THERE’S A ROLE FOR YOU

You are interested in advocacy, but where do you begin? What does it mean to advocate? How do you do so effectively? This toolkit provides you with an introduction to advocating on the issue of addiction. We will explain what advocacy is and highlight why it’s so important and powerful. You will find tips for building relationships and effectively communicating with members of Congress, learn about important advocacy needs in the addiction field, and gain guidance for getting involved. You can use these tactics to advocate at any level of government (i.e., federal, state, local).

We’re so glad to have you as part of our advocacy community. Let’s get started!

ACKNOWLEDGMENTS

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If you want to change policy, the formula for success is data plus stories. Data includes statistics, research studies and evidence-based recommendations. While data is essential, it’s the individual stories that bring an issue to life; it’s the stories that change hearts and minds. Your expertise, your lived experience with addiction and your voice give you the credibility to advocate for policies that will help improve the way our nation addresses addiction. Advocates put a human face on addiction, making it tangible in a way that fact sheets and statistics alone cannot. We understand how the stigma that has surrounded this issue can stifle and suppress voices. It’s not easy, and that’s why we’re here to help. It’s your story — our collective stories — that can make a difference.

“NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS.”

– MARGARET MEAD

As an advocate, you can be a force for change. The more policymakers hear from you and your fellow constituents about a problem, the more likely they are to make that issue a priority. Similarly, policymakers cannot be experts on every subject; they rely on subject matter experts and people who have first-hand experience to bring issues to their attention and educate them.
This is especially important for a stigmatized disease like addiction, historically characterized by a lack of consideration, resources and funding, as well as widespread misconceptions about how it should be addressed. We know that the addiction system in our country is in desperate need of change. It is failing families at every turn:

- We fail to prevent addiction or to catch the symptoms early.
- There is little access to quality treatment.
- Low-quality and fraudulent treatment is widespread and poorly regulated.
- Insurance coverage is poor, making treatment unaffordable for many.
- There is widespread stigma that deters people from seeking care and undermines recovery.

This is why advocacy is so important. Individuals, like you, can help drive systemic change. This includes changing the narrative surrounding addiction, from a belief that people with addiction are immoral and deserve to be punished, to a public health approach that offers compassion and treatment.

Advocacy can take on many forms – sharing your story, writing a letter, signing an action alert, highlighting a problem or demanding a specific solution. Each voice has power, and together, these efforts can make a big difference. There is strength in numbers, and a willingness to speak out can go a long way. Advocacy is a means not only to use your own voice as a family member, friend, person with addiction or person in recovery, but also to give voice to those who cannot speak out on their own, including those currently in crisis, those who have died, individuals who are incarcerated or children affected by addiction.

At Partnership to End Addiction, we have done the research and have the expertise to suggest what changes are needed. We know what needs to be done, but we can’t do it alone. Join the community of other advocates who are breaking down barriers and working to transform how our nation addresses addiction. Together, we can do this.

“ADVOCATING FOR FAMILIES WHOSE LOVED ONES ARE ALSO STRUGGLING WITH ADDICTION CONNECTED ME TO AN EVEN BIGGER FAMILY AND COMMUNITY ... AND FINALLY I DISCOVERED I WAS NOT ALONE.”

—LORRAINE MCNEILL-POPPER
PARTNERSHIP TO END ADDICTION VOLUNTEER AND ADVOCATE
For over a quarter century, we have been studying how addiction policy in the U.S. has failed families. The funding provided to prevent and treat addiction pales in comparison to other disease states such as cancer, diabetes or Alzheimer’s. Addiction has long been viewed as a moral failing, and therefore, has been relegated to the criminal justice system instead of the health care system. Prevention has long been ignored and has consistently relied on ineffective scare tactics, rather than evidence-based strategies. Treatment providers, similarly, often fail to offer effective therapies because addiction treatment programs are not subject to the same rigorous standards as the mainstream health care system. Further, treatment is often not covered by insurance, forcing families to spend hundreds of thousands of dollars for ineffective and substandard care. It is not uncommon for families to mortgage their homes or raid another child’s college fund in order to pay for substance use disorder (SUD) treatment. Today, you are actually two to three times more likely to receive treatment if you have Medicaid than if you have private insurance. This is despite the fact that two laws — the Affordable Care Act and the Mental Health Parity and Addiction Equity Act (the Parity Act) — require mental health and addiction treatment to be covered in most insurance plans.

With the number of drug overdoses remaining drastically high and stimulant (i.e., cocaine, methamphetamine) use on the rise, it is critical to expand access to affordable, effective SUD treatment, as well as implement effective prevention and early intervention strategies. We have started to see an influx of legislation related to the addiction epidemic and policymakers coming to the table to find solutions to this crisis. However, there is still much to be done and more federal funding needed in order to effectively address the state of addiction today.

As of 2018, 20.3 million people have a substance use disorder (SUD) and 20.2 million people are in recovery. Nearly half of all Americans have a family member or close friend with addiction. In addition, 71% of Americans believe the country is not doing enough to address addiction. Because addiction touches so many people, it is possible to get the attention of every policymaker across the country. To do this, we need to build a movement to transform how our nation addresses addiction, and we need your voice!
Advocacy involves making the case for a cause and building support for the issue among the community, elected officials, the media and other key leaders. It means providing a voice for the community by educating and influencing people about policy topics to drive change.

