long-term recovery. This project will also contribute to the theoretical work of inoculation. Inoculation has been successful in a variety of health behaviors (Godbold & Pfau, 2000; Parker et al., 2012; Parker et al., 2016) and can continue to contribute to new health behaviors with the success of this project. A final implication is the practical use of inoculation. The social marketing plan uses inoculation message strategies, thus showing inoculation's use outside of an experimental setting. As suggested, the success of this project can offer practical use for other residential recovery facilities across the country.

Given this intervention is a field experiment, it is important to be particularly careful in regards to protecting individuals' initial attitudes towards recovery, by assessing continuously and making adjustments as needed. The intervention deliverables must generate an appropriate amount of threat and susceptibility to these recovery attitudes, but not so much that the threats are overwhelming. These strategies were developed for the first three months in order to adjust and change these items as needed during the intervention. All three pieces will be used throughout the entire project and are capable of being reused as well. The core inoculation message used in this project was adjusted after in-depth interviews with the target audience to pre-test the initial message and assess if the key processes for inoculation were working. Throughout the project, the core inoculation message may continue to be altered, as well as adjusting the booster

messages and refusal skills training prompts as needed. New messages and prompts will be added once there is a feel for what is and is not working.

Limitations

Since it is a field experiment, there are several limitations to consider. First, extraneous variables are outside of the control of this experiment. More specifically, it is highly likely that there will be a completely different set of men living in the Beacon House a year from this plan's start date; the men are only allowed to stay for 9 months and, given the high incidence of relapse, it is a highly transient population. As such, all of the data will be considered cross-sectional, rather than longitudinal; it is unlikely that pre- and post-test data will be available on the majority of the men. The cross-sectional data will be compared as a group and the conclusions will be drawn with this limitation in mind. Due to the transient nature of halfway houses in general, it is challenging to gather longitudinal data that can effectively evaluate people over a period of time. Therefore, it is necessary to use cross-sectional data to allow researchers to look at the data at a specific point in time, not specific individuals.

Another limitation to this project is not being able to control for factors outside the Beacon House. These men have jobs and are out of the facility for a good portion of the day. It is impossible for the scope of this project to account for factors outside the facility. The booster messages will be available to residents outside the Beacon House as they have their phone with them. It is possible the men may be in locations where there is no access to cellphone service or Wi-Fi and they will not receive the messages until they return to the Beacon House.

As previously mentioned, the timing issue of the inoculation booster message will be another limitation to this project. The timing of the booster messages is not controlled, however, the number of messages is controlled. Booster messages will be used 1-3 times weekly on certain times and days of the week depending on message content. These messages will still be somewhat randomized, however, the exact timing or effect of these messages each week will be unknown. The messages will be used on three platforms (Text, Twitter, and Facebook). The intervention, however, does not allow for these different platforms to be individually controlled. One medium may be more effective than other in the intervention. Again, this is not something that will be controlled but should be considered in future research.

This research utilizes a smorgasbord approach. While the combination of the inoculation message, booster, and refusal skills training offers unique strategies when put together, it is a plethora of strategies that lead to confounding results. The hope is that the combination of these intervention approaches will still yield positive results (reducing relapse rates and increasing the length of stay), although these results may be confounding. A year after implementation of the deliverables, it may not be possible to isolate what worked, if anything, or the effects of each individual intervention strategies. It is important, however, to remember that the ultimate goal of this project is to change lives. Despite the limitations, seeing actual behavior changes at the Beacon House will be an important milestone.

Conclusion

The need for innovative substance abuse recovery strategies is clear. As the problem of opioid drugs and relapse rates continues to grow, it is necessary to develop

effective interventions and messaging for recovery centers, such as the Beacon House. As the CDC notes, the drug epidemic in America has nearly tripled from 1999-2014 with 47,055 deaths in 2014, 60% of those deaths being from opioid drugs (Rudd et al., 2016). While addiction can be successfully treated, it cannot be cured (National Institute on Drug Abuse, 2014). Therefore, it is important to incorporate new strategies into traditional recovery programs in order to be most effective. Just as the 12-Step Program cannot be used as a single resource to remain in recovery (Glaser, 2015), treatment facilities must integrate different combinations of programs to ensure long-term recovery. This social marketing plan is developed for the Beacon House in Louisville, Kentucky. If successful, the goal of this pilot project will be to provide the foundation for expanding the intervention to similar halfway houses in Kentucky and beyond. This social marketing plan offers a creative strategy to effectively address and combat barriers and costs the target audience may feel susceptible to in adopting the desired behaviors by utilizing inoculation messages.

