

Strengthening your voice

A public speaking guide for
people with lived experience
of problems with prescription
pain medication

camh
Centre for Addiction and Mental Health

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About this guide

Why we developed the guide

In recent years there has been growing concern about the increase in problems with prescription opioid use among Canadians. Prescription opioids include pain medications such as oxy's and perc's – OxyNeo (previously OxyContin) and Percocet. A 2011¹ survey of primary care physicians in Ontario concluded that opioid prescribing had increased dramatically in Canada over the past 10 years. Accompanying this trend is a marked increase in the non-medical use of and dependence on opioids.

According to two 2011 surveys conducted in Ontario by the Centre for Addiction and Mental Health (CAMH):

- Almost one-quarter of adults (24 per cent, representing over two million people) used prescription opioid pain relievers during the past 12 months; of these, one in six (about 365,000 people) used this medication for non-medical purposes.²
- The drugs most commonly used by students in grades 7 to 12 are alcohol (55 per cent of students) and cannabis (22 per cent). Now in third place is the use of opioid pain relievers prescribed for someone else, reported by 14 per cent of students – that's about 140,000 students.³

The purpose of this guide is to train people with lived experience of prescription opioid problems to tell their stories publicly. Speaking out in this way serves several goals:

- It raises awareness and educates people – the general public, youth, parents, health care workers – about the issues and dangers related to the use of this medication.
- It reduces negative attitudes and behaviours toward people with lived experience of prescription opioid problems.
- It humanizes the issue and shows that anyone can develop problems with prescription opioids.
- It may change the attitudes and practices of health care workers and others regarding the proper use of and dangers of prescription opioids, as well as their attitudes toward the people who become dependent on them.
- It may keep others from developing problems with these medications.
- It may encourage people with problems related to prescription opioid use to get help.
- It reinforces a message of hope for everyone.

In developing the guide we looked for research on the effectiveness of people speaking publicly about their experiences with issues that are stigmatized in society (for example, substance use problems, mental health problems, HIV/AIDS). With no completed studies available, we based the material in the guide on the individual experiences of people in these groups and on the accounts of the support workers who help them and have seen the results of their efforts.

Who is the guide for?

This guide is written for two audiences:

- Most of the information in the resource is directed to **people with lived experience of problems with prescription opioid use who want to develop skills as public speakers** to educate others. You are now on a healthy path and want to share the challenges you experienced with opioid use. The guide will take you through the steps to achieve your goal. See “Are you ready to share your story?” on page 4 to help you decide if you are ready for this step in your life.
- **Support workers** will find suggestions in Appendix 4 for how they can provide help as people who have experienced prescription opioid problems develop their stories and learn speaking skills.

A word about language

People sometimes use different words to describe the same thing. This section explains some of the terms we use in the guide.

People first: In the guide we use the language of “people first.” We avoid labels such as “users” or “addicts” and refer instead to “*people* with lived experience of problems with prescription opioids,” “speakers,” “presenters” and “colleagues.”

Support workers: We use the term “support workers” to refer to anyone who, as part of their job, supports people with lived experience of problems with prescription opioid use. This could include physicians, social workers or anyone else who works in the helping fields.

Clients: When we talk about people who receive health care services, we use the term “clients.”

Recovery: Recovery refers to the process of developing new purpose in life and finding new balance in functioning after experiencing mental illness or addiction or both. Setbacks or relapses can be part of the overall recovery process. However, with careful attention and support they can often be prevented or minimized, and the experience becomes a valuable learning tool that can make ongoing recovery more successful. There is no one definition of recovery, and no single way to measure it – everyone’s journey to recovery is different.

Related video clips

You can watch video clips that support the ideas presented in this guide on the CAMH Knowledge Exchange website at <http://knowledgex.camh.net> (search for “Strengthening Your Voice”). The clips feature two people with lived or family experience of problems with prescription opioid medication.

SECTION 1

SHARING YOUR STORY

Why speak publicly about your experiences?

This guide is a tool for empowerment. Speaking publicly about your experiences is empowering for you and empowering for the audience.

People who have lived through an experience know it better than anyone else, can speak more passionately about it and can be in a better position to change others' attitudes about it. Your life experiences, from childhood to the present, show that anyone can develop problems with prescription opioids. You know best when your problems started, how they got worse and what helped you move toward wellness. Talking about these experiences helps others by educating them, helping them avoid developing problems of their own or, for those experiencing difficulties with opioids, increasing their desire to seek treatment.

If you want to share your experiences with others and are ready to do so, you will find that your willingness to give brings you many positives in return. Below is a list of some of the benefits you can expect to receive from making presentations.

Healing: When you are more stable or in recovery, you will reach a point at which you feel you have accomplished things. Feeling good about where you are and sharing your experiences with others can help in your recovery.