Advocacy can take on many forms depending on an individual’s interest and time. This can include actions such as posting on social media, signing a petition, writing a letter to the editor or op-ed, meeting with, calling or writing a letter to members of Congress or other decision makers, or attending a hearing.

Advocacy can take place at the community, state or federal level. You do not have to go to Washington, D.C. to advocate – every town hall meeting, email, tweet and call matters! Even in-person federal advocacy can be done at the local level; all members of Congress have multiple offices in their home districts or states. Officials mainly like to hear from their own constituents, so we need people taking action locally across the country, and every voice is critical.

The most successful advocacy efforts employ both data and stories to influence decision makers and inspire policy change.

Data

There is a lot of misinformation and a lack of knowledge about addiction, so providing facts and evidence is essential for advocacy efforts. It’s important to use the most updated data and data that is most applicable to your story, your locality or your topic of focus. We’ve provided resources where you can find the most recent available statistics. These examples of data sources may be helpful to draw from in your advocacy efforts.
Overdose death rates

These sources can be used to show the overall devastation of the addiction crisis, as well as the impact of particular substances (e.g., prescription opioids, heroin, synthetic opioids, stimulants, etc.), trends over time and/or differences by demographic characteristics (e.g., age, gender, race/ethnicity). You can find data and graphs with such information from the following sources:

- National Institute on Drug Abuse (NIDA) Overdose Death Rates
  In addition to the main page, see the data document file linked at the bottom of the page for additional and more detailed data

- Centers for Disease Control and Prevention (CDC) Drug Overdose Deaths in the United States, 1999-2018 and associated data tables
  Note: This source was released in January 2020 and includes data through 2018, but CDC releases an equivalent data brief every year. Data lags by one to two years, but new data briefs can always be found here by searching “drug overdose.”

- CDC Provisional Drug Overdose Death Counts
  Note: This data is provisional. It provides more current and more frequently updated data than the final yearly counts, but it is incomplete and often an underestimate. However, it also includes counts designed to adjust for these reporting delays. The reported and predicted provisional counts represent data for a 12-month period ending in the month indicated, often around six months behind.

State overdose and prescribing rates

Personalizing information to make it specific to the lawmaker’s constituency is important. You can find data, maps and graphs with state information from the following sources:

- CDC Drug Overdose Mortality by State
- Kaiser Family Foundation Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted)
- CDC U.S. Opioid Prescribing Rate Maps
- Your state health department website

National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is a yearly Substance Abuse and Mental Health Services Administration (SAMHSA) survey that measures the use of illicit drugs, prescription drugs, alcohol and tobacco, as well as substance use disorders and addiction treatment. It includes data on use, initiation, use disorder, treatment, etc., by substance, demographic factors and other subgroups, and it shows trends in substance use and mental illness over time. Highlighting the impact of addiction beyond deaths is important. NSDUH can help provide data that highlights that for every person who dies from an overdose, there are many more who are using substances and have SUD who need treatment, as well as the very low number of people who receive needed treatment. The most current data can be found here: SAMHSA National Survey on Drug Use and Health
Monitoring the Future

Monitoring the Future is a survey conducted by NIDA and the University of Michigan that measures drug and alcohol use and related attitudes among adolescent students nationwide. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed. This is an essential source for data on adolescent substance use and trends in adolescent use and attitudes over time. It also is currently the main survey to ask about vaping. Here are links to the most current data, charts and analysis:

- NIDA Monitoring the Future
- University of Michigan Monitoring the Future

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) is also a good source for adolescent-specific data. It includes data on alcohol, tobacco and other drug use, collected through school-based surveys of 9th through 12th grade students, conducted every two years. The most recent data can be found here: CDC Youth Risk Behavior Surveillance System (YRBSS)

STORIES

While individuals are struggling with SUD, families are often the ones that are navigating the treatment system, attempting to obtain insurance for that treatment, and providing emotional support for their loved one. The conventional wisdom of “kick your kid out” and “let them hit rock bottom” does not work, and in the age of fentanyl, it is deadly. Further, families often are wrongly blamed or feel responsible for their loved one’s addiction. This has left many families afraid to speak up or seek help. Recently, families have been coming out of the shadows to share their experiences. Stories are especially important for advocacy regarding addiction in particular because the deep-rooted stigma surrounding the issue prevents many people from telling their stories. Story-sharing helps to chip away at stigma, change the narrative around this disease, make other families realize they are not alone and build an advocate-led movement for systemic change.

Stories help illuminate the real situation on the ground in a way that data alone cannot. They humanize addiction so that policymakers can put a face to the issue — a constituent to the statistic. We encourage more parents like David, Bill and Margot to share their stories so that we can demonstrate the need for critical resources for real families struggling with addiction.

Share your story with us.
Identify what relationships you already have and the relationships you need to create. Identify any existing relationships that you may have with lawmakers, any potential connections you may have that will facilitate a relationship with a lawmaker, and key lawmakers with whom you would like to form a relationship (your representative, leaders on addiction, lawmakers with key committee assignments, etc.). You can use these connections to facilitate an introduction or set up an initial meeting. Don’t worry if you have no connections to your representatives — you can still ask for a meeting. After all, it is their job to meet with constituents!