Inoculation theory can be effective with this target audience by offering the audience two sided messages in order to bolster their current positive attitudes and behaviors about remaining sober in long- term recovery. Focusing on resistance strategies, inoculation seeks to protect individuals from performing risky, undesired, or unhealthy behaviors (Ivanov, 2012). Applying inoculation in the context of addiction is suitable, as the theoretical elements of inoculation are used in a variety of contexts. In combination with social marketing, both provide a foundation for a promising strategy for addressing the drug epidemic. Social marketing systematically develops strategies to promote the adoption of a desired behavior, thus, it has the capacity to change behaviors

for good. The goal of social marketing, no matter the context, is behavior change and motivating social change. Behavior change in each social marketing plan is unique. In this plan, it is not so much adopting a new behavior, but rather maintaining a current behavior of recovery. Social marketing seeks to influence the targeting audience in different behavioral aspects such as accepting or maintaining good behaviors and rejecting, modifying, or abandoning harmful behaviors (Lee & Kotler, 2016). Social marketing offers a systematic process of planning that incorporates traditional marketing elements and principles. While there are many differences between social marketing and traditional marketing, an important beneficiary audience to consider in every social marketing program is not only the individual, but also society (Lee & Kotler, 2016). This social marketing is designed to aid individuals in substance abuse recovery, but has the potential to help others as well, such as communities, families, and others who may be indirectly affected by drugs, but can still benefit from this plan.

While this social marketing plan looks specifically at the Beacon House, the information and findings will be beneficial for other halfway houses and treatment programs across the country. This social marketing plan has the potential to make a difference in treatment centers to combat the current drug epidemic in America. Nearly 91 Americans die each day due to an opioid overdose (Center for Disease and Control Prevention, 2016). The number of overdoses, deaths, and abuse of drugs is continuing to increase and it must be addressed not only in Kentucky, but also across the country. As such, similar treatment facilities can learn, benefit, and grow from the strategies implemented at the Beacon House. Although small, the Beacon House social marketing plan offers a “beacon of hope” for the drug epidemic and treatment centers alike.

Appendix A: Core Inoculation Message

When you want to use, pick up the phone and call your sponsor, every time! Working the AA program, going to meetings, and building a new support network are the best ways to stay sober. The problem is when we try to control our using on our own or believe that we can use safely. Relapse is the number one problem early in recovery. In fact, without going to meetings and making new friends, 60% of us will fail. Now that we are sober, our lives will get better, but how do we keep it that way? Will we stay sober even when we are in new situations, start a new job, feel down, are in pain, or freaked out? Research tells us that only 4 out of 10 make it and stay sober. Are we ready to protect our new life and reach out to our support group before, not after, we consider using? We may think we can do this on our own, but we won't be able to stay sober without the steps, our sponsor, and our support group. Others, like us, were convinced they could do it without making new friends through the fellowship of AA and our sponsors, but they relapsed, and any one of us could be next.

This is not an easy road, and there will be bad days. We will be in situations where others are using or drinking, and it will seem like a quick way to feel better. There will always be co-workers, bosses or friends that don't care about the road we have been on and how important our sobriety is. But if we can make it past the first three months of sobriety, the research tells us that we have a greater chance of staying sober long-term. Now that we are building a new future, others will want to mess that up for us. They will want to screw up our ability to make the right decision and seek recovery. Why would your sobriety be important to them? Without thinking, we may even start to think that using would feel better than getting sober, making amends, making new friends and going to work every day. However, once we start drinking or using, we will be right back where we started: unemployed, broke, homeless and trying to get sober again. The research tells us that once sober, if we use drugs even once, over half of us will experience a full relapse. If we keep our focus on staying clean today and we are prepared to tell a co-worker, friend or stranger "not today," then we need to immediately give our sponsor or someone from our new support network a call. He can talk us through situations where we feel tempted to use again; he understands we need a plan for the 23 hours a day that we are not in a meeting. It is simply not enough to be aware of our vulnerability or to not be afraid. Simply trying to convince ourselves or others that we are not afraid is not a plan; we need a plan for how to manage our day to day lives. Your sponsor understands what it is like to travel for work, go on a date or be around new people. It's this new fellowship with our sponsor and sober friends that helps us build a new life and stay on the road to recovery. They will help us keep our promise to ourselves, "to not use today," because if we don't use today, "we will stay sober today."