Education: You are educating others while learning at the same time.

Empowerment: You continue to confirm that your life is heading where you want it to, that you are in control and that others want to learn from your experiences. Knowing that you continue to change in positive ways is empowering, and so is knowing that your story will benefit others.

Personal growth: Every time you share your experiences you will come away with new insights about yourself.

Dignity: Knowing that you are helping others brings a sense of dignity within yourself. Knowing that others may view you as representing a group of people (for example, youth, Aboriginal people) can bring a sense of dignity to the group.

Respect: You get an emotional boost from being in front of an audience that respects your experiences and admires the courage and resilience that got you where you are today.

Self-esteem: Sharing can bring balance to your life. You may feel you have created negative experiences for yourself and others in the past. Knowing that you can help others brings value to these experiences and helps you see value in yourself.

Reduced shame: The more you speak about some of the more difficult aspects of your life, the more you will be able to accept them and learn from them. This can be an opportunity to re-evaluate the experiences you've had and to reconsider your negative impressions about yourself.

Opportunities: Through speaking and informing others, you develop a network of contacts and develop skills that you can use in other areas of your life.

Affirmation: Audiences give you positive feedback. For example, they may tell you how hearing you talk about your experiences has helped them. This encouragement helps you feel needed and wanted.

See “Checklist 1: Potential gains and risks of sharing your story” on page 18.

Are you ready to share your story?

You may be thinking about sharing your experiences with others, but don't know if it's the right thing for you or the right time. This section will help you decide. You may also wish to discuss the idea of sharing your experience with your counsellor or other support person.

SIGNS THAT YOU ARE READY

You are in recovery. You have moved beyond the impact of substance use in your life and are focused on developing new purpose, meaning and a plan to stay well.

You are passionate. You want to share your message so others can avoid the things that caused you problems.

You can articulate your story. You feel ready to talk about your experiences.

You are reflective. You habitually ask yourself how you're feeling. You are in a good place emotionally.

You take the initiative. You are ready to approach your support worker or an event planner and indicate you want to speak.

You are confident about yourself. You feel comfortable preparing and sharing your story. You know that it's natural to be a bit nervous.

You want to heal. And you want to move on.

You are resilient. You are able to “bounce back” from difficulties or challenges.

You are motivated. You have heard others speak and you want to do the same thing.

You stay connected. Even though you've been stable or in recovery for a while, you keep in touch with those who support you.

You can show up on time for a speaking event.

SIGNS THAT YOU ARE NOT READY

You are still using prescription opioid medication such as oxys (OxyContin/OxyNeo) or percs (Percocet) in a way that does not follow a treatment plan prescribed by a doctor.

You have a lot of anger. You feel angry about what you've gone through, about the system or about yourself. Maybe you blame others for what happened to you.

You feel extreme or negative emotions. You are disturbed by the topic you plan to share.

You are easily triggered into cravings or emotional reactions.

You have not been stable or in recovery for long. You do not feel grounded or have a sense of stability.

DO YOU HAVE SUPPORT?

If you make presentations about your experiences, you will find it best to have one or more people supporting you along the way. This may include professional support workers, who:

- will help you look at your life holistically to determine how safe you feel to stand up and talk about your experiences (for example, how do you feel talking about your substance use? How comfortable do you feel talking about the underlying issues that led up to your problems with prescription opioids? Do you feel you can talk about your experiences without getting too emotional or feeling out of control?)
- will guide and advise you as you develop your story
- can help you decide how much of your story to disclose
- can help you recognize your triggers and how to manage them
- will offer encouragement
- are likely to know if speaking opportunities arise.

However, if you are functioning well, have a stable life, are comfortable where you are in your recovery and are motivated to speak publicly about your experiences, you might choose to seek out speaking engagements on your own. Having family and friends to support you and to run ideas past may be all that you need.

Developing your story

As you develop your story, you will want to keep in mind a number of things, such as who the audience is, what the topic is and how much time you are given to speak.

WHAT YOU BRING TO THE AUDIENCE

It is important that the people who ask you to speak let you know who the audience will be. You will want to adjust your presentation based on the type of audience you are speaking to. You can give the same message in different ways: you might emphasize different things, or vary the softness or directness of your message, or use different words. Give a message of hope to every audience.

You will likely speak to a variety of audiences. They could include youth, parents, health care workers, people currently experiencing substance use problems, and many others. Following are examples of how specific types of audience members may benefit from hearing about your experiences:

General public

When you speak to a general audience, you are speaking to people from different backgrounds and experiences. Each person has come to hear your story for a different reason. Each can learn and later apply the knowledge you present.