Build relationships with staff. You don’t need to start at the top. Legislative assistants and district/state directors are helpful points of contact. They serve as channels to the policymaker and do much of the hands-on work. Legislative assistants who have health as a focus area are more likely to have knowledge about addiction and prioritize taking action on this issue. When asked what advocacy groups should do more of to build relationships with the office, 79% of congressional staff surveyed said, “meet or get to know the Legislative Assistant with jurisdiction over their issue area,” and 62% said “meet or get to know the District/State Director.” Don’t be disappointed if you meet with a staffer. They are critical to getting work done and persuading legislators on important issues.

Connect with newly elected legislators. Newly elected lawmakers are often looking to craft their agendas, which can provide an opportunity for you to introduce yourself and persuade them to focus on addiction as a policy priority.

Be a resource. Legislators cannot be experts in every policy area, so it is important to avail yourself as a resource to policymakers who may require more information, data or resources on addiction to make informed decisions on the issue. Being proactive to build a relationship with a legislator and to serve as a resource for them before making a concrete policy ask can be helpful.

It is important to take the time to plan your approach when building and sustaining relationships with legislators. Your process should include identifying existing and needed relationships, building new relationships and cultivating existing relationships.
Before communicating with or meeting officials or staff, you should know as much as possible about them. A good place to start is their websites. Find your Representatives here and your Senators here.

### QUICK TIPS:

1. **Know their personal and election history**
2. **Identify their committees, subcommittees, caucuses and leadership assignments**
3. **Learn about their relationship with addiction and other issues of interest**

### LEARN:

**Their personal history** to see if you have anything in common (college, church, interests, etc.) on which to build the foundation of a relationship.

**Their election history** to know if they are facing an election this year.

**The committees, subcommittees and caucuses** on which they serve to learn about their priorities, where they have the most influence and who their allies may be. Important committees and caucuses for addiction include:

- Senate Health, Education, Labor, and Pensions (HELP) Committee
- Senate Finance Committee (especially the subcommittee on health care)
- House Ways and Means Committee (especially the health subcommittee)
- House Energy and Commerce Committee (especially the health subcommittee)
- House and Senate Judiciary Committees
- Senate Caucus on International Narcotics Control (Drug Caucus)
- Congressional Caucus to End the Youth Vaping Epidemic
- Freshmen Working Group on Addiction
- Bipartisan Heroin and Opioids Task Force

**Their leadership assignments**, including if they chair a committee, subcommittee or caucus or have a leadership position within the House or Senate more broadly (e.g. Speaker of the House).

**Their relationship with addiction**, so that you can talk about substance use in terms that are most likely to resonate. It is important to know if the legislator is a long-time supporter of mental health or SUD issues, has a personal or family history of addiction, has sponsored any legislation to improve addiction care (check congress.gov), etc., as well as how they have voted on past pieces of addiction legislation. Your message will be much better received if you go into the meeting knowing how much prior knowledge the lawmaker may have about addiction and what work they may (or may not) have done on the issue so far.

**Their (other) issues of interest.** It is also helpful to know about your legislator’s priorities and philosophies more generally, such as if they are a fiscal conservative, prioritize bolstering safety net and social services, etc.
Communicate Effectively

Quick Tips:

1. Pick an issue and an audience
2. Develop a message that is persuasive, tailored, short and clear
3. Take advantage of legislative moments
4. Mobilize others to amplify your message
5. Use different forms of communication
6. Be respectful and helpful and follow up

Regardless of how you choose to communicate with members of Congress (see Advocacy Tactics), read our key strategies to ensure the most effective communication.

Identify the issue. Decide which specific issues and topics you want to discuss to ensure your message is focused according to your priorities. Addiction is a very broad issue. It will be helpful to focus on a specific sub-issue or issues that are particularly important to you and deeply connected to your personal story, such as being unable to find a treatment facility in your area, receiving a denial from your insurance company, or how important it is to increase the availability of naloxone. (See Advocacy Issues on pages 13–15.)

Identify the audience. Build relationships with the legislator and their staff, and get to know the area they represent, their responsibilities, the most important issues to them, personal connections they may have to the issue, affiliations, etc. (See Cultivate Relationships on page 9.)

Develop a persuasive, tailored message. In addition to including a personal story related to a bill or issue, it’s helpful to include information about how a proposed policy change would impact the legislator’s district, as well as any data or evidence related to the problem and solution.

In a survey, nine out of ten congressional staffers said it would be helpful to have information about the impact the bill or issue would have on the district or state, but only nine percent reported that they frequently received this information. Similarly, while 79% said personal stories would be helpful, only 18% reported receiving them frequently. These present critical opportunities to make your voice stand out.

It’s also helpful to point out what the lawmaker can gain from supporting your issue (e.g., providing a “hero opportunity” for the lawmaker, providing an opportunity for them to gain favor, showing how the issue fits with issues they already care about, etc.). You can also appeal to their sense of collective responsibility. For example, “we all have an obligation to do everything we can to ensure a safe environment for our kids,” coupled with an explanation of the harmful developmental effects of adolescent substance use may be a persuasive message. It is important to acknowledge the complexity of the issue and any potential downsides to the solution, and to have a clear, achievable goal and ask. Make your ask the easy thing to do.
Keep it short. Members of Congress and their staff are often pressed for time, and most meetings are brief. Practice what you are going to say, stick to your plan and make sure that you leave time for them to ask questions.