With all the uncertainty of new situations, it's tempting to head back to old places and friends after we get sober, and think this time it will be different. We may think we can manage things with old friends easier than the unknown with new co-workers, dates or people that don't know us very well. We may think that now that we are in recovery we can handle hanging out with our old friends or acquaintances without falling into old habits. Our thinking may be, "I miss my old friends and there is no reason I should have to let them go; I can handle this. I've relapsed before and I am not scared this time!" But you should be. Not being afraid is not a plan. The research shows that nearly half of relapses in early sobriety occur in this type of setting when we start to think, "I'm sober; it doesn't matter who I am around." But anytime we are around old friends, we risk using, relapsing, getting sick and possibly dying. The research also shows that people without a network of sober friends from AA or elsewhere to support them are much more likely to relapse. Through AA, we will meet others that have worked the 12 steps and can help us change our habits; they can help us protect our new life and show us how the program has worked in their lives. Saying no to old friends and family leaves us feeling lonely and isolated; but, we are

not alone. We have new friends through AA and the Beacon House. These new friends will help us protect our sobriety; they understand that recovery can be lonely and will help us with the tools we need to stay sober and build a better life. They will help us reach out to a power greater than ourselves for the strength that we need. Through AA fellowship with others, we will learn how to find happiness and meaning again through a higher power. None of us have to relapse, and only we can make this decision! Recovery promises a new and better life. If we don't work a balanced program or call our sponsor every time we think about using, we may relapse. It's up to us to attend AA meetings and build a new fellowship of friends in recovery!

Appendix B: Booster Messages

Twitter messages (140 characters):

1. Old habits r hard 2 break (*forewarning*). U feel like u can do this alone (*counter-attitudinal argument*), but it's hard without back up (*refutation*). Talk 2 recovery friends about how u r feeling (*call to action*)
2. Old friends/family ask to hang. You feel good and think you can handle it, but it can stir bad feelings. Take a recovery friend with you
3. Today you may be tempted. It may feel right to give in. But you will be back where you started. You can prevent it. Call your sponsor
4. U will be tempted to drink/use at football games. Ur friends will do it, but if u do, it will mess up ur hard work. Bring a sober buddy
5. You will feel alone. No one understands your struggles and you feel like giving in. Your sponsor understands these temptations. Call him
6. You see old friends partying and want in. You think it seems fun to do again, but recovery promises a better life. Remain on track
7. U will think about using again. Old habits seem easier, but using will mess up ur recovery. Ur sponsor can help. Call him before you use
8. Holidays can be tough. Family/friends will be drinking and you want to join the fun. You can have fun while staying sober. Don't give in
9. U walk to work & r offered a fix. It's easy to accept, but will damage ur new life & progress. Don't accept. Call ur sponsor & walk away
10. New friends want to hang. They don't kno u r sober, so u want to drink to fit in. U r strong enough to resist. Call ur sponsor 4 help

11. Recovery is hard. U r frustrated & want 2 give up, but u have come so far. U must work at it every day. Don't give up. Call ur sponsor
12. Work friends invite u out. U feel pressured 2 drink, but there are people willing to help u stay sober. Have ur sober friends with u

Text messages (160 characters):

1. U feel good & think u can resist temptations (*forewarning*). Just because u feel good (*counter-attitudinal argument*) doesn't mean it's safe to use (*refutation*). Remember u r capable of staying sober. Stick 2 recovery (*call to action*)
2. U r offered a fix at the bus stop. It seems harmless, but if u accept, all ur hard work is gone. Instead, call ur sponsor & talk it through. Don't wait
3. U go w/ old friends 2 watch the game. Everyone is having fun, so u think it's ok to have 1 drink. 1 will put u back at the bottom. Bring recovery friends
4. Today you may be tempted. It may feel easy to give in. But tomorrow is a new day. Don't give up your hard work for using one time. Let your sponsor help
5. The holidays mean time w/ old friends & family. U know u will want to enjoy a drink w/ them, but 1 drink leads to many more. Call ur sponsor before u go home
6. U miss old friends. U want to see them again, but u know u will be tempted to use like old times. Protect ur new life. Bring a recovery friend with u
7. Going out 2 eat is hard. It used 2 be easy, but now it's hard 2 resist a drink. When u drink it leads to more. Staying sober is best. Bring a recovery friend
8. You will think about using. Recovery is hard & u want to have fun again, but relapse is dangerous. Don't put ur life in danger. Call ur sponsor first

9. Old friends don't get ur recovery. They try to bring u down a bad path, but u can say no. Your sponsor understands temptations. Call before u see old friends
10. Ur in a new place. U feel alone without old friends, but recovery gives u sober friends that know what ur going thru. Hang out with recovery friends today
11. Temptation is everywhere. You think you can handle it alone, but you have a recovery support network to use. Don't do it alone. Use your sponsor to help you
12. You are struggling. You want to give up because it's too much, but you are already sober. Keep it that way, one day at a time. Call your sponsor for help

Facebook messages:

1. Your friends invite you to a March Madness party (*forewarning*). You think it will be a lot of fun to catch up. After all, you deserve a break every once in a while and a chance to relax (*counter-attitudinal argument*). You know there will be drinking and drugs there and think you can handle it, but you will be tempted to use if you are surrounded by old friends alone (*refutation*). Bring a recovery friend to keep you accountable (*call to action*)
2. Your new colleagues invite you to a bar after work. You think it will be okay to go. You are confident you can be around drinking and not be tempted, but you also want to make friends at work. If they offer you a drink, you'll want to say yes. Giving in for one drink will put you back where you started. Call your sponsor to talk before you go.
3. Your old friend invites you out for dinner. This sounds exciting and you feel like you can handle being out because you are feeling good. Just because you feel

good again, does not mean you can take a break from recovery. Recovery is a choice every day. Call your sponsor for advice

4. Sometimes you miss hanging out with your old friends. You have so many memories and always had fun together, but that fun involved drugs. Hanging around them again may bring back feelings of wanting to use again, but you are strong enough to be around them and stay clean? Bring a sober friend with you when around old friends
5. The holiday season includes old friends, family and habits- lots of which include drugs. You think you are skilled enough to remain sober, but being in your old environment can trigger you to go back to your old habits. Your sponsor understands this dilemma. Call him before you go home for the holidays.
6. You will feel tempted. There will be days where it feels easier to give up and go back to using than to stick out recovery, but you have come too far to go back. Remember why you started- you want a better life. Recovery will give you that. When you feel tempted, call your sponsor. He can help.
7. You're walking to work and someone offers a fix. You're used to saying no, but you're feeling down and feel the pressure to give in. It will make you feel good for a little bit, but it will set you back in your recovery. Don't let one mistake put you back at the start. Call your sponsor on the way to work.
8. Seeing old friends is harder now. You miss them and want to hang out, but you know they still use and will offer you some. You can stay strong. Bring a recovery friend with you to help you stay sober

9. Old habits can find a way to come back. You think since you're sober you won't want to go back to your old ways, but you see others using and it looks less frightening now. Don't lose all your hard work. You can build better new habits in recovery. Call your sponsor
10. There will be times when you feel alone. You have new people in your life and you just want to go back to your old family and friends who really know you. You can build deep friendships with your recovery friends. They understand how you feel and can help you be with old friends and family again without relapsing.
Hang out with your recovery friends
11. A new coworker offers you a drink. He doesn't know you are sober, so you think it's okay to say yes. But you will hurt yourself and your progress if you take that drink. You can prevent this. Call your sponsor for help you with how to communicate your recovery to others
12. You have to choose recovery every day. Some days it's easy to chose, but other days are harder and you want to give up. You'll have to start all over if you give up. You have worked too hard to go back. Call your sponsor

Appendix C: Refusal Skills Training

Prompt 1:

Dave is one of your new coworkers. You've spent a lot of time together at work and are becoming pretty good friends. Dave invited you and some other coworkers out for a few drinks Friday after work. Dave doesn't know you are in recovery. It has never come up in conversation and you aren't quite sure what to do. On one hand, you want to go because you don't want to miss out on an opportunity to hang out with Dave outside of work. But you know that if you go out with them for drinks, you will feel tempted to drink with them or feel uncomfortable telling them you can't have a drink. You think you will be fine and be able to say no, but what happens if someone offers you a drink? What do you do? Should you even go?

Prompt 2:

Your old friend Mike invited you over to his house to watch the basketball game on Saturday night. You and Mike have been friends since high school, and he is one of the guys you previously used with frequently. Mike knows you are in recovery; however, he is not and still uses. Mike has been pretty understanding and supportive of your recovery. You are both still friends but haven't seen each other in a while with you being in recovery. It will be nice to see a familiar friend and catch up. You feel confident enough that you will be able to resist temptations at this party. Mike probably won't outright ask you to use if you decide to come over, but you know that all the other people at his house will be using. You will be surrounded by lots of drugs and alcohol. Some of these other people might not be as understanding about your recovery as Mike is, and Mike might even try to get you to have a beer or two just to enjoy yourself. You really

want to go and visit an old friend, but you feel uncomfortable with what may happen there. What should you do?

Prompt 3:

You're walking home from work one night when you see some guys you used to use with. Normally, you can walk past them and not get lured in, but you are feeling really good about your recovery so far. You are confident you can interact with them without being tempted to use and want to prove to yourself that you are strong enough to resist the urge to use. After all, you will probably be in this situation again, so it's good to get practice. They signal you over, and you go over to talk for a minute to be nice. A quick chat turns into an hour-long conversation. You all are reminiscing about old times, laughing and having fun together. It feels comfortable to be around people you used to hang out with. You start to feel so comfortable and think it's okay to let down your guard. Everyone around you is using. At first, you were sure you wouldn't be tempted. But being around them for so long has you thinking differently. What should you do?

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