Some people in a general audience will be there because a family member or friend has a problem with prescription opioid use or may have died of an overdose. They may be emotionally fragile and may lack the tools or connections to seek help for their family member or themselves. Your successes and message of hope may help them move forward.

Health care workers

Health care workers, such as physicians and social workers, are in the field of helping people. They will have heard stories like yours before. It's OK to tell them about the emotions you've felt.

Share with this audience any failures or gaps you have experienced in the system. Let them know how they can help you and others by changing things that have been unnecessarily difficult. Suggest potential solutions if you can.

Health care workers may have difficulty tracking the outcomes of their many clients. Listening to your particular story and your positive outcome gives them job satisfaction and empowers them to make changes where necessary. They may give hope to their clients by sharing your story.

Youth

Youth audiences respond best when you talk from the heart and in language they can understand. They are especially interested in hearing about your lived experiences. Be honest in what you say, but be careful not to scare young people by giving too much detail. (There is no evidence that scare tactics deter people

from using substances, though it is a common belief that this is a good strategy.) If you can, suggest how they could avoid non-medical use of prescription opioids (that is, use without a prescription) and how they could solve their problems in other ways.

Parents

Parents will be listening with their children in mind. It's best to stick to the facts and leave out some of the rougher moments. Avoid saying things that may scare parents.

People with substance use problems

Your story can be empowering to people who are currently experiencing problems with prescription opioid medication or other substances. You will be talking in the past tense to people who are looking for positive messages to help them or a family member move into recovery. Your comments may help them avoid some of the mistakes you feel you have made. Your comments may help them navigate the health care and other systems more effectively. You may be a role model for how they want to be, and your story may give them hope. They will know they are not alone.

You can be more yourself with this type of audience. However, just as you are careful not to talk about things that may trigger you, consider too what things might trigger people in the audience and leave out certain details as you tell your story.

WHAT IS THE TOPIC?

When a support worker or organization asks you to speak at an event, make sure they are clear about the topic they want you to speak about. This could include letting you know the overall topic as well as some key messages they hope you will focus on.

WHAT TO INCLUDE

What to include and how much to include in your presentation will depend on the topic and on whether you are the only speaker or part of a panel.

Audiences will connect with your human story. Share with them some details about the beginning and middle parts of your life and where you are today. Audiences need to see that you started with a somewhat regular childhood, how you developed problems with prescription opioid use, the consequences of that use and how you managed to overcome it. Depending on the amount of time you have and how relevant you think it is, you might include information about:

- your childhood
- your family
- your education
- your career
- your relationships
- why you began to use prescription opioids and when you began to develop problems with their use
- what your life was like when you were using opioids

- what helped you to stop using prescription opioids or change how you use them
- interactions with support workers
- complications and barriers to your care
- how you feel the system helped you and how it could have helped you better
- what helped you improve your situation or recover
- what you might have done differently if you could do it over again
- any interactions with the justice system
- how your life is now
- comments that you hope will inspire and give hope to others.

Anyone can develop problems with prescription opioid medication. Your story shows that. Yours is the voice of experience and so you can tell it better than anyone else.

See “Checklist 2: Questions for developing your story” on page 19.

SPEAKING SOLO OR ON A PANEL

You will speak solo or as part of a panel, and will usually be told how long you have to speak. Someone will introduce you.

Speaking solo

If you’re the only speaker, you will likely be given up to 50 minutes to speak and answer questions.

Speaking on a panel

If you’re part of a panel, each panelist will likely be given about 15 minutes to speak, with everyone available to answer questions at the end.

There are more dynamics at play in a panel situation. For example, you may feel uncomfortable if you perceive others on the panel (such as physicians or police) are in positions of power. Or someone speaking ahead of you might say something that triggers you. If that happens, you’ll need to draw on your self-care practice to manage your response. On the positive side, panel members can provide support to you before, during and after the presentation.

USING MIXED MEDIA

People learn in different ways. Using a variety of approaches in your presentation increases your ability to make a connection with everyone in the audience.

If you are new to speaking in public, you may find it enough to focus on what you’re going to say and getting that across to the audience. But with time and experience, you may feel comfortable adding other media to enhance your presentation, such as PowerPoint, films and interactive exercises.

Using mixed media can take pressure off you as a speaker as you let the media speak for you. It can also help you feel that your presentation is more polished. Ask your host or other support person if you need help with the technology.

Whether you use mixed media or not, each time you present it gets easier.

EXPERIENCING TRIGGERS AS YOU DEVELOP YOUR STORY

The process of writing out and preparing your presentation will bring back memories and may bring out triggers. A trigger is something that causes a craving or an emotional reaction. For example, watching a friend take pain medication may trigger a craving in you for the medication. Or being in a place similar to one where you experienced abuse may trigger an emotional reaction such as fear.