Be clear. You are an expert, but the person you are meeting with may not be. Refrain from using acronyms or jargon they may not understand.

Mobilize others. Engage your network (including professional connections, coalitions and partner organizations, the media, your friends, family and other members of the public) and then share this engagement with your representative to demonstrate how the issue impacts other constituents.

Be respectful. Public officials and their staff are often busy and interact with many constituents and groups advocating for a wide variety of issues. You can make sure you are heard by building a relationship with policymakers and their staff and providing information in a clear and polite manner. Always make sure to thank the legislator and their staff.

Take advantage of different mediums to engage. Use multiple modes to engage with lawmakers – send emails, call, visit, tag them on social media, etc.

Leverage the legislative process for action. For example, ask a champion to sponsor a bill, organize an event with key sponsors and the press on the day a bill is introduced, attend committee hearings or thank legislators who vote your way. Similarly, use legislative moments to raise the visibility of the issue in the press or on social media.

Follow up and follow through. Make sure to follow through to provide information an official asks for and to follow up to show persistence, convey your passion and build the relationship further. Sending a thank you note is always appreciated!

Offer help and assistance. You can be a valuable resource by providing information on addiction. Position yourself as a future resource and offer to answer any questions. If you do not know the answer to a question, say that you will find out and follow up. If a legislator disagrees with you or declines to support your request, offer resources for them to learn more about the issue.

Unlike many issues, on which legislators are likely to vote based on ideology or party unity, addiction can be a bipartisan, uniting issue. Addiction affects all legislators’ constituents and greatly impacts a variety of systems, including health, economic, criminal justice, child welfare, housing, etc. Therefore, it’s an issue that legislators are likely to want to work on, and there is a lot of potential for advocacy because there is a lack of knowledge and openness of opinion.
There are a variety of “asks” you can make when advocating for addiction, depending on your interests. Some of the issues that require advocacy action include:

**Prevention.** The best way to avoid substance misuse and addiction is to invest in **effective prevention**. Prevention initiatives have long been underfunded and have received little focus. Unfortunately, prevention initiatives that do exist are often not evidence-based, use scare tactics and other ineffective methods, or are focused solely on reducing opioid prescriptions, which is important but not sufficient. Advocacy efforts may support increased funding for prevention and the use of evidence-based prevention strategies.

**Early intervention.** The use of screenings and early interventions to identify individuals who are at risk for or already using addictive substances is essential for preventing substance misuse from progressing to addiction. Advocacy efforts can support the increased use of screening tools, such as screening, brief intervention and referral to treatment (SBIRT). Increased training in screening and early intervention among professionals who frequently come into contact with people at risk for addiction — including those in the health care, education, justice and other social service sectors — is also important.

**Harm reduction.** Strategies such as **increasing access to naloxone** and implementing syringe exchange programs are critical to reducing overdose deaths and other harmful consequences of substance use. Advocacy may include pushing for funding to support such initiatives or legislation requiring their availability (e.g., mandating the co-prescription of naloxone with opioids, requiring placement of naloxone like AED kits, requiring states to allow syringe exchange programs, etc.). Advocacy may also include more general education efforts, as many are misinformed about harm reduction and are against such efforts due to stigma and misconceptions, including that such initiatives encourage drug use. Sharing the research and data that disprove these misconceptions and combat stigma is vital for garnering support for such lifesaving interventions.
Treatment availability and accessibility. Fewer than one in five people who need SUD treatment receive it, and only 11% receive treatment at a specialty facility.\(^7\) Less than half of SUD treatment facilities offer medications for opioid use disorder, the gold standard of treatment for opioid use disorder.\(^8\) Federal regulations limit the provision of methadone to Opioid Treatment Programs (OTPs) and limit the providers who can prescribe buprenorphine. Advocacy efforts can support legislation that eases these restrictions and supports expansion of evidence-based treatment.

Affordable treatment. Lack of adequate health care coverage was cited as a reason for not receiving needed SUD treatment by over 40% of those who did not receive specialty treatment despite a perceived need.\(^9\) Advocacy to demand enforcement of the Parity Act is crucial. Equally important are efforts to require insurance coverage for the full continuum of addiction care services, prohibit restrictive treatment limitations and provide increased reimbursement for addiction services.

Treatment quality. The addiction treatment system has historically been sidelined and siloed from the mainstream health care system. Addiction treatment providers are not subject to the same level of regulatory oversight as other health care providers. Advocacy may include supporting funding and legislation to promote the integration of addiction care into the mainstream health care system, strengthening the licensing and certification requirements for addiction treatment programs, instituting value-based reimbursement, requiring the provision of evidence-based treatment approaches, etc.

Workforce capacity. One major reason for the lack of available treatment is the shortage of providers trained to address addiction. Advocacy efforts may encourage requirements for addiction training in health professional schools and training programs, requirements for addiction training as a condition of licensure, loan forgiveness programs to incentivize medical professionals to serve as addiction treatment providers, increased reimbursement rates, etc.
Recovery support services. Addiction is a chronic disease that requires long-term support. Services such as recovery housing and peer support services are often unregulated and underfunded, and people in recovery often lack access to necessary auxiliary services such as childcare, vocational and transportation services. Advocacy efforts to increase availability and quality of such services are critical.

Family support services. When families are involved, informed and supported, the outcomes for those with addiction are better. Yet, family support services receive little to no government support, often are not covered by insurance, and come at an additional cost to families. This makes it difficult for families to help their loved ones seek treatment and prevention services or navigate other social service systems. Advocacy is needed to create funding for family support services.

Addiction care in the criminal justice system. While addiction should be addressed by the health care system rather than the criminal justice system, the majority of incarcerated adults in the U.S. are substance-involved. Failing to adequately address addiction within the criminal justice system is a major barrier to effective treatment and recovery, as well as crime prevention and reduction. Advocacy efforts may include pushing for increased services that divert individuals with SUD from the criminal justice system to treatment, the provision of evidence-based treatment within jails and prisons, the provision of connections to treatment and support services upon reentry, and reducing collateral consequences on justice-involved individuals by removing barriers to employment and public benefits.

Addressing racial inequality. Our country’s treatment of addiction as a criminal justice matter has had a disproportionate and devastating impact on communities of color. Policies and structural changes are needed to promote a public health approach that equitably serves families and communities of color. Advocacy efforts should lift up and include voices of Black, indigenous and people of color to ensure underlying racial inequities and disparities in our criminal justice and health care systems are adequately addressed.

Stigma. Advocating on the issue of addiction generally, by educating people and sharing your story, can help combat the stigma surrounding addiction.
When crafting your ask, consider what kind of action you're looking for. Actions can include:

**Proposing new legislation.** There are huge gaps and barriers in the addiction prevention, treatment and recovery systems. Making changes and improvements to the systems often requires new legislation. You can encourage lawmakers to write, introduce, sponsor or support a bill that will help change how our nation addresses addiction.

**Enforcing existing policy.** While there has been a historic lack of legislative action on addiction, some important policies have been put in place but have not been adequately enforced. Advocacy highlighting this lack of action on existing policies can help push Congress and agencies to enforce laws that are already on the books. For example, the Parity Act was enacted in 2009 to ensure that insurers provide mental health and addiction services in a manner comparable to medical and surgical services. However, despite this law being in place for a decade, many insurers still violate the law’s requirements, and agencies are not adequately monitoring or penalizing violations.

**Increasing funding.** Addiction services are grossly underfunded and have been for decades. Advocating for grants and programs that fund vital addiction services is greatly needed. Fighting for funding has multiple steps. First, funding must be authorized in a bill, meaning that a piece of legislation includes a funding amount for a grant, program or agency to support addiction services. However, the funding must then be appropriated by a spending bill that allocates the money specified in the authorization. Due to this two-step process and ongoing resistance to spending in Congress, persistent advocacy on funding is essential. Those with the loudest voices often receive the most funding, so making noise about the need for addiction funding is vital.
**ADVOCACY TACTICS**

No matter how much experience you have or how much time you are willing to spend, there is a role for you in advocacy.

### MEETINGS

You can meet with members of Congress in Washington, D.C. or in their district offices when they are home, or with members of their staff. In a survey of congressional staffers, nearly all said constituent visits to the Washington office (97%) and to the district/state office (94%) have “some” or “a lot” of influence on a legislator, more than any other strategy. In order to understand constituents’ views and opinions, nearly all said that meetings between members of Congress or their staff and constituents are important.

### QUICK TIPS:

1. Schedule in advance
2. Research and prepare
3. Share your personal story and key facts
4. Make a clear ask
5. Offer assistance
6. Provide materials
7. Follow up and keep in touch
BEFORE THE MEETING:

Schedule your meeting.

- **Who:** You can meet with legislators themselves or with their staff. If the member is unavailable for a meeting, request a meeting with someone from their staff. The Health Legislative Assistant is often a good staff member to contact. When you contact the office, be sure to indicate that you are a constituent if you live in an area that the member represents. Meetings should include no more than two to three people, who should be clearly identified as attending.

- **What:** When you contact the office to schedule your meeting, make sure to mention that you are scheduling a meeting to discuss addiction.

- **When:** Meetings with legislators should be requested three to four weeks in advance.

- **Where:** You can schedule your meeting for D.C. or in the member’s district/state. According to a survey by the Congressional Management Foundation, 13% of members of Congress prefer to have meetings with constituents in D.C., 16% prefer to have meetings in their district and 71% have no preference. Meeting with your legislators is not dependent on your ability to go to D.C.! Don’t be alarmed if the meeting isn’t in an actual office. Congressional offices are so small, meetings often take place in a reception area, a public cafeteria or even the hallway.

- **How:** To request a meeting with a member of Congress, contact the member’s office. You can find information about how to contact the office in Washington, D.C. and their home districts here: Senate Directory; House Directory

Research the legislator. Learn about the member’s background, including their committee assignments and leadership positions, history on the issue of addiction, personal connections to addiction, priority topics, etc. (See Cultivate Relationships on page 9.) Doing this will help you have an informed and constructive meeting and will put you ahead of the pack — 78% of congressional staff said constituents in meetings did not know the legislator’s relevant committee assignments, and 87% said constituents did not know the member’s history on the issue discussed.