Writing out your story before you present it gives you the chance to work through your triggers and emotions ahead of time. Otherwise, you risk having them surface while you're speaking. If you know what will trigger you, you can leave those things out of your presentation. (If you *are* triggered during your presentation, take a moment, have a sip of water, ground yourself and then continue.)

When you are ready to share your story, you will be aware of your triggers and will have a plan for how to take care of them. When you are developing your story, use that plan as needed. As you get more comfortable with telling your story and managing your triggers, you can change some of what you talk about in your presentation.

Having triggers and emotions arise, and working through them, can be a healing opportunity. However, if you find that they are overwhelming and have negative consequences for you, this could be a sign that you are not emotionally ready to share your experiences with others.

YOUR PRESENTATION STYLE

There are various ways to present your story. Some people, especially if they are new to public speaking, feel most comfortable writing out their story and reading it to the audience. Others are comfortable writing down bullet points to remind them of the topics they want to address. And others, especially once they've done public speaking for a while, are comfortable speaking without any notes.

Choose the style that works best for you. You will likely find that your presentation style changes over time or depending on the audience.

See *“Checklist 3: Know your presentation style”* on page 20 for the pros and cons of speaking scripted, semi-scripted or unscripted.

Addressing stigma

Stigma refers to negative attitudes (prejudice) and negative behaviours (discrimination) toward people based on a characteristic that others see as negative.

You have probably experienced prejudice and discrimination because of your problems with prescription opioid medication. You may have experienced negative reactions from individuals and in health care, housing, social services or other settings. And you may have experienced additional prejudice and discrimination because of your age, gender, sexual orientation, religion or some other personal characteristic.

If you use other opioids (such as methadone) to manage your life and to stop using prescription painkillers, you have likely experienced prejudice and discrimination about that too. You may also have internalized other people's attitudes and think negatively about yourself.

It's important to address stigma when you're making a presentation, because prejudice and discrimination toward people who are dependent on drugs are major reasons why people do not seek treatment – and they are barriers for people who do seek help. There are also stereotypes about who develops problems with prescription opioids; stories like yours show that *anyone* can.

Instead of addressing this topic directly, you could sprinkle insights and suggestions throughout your presentation. Here are some things you could include:

- Look at yourself, your family, friends and colleagues. Anyone can develop problems with prescription opioids, regardless of gender, age, sexual orientation, culture, income, education or religious or spiritual beliefs.
- When taking opioids for pain as prescribed by a doctor, people can become addicted to them without intending to do so.
- Prejudice and discrimination create barriers to getting help and to recovery.

You can learn more about stigma and ways to reduce it by viewing CAMH's [Stigma: Understanding the Impact of Prejudice and Discrimination on People with Mental Health and Substance Use Problems](#).

SECTION 2

SPEAKING PUBLICLY

What makes a good public speaker?

Several things will contribute to your success as a public speaker – and they will come more naturally to you as you make more presentations. You are selling yourself as much as you are selling your message.

Show self-confidence – even if you're feeling unsure of yourself.

Be prepared. Know what you are going to say and the messages you want to get across to the audience.

Be aware of the language you use when speaking with different audiences. If you're speaking with youth, for example, speak in language that they can relate to. If you're speaking with health care workers, use language that will get their attention. Whatever you say, be natural – and avoid using slang or jargon if you're unfamiliar with it.

Know how to relate to different types of audiences.

Be engaging. Act like you want to be there. Having an open and honest demeanour, smiling and making eye contact help you connect with the audience.

Build trust with the audience. Speak from a place of truth and integrity. Show that what you say is who you are and how you live your life.

Connect with the audience. Bring the audience into your story. For example, start with what your early life was like. Then talk about what changed and how it felt (this could involve several stages or events). Mention how you developed problems. Then discuss why and how you changed. End with comments about how your life is getting better.

Be positive. Talk about the strengths you've gained from your experiences. If you criticize the system, do so in a way that leaves the audience with suggestions for change and feelings of hope.

Show that you have a sense of humour.

Demonstrate that you have compassion for yourself and others. This will help others learn from your experiences.

Appear clean, tidy and presentable. You want people to focus on your message and not on how you look.

Developing presentation skills

How you give your presentation is as important as what you say. You want to make a connection with the audience so they listen to your story, feel your emotion and learn something new. Here are some suggestions for making presentations that will engage your audience.

Practise your story. This builds memory for your story and helps you deliver it, just as athletes and dancers build muscle memory for their moves. Know the order of what you want to say – and say it with some emotion. You can practise on your own or in front of people you know and trust.

Be a bit nervous. This keeps you alert.

Hide signs of nervousness that you think might be observed by the audience. For example:

- If your hands shake, don't hold anything in them.
- If your legs shake, wear looser pants or skirt.
- If you perspire, wear looser, darker clothes.