Prepare goals, talking points and asks. Outline the key issues you want to raise. Meetings with members of Congress are usually brief (15 minutes), so it is important to be prepared with clear goals for the meeting and brief talking points. Compile facts and resources you will need, as well as a list of your two to three asks.

Prepare and provide leave-behind materials. Prepare any leave-behind fact sheets and a one- to two-page summary. Send the materials to the legislator/staff in advance of your meeting. Providing information in advance allows legislators and staff to effectively prepare, which is likely to lead to a more productive meeting. Also, be sure to bring a business card, if you have one, as offices will often ask for it.

MEETING WITH YOUR LEGISLATORS IS NOT DEPENDENT ON YOUR ABILITY TO GO TO D.C.!

71% OF MEMBERS OF CONGRESS HAVE NO PREFERENCE ON WHETHER TO HAVE MEETINGS WITH CONSTITUENTS IN THEIR DISTRICT OR IN D.C.¹²
DURING THE MEETING:

Introduce yourself and/or your organization.

Tell your personal story. Share your story about why you are there and how addiction has impacted you. Stories provide integral insight, lend importance to the issue and demonstrate how the problem affects real people (and particularly, members’ constituents).

Share key points about the issue. Share three to five top points about the issue that reflect your greatest concerns and provide information that will resonate with the member’s priorities. Include data to support your argument, especially state or local data, as well as any information on how the issues will impact the member’s community.

Make a clear “ask.” Provide the member with a clear request, whether that is voting a certain way on a bill, introducing legislation on a specific topic, urging federal agencies to take action, etc. You should be clear and specific on what action you would like the member to take to address the issues you have raised. While 88% of congressional staffers surveyed said it would be helpful to have a specific request or ask, only 59% reported receiving specific requests frequently.14

Offer assistance. Offer any help you can provide as the member works toward addressing your request.

Leave behind a brief one- to two-page fact sheet or summary on the issue discussed. When surveyed, 85% of congressional staff said constituents should provide more materials (e.g., maps, charts, infographics) that visually show the impact of the issue or bill on the district/state the member serves.15 Providing legislators/staff with a summary can help them to keep the issue top of mind and provides them with a resource to refresh their memory, answer questions and inform future action.

Thank them for their time and help.
“SHARING OUR PERSONAL STORIES TO ENCOURAGE OUR SENATORS AND CONGRESSIONAL REPRESENTATIVES TO SUPPORT THIS BILL WAS EMPOWERING. IT WAS A PRIVILEGE TO USE OUR VOICE TO BRING SUPPORT TO THE MANY FAMILIES IMPACTED BY ADDICTION.”

–PATTY SYKSTUS
PARTNERSHIP TO END ADDICTION PARENT COACH AND ADVOCATE

AFTER THE MEETING:

Follow up. Send an email thanking the member and/or staff for meeting with you. Reiterate what you discussed, remind them of your offer to be a resource and include any resources or information discussed in the meeting that you indicated you would send. Over the following weeks, you can follow up regarding progress on the requests you made and continue to offer your help.

Keep in touch. Touch base with the staff every once in a while. If new information about the issue is released or there is a new way for the member to fulfill the ask made during the meeting, notify the office. Similarly, if there is movement on key legislation, remind the office of your stance. Informative, respectful and concise communication can help the member and staffer keep the issue on their radars.
Many members of Congress host town hall meetings when they are home in their districts during congressional recesses. Town halls provide an open forum in which lawmakers give legislative updates and answer questions from constituents. They provide a great opportunity to ask questions and introduce yourself as a member of the community. An added benefit is engaging with members of Congress without making a trip to D.C. When asked about strategies directed to home state/district offices, 87% of congressional staffers surveyed said questions at town hall meetings have “some” or “a lot” of influence, and 82% said that town hall meetings are important for understanding constituents’ views and opinions.

Find local town hall meetings [here](#).
LETTERS TO THE EDITOR/OP-EDS

Letters to the editor and op-eds can help influence public debate and policy decisions. They can help demonstrate the importance of an issue to a broader audience, build awareness and influence public opinion.

Decision makers are influenced by public opinion and often read the opinion pages of local newspapers because it gives them insight into what their communities are thinking and talking about. When asked about strategies directed to their home district offices, 80% of congressional staffers said letters to the editor have “some” or “a lot” of influence.19

Sample letters to the editor

Regarding Megan McArdle’s March 9 Washington Forum essay, “The ‘moral hazard’ in the opioid crisis”:

Naloxone saves lives, but it does not treat addiction. On its own, it cannot prevent overdoses or addiction-related crime, nor can it resolve the opioid epidemic. The problem highlighted by the working paper Ms. McArdle mentioned is not that naloxone encourages people suffering from addiction to take risks; it is the lack of good treatment options available to individuals with opioid addiction. Medication-assisted treatment is lifesaving for opioid addiction, yet few receive it following an overdose. Most are simply released upon revival and medical stabilization.

Pervasive stigma against addiction is responsible for the lack of available treatment. As a society, we continually fail to treat addiction as we treat other diseases. Naloxone is akin to a defibrillator, which can restart a patient’s heart but won’t cure underlying heart disease. It is difficult to imagine that defibrillators would be described as a moral hazard for individuals who do not make lifestyle changes to reduce their risk of heart disease.