If you feel anxious, take a deep breath and continue. You can be honest with the audience and tell them you're taking a deep breath because you're nervous or emotional. Do not apologize: you have a right to the way you're feeling in that moment. You can also move around and gesture with your hands to help you expend some of your nervous energy and calm you down. You could also do this before you get up to speak.

Bring some notes. Even if you don't use them, notes are a safety net: they're there for you to refer to if needed.

Show enthusiasm.

Be natural with your movements. Embrace your own movement and style. For example, if you tend to talk with your hands, continue to do so. If you don't talk with your hands, don't start. Avoid standing with your arms crossed in front of your chest or your hands behind your back.

Make eye contact. Eye contact engages the audience. Find a friendly face in the audience: you will find empathy in people's eyes and that will keep you grounded. Look at different areas of the room, not at just one or two people.

If you're feeling nervous, you could avoid eye contact until you're feeling more comfortable. In some cultures, such as Aboriginal cultures, making eye contact is considered disrespectful; in that case, you could look just above people's heads.

Think about how you're going to use your voice. Project your voice into the room: some people have voices that naturally carry while others have to work at it. This may require practice.

If you use a microphone, everyone will hear you. Stand directly in front of the microphone – not too close, not too far away and not moving from side to side. If someone asks a question, repeat the question into the microphone so everyone can hear it.

To get your message across clearly, speak more slowly than you normally would. You might naturally speed up because you're nervous. Remember to slow down and breathe. If you have notes, you could write the words "space" or "breathe" at appropriate points to remind you.

Pause to collect your thoughts if you need to. It is OK to take a short break, have a sip of water and compose yourself.

Dress for success. Appear clean, neat and presentable. Think about who the audience is and what you want to get across to them. Be yourself, but dress in ways that keep the audience focused on your story and not on your appearance.

For more information on this topic, see "Checklist 4: Public speaking tips" on page 21.

Tools for your presentation

The power of your story is the most important element of your presentation. There are, however, some tools you might want to use to enhance your presentation or give yourself a break during the presentation. Examples include microphones, PowerPoint slide shows, documentaries, YouTube and props such as paraphernalia used for drug taking. Think about the audience and what might be most appropriate for them.

Managing audience questions and reactions

Each presentation should include an audience question-and-answer session. If you are new to public speaking, you may find these sessions challenging or even triggering. With time, you may come to enjoy and even prefer the question-and-answer part of the program.

When you are asked a question, keep in mind the following tips.

Take your time. It's OK to collect your thoughts before responding. You might pause, take a deep breath, repeat the question or say, "That's a good question" to gain some time before answering.

Keep your answers short. You won't necessarily know the intent of someone's question. So you don't want to give a five-minute answer and then be told that what you said is not what the questioner wanted to know. Instead, respond with three or four sentences and then leave space for the questioner to clarify his or her question if necessary. It's better to have three short exchanges between you and the questioner than to give a longer response that did not answer the intended question.

If you are asked a question you don't know the answer to, say so. It is OK not to know. You are there because you are an expert on your own experience. You could also defer the question to someone else on a panel whom you think has the expertise to answer the question. Or, if a support worker is with you, that person might answer the question.

If you are asked a question you don't want to answer, say so as politely as possible. If you know before you speak that there are questions you don't want to answer, tell the moderators so they can direct the questions to someone else. If a question makes you feel flustered or attacked, ask for the moderators' assistance.

If you are asked a question that seems negative, you could turn it into a positive and answer in a way that feels comfortable for you.

See “Checklist 5: Commonly asked questions” on page 22 to help you prepare for this part of the presentation.

Planning a presentation

EVENT DETAILS

If you have been asked to give a presentation, you'll want to know the “who, why, what, where and when” of the event. Be assertive. Know what your needs are and be sure to ask for them. If you have questions, ask in advance – you won't want to be wondering about things as the event unfolds. The more details you know, the less anxiety you will have.

Know *who*:

- is asking you to speak. What person or group is organizing the event?
- to call if you have questions about the location, time or what they expect you to say.
- is speaking before and after you if you're on a panel. You might want to tailor your talk accordingly. For example, a mom could be speaking before you and a researcher after you.

Know *why*:

- you have been asked to speak. What is the purpose? What do the organizers expect of you? What do they want to accomplish? What are the audience's expectations?

Know *what*:

- the organizers want you to talk about and how long you are given to speak.
- the organization does. You could ask your support worker for information about the organization or you could research it (for example on the Internet) yourself.
- hot issues may be circulating in the community. Ask the organizers. Based on this knowledge, you might want to adjust your presentation to either to include or avoid certain topics.

Know *where*:

- the event is taking place. Get the exact address and the door to enter by. Know which room it is in. Ask about parking and public transit. Ask for directions if you need them, or print out a Google map.

Know *when*:

- the event is taking place (date and time).
- they would like to you to show up. Do they want you to arrive at a certain time before the event starts?

HONORARIA

When you make a presentation, you will often be on a panel with other people who are involved as part of their work duties. This means they are getting paid for their preparation time and for speaking. Since they are being paid, it is fair that you get paid too. You will be working with the other presenters as colleagues, with each of you having important information to impart to the audience.

Ideally you will receive an honorarium (payment for speaking) and reimbursement of your travel expenses. You will likely have to fill out forms to receive these payments and you may not be paid right away.

Be assertive and ask for what you need and deserve. For example, if you cannot put out money ahead of time to pay for travel, let your support worker or the event organizers know and work out with them how they could give you money to pay for your expenses as they occur.

You may not always be offered an honorarium; in these cases you can choose whether or not you want to make the presentation. There may be times when you think an honorarium is appropriate and times when you are OK with not receiving one (for example, if you are using the experience to advance your career or the organization is one you want to support).

Taking care of yourself

Strengthening your inner resources will enhance your success as a speaker. You can increase your well-being by introducing several of the following strategies into your life. These strategies will help keep you centred and grounded, with a more positive state of mind.

Find balance in whatever you do. For example, add exercise to your schedule every other day – rather than not exercising at all or feeling you have to exercise every day.

Develop stress management techniques that work for you. We all have stress in our lives. What matters is how we respond to it. Choose positive coping skills rather than negative ones.

Be assertive. Ask for what you want and need, and say no to things that you think may decrease your well-being.

Have a support network. This could include a support worker, family and friends. Spend time with people you like and trust.

Establish healthy, daily personal routines.

- Eat regular, well-balanced meals that include plenty of fruits, vegetables, whole grains, fish, lean meats and low-fat dairy products.
- Do a variety of physical activities that you enjoy. This could include walking, gardening, lifting weights, yoga, Pilates or dancing.
- Get enough quality sleep and rest.

Practise relaxation techniques. These techniques help you to maintain calm and balance and to respond to situations rather than overreacting to them. Examples include meditation, yoga and deep breathing.

Use the “Checklist 6: Emotional wellness” on page 23 to help you before, during and after making a presentation.

APPENDIX 1

INFORMATION SHEETS

This section includes checklists for speakers. They are formatted to fit onto a single page so that you can print them out and refer to them as needed.

Checklist 1: Potential gains and risks of sharing your story

Checklist 2: Questions for developing your story

Checklist 3: Know your presentation style

Checklist 4: Public speaking tips

Checklist 5: Commonly asked questions

Checklist 6: Emotional wellness

CHECKLIST 1

Potential gains and risks of sharing your story

GAINS

- You feel empowered.
- You experience personal growth.
- You feel respected.
- Your self-esteem goes up.
- You share your accomplishments.
- You help others.
- You give a human face to a story that could happen to anyone.
- You raise awareness about stigma (prejudice and discrimination) and its negative effects on people with lived experience of prescription opioid problems.
- You see your story in a new light. You gain a better understanding of where you were and how your recovery is progressing.
- You learn new skills that can also be used in other areas of your life.
- You show others (for example, support workers, people with experiences similar to your own) that there is hope and that people can recover.

RISKS

- You feel your story could be rejected or minimized.
- You feel shame and fear being judged. You wonder: "What will the audience think of me?"
- You see someone from your past sitting in the audience.
- You risk triggering yourself, re-experiencing the trauma or having a relapse if you're not emotionally ready to talk about your experiences.
- Your emotions – as a result of negative or positive feedback – may overwhelm you.
- You may not be able to get the support you need when you need it.
- You could experience legal consequences if you talk about illegal things you have done.
- You could experience social or employment consequences when you expose details of your life. Think things through before making any disclosure. Impulsive disclosures can have long-lasting negative outcomes.

CHECKLIST 2

Questions for developing your story

TOPIC

- What would the event organizer like you to focus on?
- What key points do you want to share about your story?
- What are you comfortable sharing?
- Do you prefer speaking with a script or brief notes? Or do you prefer to develop your story as you speak and in response to the audience?
- What will help you stay on topic?
- Are you able to manage triggers as you develop your story?
- Are you prepared emotionally?
- How will you include the issue of stigma (prejudice and discrimination) in your story?
- What topics are other speakers focusing on? How can you complement their presentations or provide alternative viewpoints?
- What skills do you have that you can draw on to help you?
- What new skills would you like to learn as you develop and deliver your story?

AUDIENCE

- Who is in the audience?
- What does the audience know about this topic?
- What will help keep the audience's attention?
- What type of language does the audience use (for example, medical terms, slang)?
- Are you willing to answer questions posed by the audience?
- Are there some topics you do not want to answer questions about?