We must stop searching for a “silver bullet” to address this crisis and recognize that a comprehensive approach is needed. If we don’t provide effective treatment to individuals who suffer an overdose, we are not using naloxone to its full potential.

Lindsey Vuolo, New York
The writer is associate director of health law and policy at the National Center on Addiction and Substance Abuse.

To the Editor:

Having lost my 24-year-old son to a heroin overdose in 2012, I thank you for your editorial. I am taken by the total lack of awareness of the 2008 mental health parity law by the public and the medical world at large.

Regarding “insurers that cheat”: My husband and I have a continuing lawsuit against the insurers that decided that saving our son's life wasn’t “medically necessary.”

Your suggestion to “combat stigma” referred to the Centers for Disease Control and Prevention’s response to the AIDS epidemic in the 1980s. That response should be replicated now for the opiate epidemic.

As you suggest, a brochure should be sent “to every residential mailing address in the United States to dispel myths and help Americans seeking treatment” for addiction and substance use disorder.

MARGOT HEAD, NEW YORK
Op-eds are generally about current issues, whereas letters to the editor are in response to a specific article recently published by the paper. Anyone can submit an op-ed or a letter to the editor to their local paper. It is important to check each publication’s guidelines, but letters to the editor are generally 200 words or less, while op-eds are 500-650 words. Some newspapers have online submission features, but if emailing a letter, it is important to paste it in the body of the email rather than include it as an attachment, as many reporters will not open attachments.

Using a personal story and writing with passion may increase your chance of being published. Open with a strong, attention-grabbing narrative, and close with a specific call to action that emphasizes the importance of the issue and names the decision makers responsible. Include a few key points you want the reader to know, as well as data to support them. As with other means of advocacy, personal stories and simple messages can be powerful.

Sample Op-ed

The coronavirus is fuel on the nation’s opioid addiction fire

By MARCIA LEE TAYLOR
NEW YORK DAILY NEWS | MAY 21, 2020

Last week, when Melissa Etheridge announced that her son had died of an opioid overdose, the nation was reminded of the toll that the addiction crisis is taking on families.

Etheridge’s family is not alone. Unfortunately, the coronavirus pandemic is fueling the fires of our national addiction epidemic; overdose deaths are on the rise. The combination of social distancing, increased financial stress, loss of work, lack of structured time and uncertainty about the future — coupled with disruption to traditional and local care services — is creating a perfect storm for ensnaring mental health and addiction struggles.

Roughly 20% of Americans reported moderate to severe mental distress in the past month (triple the rate of 2018), and more Americans are turning to substances to cope with pandemic-induced anxieties. Nationally, alcohol sales have increased 55% and, in California, marijuana deliveries have increased 115%.

These indicators point to a substance use and mental health crisis that we cannot afford to ignore. This week, a report from a national overdose detection program indicated that overdose deaths were up 20% between January and April 2020, compared to the same time period last year. Well Being Trust and the American Academy of Family Physicians recently concluded that deaths from drugs, alcohol and suicide, the so-called "deaths of despair," that have been on the rise, will increase by another 27,000 to 150,000 total by the end of this decade.

All of this means significant pain and suffering for families who are struggling to navigate a woefully broken and underfunded system for mental health and substance use services. Lack of insurance coverage, inadequate supply of specialists, subpar reimbursement for services, insufficient training for health care providers, poor oversight of treatment quality, and stigma against patients and the treatments that are most effective all add up to a system that is ill-equipped to meet the needs of patients already seeking help, never mind the avalanche of COVID-induced demand.

Congress must act now to provide adequate funding for mental health and substance use services and institute a public health approach to address one of our nation’s most deadly public health threats. As with other diseases, including COVID-19, we need proper screening and early intervention tools, a robust workforce that is adequately reimbursed for its services, meaningful insurance coverage and training on best practices and evidence-based care that includes the use of medications, family therapy, telehealth solutions and ongoing recovery supports.

These are not new ideas. Both the Surgeon General’s report released in the Obama administration and the Christie Commission report released in the Trump administration included many of these bipartisan recommendations. We have the roadmap. We just need the political will to follow it. Perhaps the novel coronavirus pandemic will be the impetus our nation needs to finally address the not-so-novel addiction epidemic.

Taylor is chief external and government relations officer at Center on Addiction.
## PHONE CALLS

<table>
<thead>
<tr>
<th>QUICK TIPS:</th>
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<tbody>
<tr>
<td>1. Ask for staff who handles health and/or addiction issues</td>
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<tr>
<td>2. Prepare talking points and make a specific ask</td>
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<tr>
<td>3. Take notes and follow up in writing</td>
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Phone calls to legislators and staff can be especially important when a bill is nearing consideration or a vote. They are more difficult to ignore than emails, which can help elevate the priority of an issue. Coordinated calling campaigns from constituents can be effective in ensuring the legislator hears about the issue.

When you call a legislator’s office, you will not be speaking with the legislator directly. If possible, ask to speak to or leave a message for the staffer who handles health and addiction issues. Be prepared with talking points that explain why the issue is important to you and make a concrete ask. It can be helpful to take notes on your conversation and follow up in writing.

You can find phone numbers for legislators’ offices (D.C. and district) on their websites, or you can be directed to a D.C. legislative office through the U.S. Capitol switchboard at 202-224-3121.