LOGISTICS

- Will you be speaking on your own or as part of a panel?
- Who else is speaking? Who is speaking before and after you?
- How much time are you given to speak?
- Will you be using presentation tools, such as PowerPoint or a film?

CHECKLIST 3

<p style="text-align: center;">Know your presentation style</p> <p>There are several ways of presenting when you are a speaker at an event. Know the style that you are most comfortable with and that feels empowering for you. Over time, as you become more comfortable and confident, you may find that you move from one style to another. Or you may vary your style based on the audience or on your comfort level with the topic. Do whatever works best for you and for the occasion.</p>					
SCRIPTED		SEMI-SCRIPTED		UNSCRIPTED	
Writing it out and reading it to the audience		Referring to bullet points and a closing statement written out		Speaking without any notes	
Pros	Cons	Pros	Cons	Pros	Cons
<p>Provides you with guidelines or a road map</p> <p>Keeps you on topic and organized</p> <p>Keeps you to the timeline</p> <p>Allows you to experience emotional process and triggers ahead of time</p> <p>Helps you keep nerves and emotions in check as you follow the script</p> <p>Acts as a safety net</p>	<p>Detracts from the natural or authentic feel of your story</p> <p>Risks being boring for the audience if you show no facial expressions and make no eye contact</p>	<p>Provides you with guidelines</p> <p>Keeps you on topic and organized</p> <p>Keeps you to the timeline</p> <p>Allows you to experience emotions and triggers ahead of time</p> <p>Helps you keep nerves and emotions in check as you follow your notes or cue cards</p> <p>Acts as a safety net</p> <p>Helps you appear more natural, genuine, engaging and spontaneous</p> <p>Empowers you with the ability to alter your story to suit the event, audience and circumstances</p>	<p>Risks your speaking longer than you wanted to</p>	<p>Helps you appear more natural, genuine, engaging and spontaneous</p> <p>Empowers you with the ability to alter your story to suit the audience and circumstances</p>	<p>Requires someone who is a good speaker and can manage all scenarios</p> <p>Risks your speaking longer than you wanted to</p> <p>Risks your getting off topic and appearing sloppy and unprofessional</p> <p>Doesn't allow you any protection in case your emotions get the better of you</p> <p>Increases the likelihood that you will be affected by a negative reaction from the audience</p>

CHECKLIST 4

Public speaking tips

Understand your goals. Consider what messages you would like to get across to the audience. Consider why you are sharing your experiences and what you would like to get out of it.

Know who the audience is. You could be speaking to a variety of people, such as the general public, mental health and addiction workers, parents, youth and peers. Knowing who they are, what their attitudes might be and what messages are important for them to hear will help you tailor your talk.

Know what you are going to say. Preparing your story ahead of time – whether scripted or unscripted – will help you to feel more comfortable with the presentation, stay on topic and avoid potential triggers.

Tell a story.

- Audiences generally like to hear what your life was like before you developed problems with prescription opioid use. This normalizes your story and helps the audience relate to you. It also provides a backdrop for the rest of your story.
- Next tell the audience how you developed problems with prescription opioids and how it affected your life.
- Conclude with your path to stability and wellness, and how your life is today.
- If you read your story, write it the way you would speak. This keeps your presentation feeling natural.

Reduce your nervousness. Most people feel nervous when they speak in front of a group. Ways to reduce nervousness include being organized about what you want to say, practising what you are going to say, taking deep breaths and making eye contact with the audience.

Take a deep breath. One good inhalation before speaking can keep your head clear, keep your voice strong and keep you grounded.

Consider your presentation style.

- Speak clearly and at a moderate pace.
- Show your enthusiasm. Audiences respond best when they feel that you are engaged with the topic and committed to the message.
- Make eye contact with the audience to build rapport and keep them involved in what you're saying.
- Show some emotion if appropriate.
- It's OK to have tears in your eyes if that's where the moment takes you.
- It's OK to show anger if you can calmly say, "This is what makes me angry" and explain why.
- A goal of your presentation is to remove the stigma that may be attached to your experiences. Do not express shame or apologize for any aspect of your life.

End with emphasis. Endings are important: how you end your presentation contributes to its success. You could use your closing comments, for example, to refocus on the intent of the event or to talk about how you're feeling as you conclude your presentation.

Watch your appearance. What you wear can be as important as what you say. You want your story and your message to be the focus – not the way you look.

CHECKLIST 5

Commonly asked questions

Following are some typical questions that speakers are asked. To prepare for the question-and-answer portions of presentations, review the questions and think about how you could answer them.