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**Office Staffer:** Thank you for calling [Senator’s/Representative’s] office. How may I help you?

**You:** Hello, my name is [your name] from [City, State]. May I please speak with the person who handles health or addiction issues?

**You (to the health/addiction staffer or to whomever you are speaking):** I am calling to strongly urge [Senator/Representative] to support full funding for the Comprehensive Addiction and Recovery Act, or CARA, in the final omnibus bill for fiscal year 2017.

Every day in the United States, 185 people die from a drug overdose - more than car accidents and gun violence. Families and communities are in desperate need of resources to combat the current opioid crisis.

The comprehensive approach to addressing this crisis was established in CARA. It finally moves us closer to treating addiction like a disease through evidence-based practices such as medications for opioid use disorder. It supports community-based prevention efforts and long-term, robust recovery support. It expands access to naloxone so that we can reverse overdoses and save lives.

I want to thank [Senator/Representative] for passing this critical piece of legislation and urge the Senator/Representative to support the $181 million authorized in CARA to fight this crisis.

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### QUICK TIPS:

- Make a specific ask
- Outline the issue and explain the importance and impact on the community
- This would also be a good place to include your personal story, if you have one
- Thank the legislator for positive action already taken on the issue
Nearly all congressional staffers said letters would influence an undecided lawmaker, whether sent via mail (90%) or email (88%).

Letters should outline the issue at hand, explain why it is important to the community and make a specific, measurable ask. Keep letters short (seven to ten sentences), and make sure to refer to the issue/bill, include the specific ask, provide personal examples and local context, and thank the legislator. Letters should be personalized, as individual emails have more influence than form emails, though establishing any connections to a coordinating group can help lend credibility to a campaign and tie the position to a larger number of constituents.

You can send the letter to the legislator using the general contact form, email address or address on the legislator’s website, or, if you know the staff person responsible for addiction issues, you can also address the letter to that person directly.

Remember that people often read emails on their phones. Consider this in the length of your email (keep it concise), the formatting (use bullet points, space it out so it does not look too dense) and the subject (make it clear and catchy). Always be professional and respectful.

**QUICK TIPS:**
1. Keep it short
2. Refer to specific bill/issue
3. Make a specific ask
4. Personalize with your story or local context
5. Thank the legislator
Dear [Senator/Representative],

I write to urge you to cosponsor H.R.5572 in the House and S.3179 in the Senate, the Family Support Services for Addiction Act, to provide critical resources to those struggling with substance use disorder and their loved ones.

This legislation fills a gaping hole that exists at the federal level for addiction resources by providing family programs with support and funding for their critical services.

Too often, when families are struggling with substance use disorder, they are told to kick their loved one out of the house and let them hit “rock bottom.” In the age of fentanyl, this can be deadly advice. Rather than being told to wait passively for the illusive “rock bottom” moment, families need to be supported and empowered with tools so that they can be part of the solution.

Family support services include family training and education, family therapy, systems navigation to help families locate or access resources, crisis and/or loss and grief support. The evidence is strong, that when family members are involved in their loved one's treatment, outcomes are better.

As a concerned constituent, I urge you to take further action on the addiction issue by cosponsoring H.R.5572 in the House and S.3179 in the Senate.

Sincerely,

[Your Name]
Signing action alerts and petitions that formulate letters to Congress is a quick and easy way to send a message to your representatives. It requires only your name and address and will automatically populate a letter to send to your representatives. While personalized messages often have more impact, these form letters can be important through strength in numbers. Showing that many people care about the issue can be powerful in urging lawmakers to take action. One of the key components to our advocacy efforts at Partnership to End Addiction is action alerts, which have resulted in thousands of letters being sent to Congress, reaching nearly every member of Congress to urge them to cosponsor or vote for important pieces of legislation to help increase access to quality, affordable addiction treatment.
While email, phone and in-person visits often have more impact in communicating policy priorities with legislators, social media can be a helpful tool. Twitter and Facebook serve as a means for legislators to keep a pulse on their public image, so tagging legislators in your posts may alert the legislators and their staff to conversations about important policy issues. Additionally, following your legislators on social media will provide information on their interest areas, positions, priorities and events. It is an easy way to start building a connection and avenue of communication.

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Commenting on a legislator's social media post is a great way to advocate and can have notable impact. It does not take many comments to influence legislators via social media, but comments must be timely. Thirty or fewer similar comments on a social media post are enough to get an office's attention, but the more time that passes after the initial post, the less likely it is that staff will review the response. Following your legislators on social media can help you see and respond to relevant posts in a timely manner to have the greatest impact.

You can also use social media to participate in events such as Twitter chats, much like virtual town hall meetings. Anyone can participate in the dialogue by using a common hashtag.

Conversations on social media can be disrespectful or confrontational. As an advocate, it benefits you and your cause to be respectful at all times.
We know how important an issue this is for you and for millions of families impacted by addiction. That’s why we’re working on multiple fronts to reduce barriers and increase access to both treatment and valuable support services. As you embark on your advocacy journey, we’re here to help. Follow us on social media, sign up for our action alerts and connect with us so that we can amplify our voices and transform how our nation addresses addiction.

WE CAN DO THIS