- Why did you start taking prescription opioids?
What other drugs did you take?
- When did you start taking drugs, including using alcohol?
- Why were you addicted but other people aren't?
- Do you still crave pain medication and other drugs?
- What are your cravings like?
- What made you want to stop taking drugs?
- What helped you start and keep on your journey of recovery?
- Is there anything people could have said that would have allowed you to make changes sooner?
- Was there any one thing that someone said or did to help you decide to change?
- Was there any one thing that someone said or did to support you at a point of change?
- Is there one thing that people can do to help someone in recovery?
- What was it about the methadone program that helped you get into recovery?
- Why should we pay for you to get high on methadone?
- What would you say about withdrawal from prescription opioids? And how long did it take?
- What is your biggest regret?
- What do you do now to cope?
- Is there anything you can tell me, as a parent, about how I can help my children?
- My family member takes drugs, lies to me and will not listen to me. What can I do to make him or her do what I say?
- Do you have any suggestions for how child protection services can operate as humanely as possible?
- What is your opinion of the health care specialists you have encountered?
- Have you ever been arrested?
- Have you ever been in jail?
- Did you find that the legal, justice, parole and police workers you encountered were helpful?
- Where did you sleep when you were homeless?
- How do you control your rage about how the system failed you? How are you able not to be mad all the time?
- Sharing your experiences with people you don't know takes away your anonymity. Why would you do that?
- Do you have a faith, higher power or God in your life?
- How important is eating well, exercising and going to bed on time?

The audience may want to know about other family members you mentioned in your story. For example:

- How is your family member now?

Sometimes audience members may want to bring you into their story. For example:

- We know that alcohol kills more people than all the other drugs combined. Why aren't you talking about alcohol?

CHECKLIST 6

Emotional wellness

It's important to take care of and monitor your well-being before, during and after a speaking event. Ask yourself the following questions to determine how you're doing.

- Do you feel confident about sharing your story with others?
- Are you motivated to share your story with others?
- Do you feel safe enough within yourself to stand up and tell your story?
- Are you appropriately nervous about speaking in public?
- Do you have someone (for example, a friend, a support worker) you can talk to and who can support you about sharing your story publicly?
- Are you feeling good about where you are in your recovery?
- Are you aware of your triggers? Do you have a plan for how to take care of them?
- Do you follow a program of self care (for example, meditating, eating well, walking, listening to music, yoga)?
- Are you willing to ask for help?
- Are you able to maintain a balance in your life?
- Do you have a desire to help others?
- Does talking about your story publicly feel like a positive experience for you?
- Do you feel prepared to speak? Are you prepared emotionally? Are you prepared in terms of what you're going to say?

If you're feeling angry, extremely emotional or easily triggered, these could be signs that you need more time before sharing your story publicly.

APPENDIX 2

RESOURCES

Activities

You might consider including audience activities in your presentation if you are the sole speaker and have been given a lot of time. Most of the suggested activities are suitable for smaller audiences, but there are some that could also be used with larger groups.

Icebreakers: Icebreakers are initial activities to get people engaged with your presentation, to lighten the mood in the room, and to allow yourself and audience members to learn a bit about one another.

Click [here](#) for icebreakers that you might find useful.

Stigma-related activities: CAMH's [Beyond the Label: An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems](#) contains many activities that you could use if you want to focus on prejudice and discrimination during your presentation.

Documentaries

There are numerous documentary films in which people with lived experience or health care workers talk about their experiences with prescription opioids. You might find it useful to screen a documentary as part of your presentation, especially if you are the only speaker, because:

- documentaries allow the audience to hear the personal experiences of more than one person, and to hear health care workers talk about the issues from their perspective
- including documentaries and other media changes the pace of the presentation and can help maintain interest
- it will give the speaker a chance to take a pause.

Even if you don't plan to show a documentary, organizers might find it helpful to have one in hand as a back-up resource in case one or more presenters cancel.

Here is a list of documentaries that you might find useful to include as part of your presentation.

Prescription for Addiction. (2008, 39 minutes; \$5.00). Produced by CAMH and the Ontario Federation of Community Mental Health and Addiction Programs. Order from <http://store.camh.net/product.php?productid=348&cat=0&page=2>

This Canadian film examines the growing problem of dependence on opioid pain medications.

Cottonland. (2006, 54 minutes; \$69.95; free to stream). Directed by Nance Ackerman. Stream or order from www.nfb.ca/film/cottonland

This film addresses OxyContin dependency in Glace Bay, Nova Scotia.

Time Bomb. (2012, 45 minutes; free to stream in Canada). Produced by the CBC. Stream from www.cbc.ca/fifth/2011-2012/timebomb

This episode of the series *The Fifth Estate* highlights the use of OxyContin and its associated problems in Canada.

The Life You Want: A Young Woman's Struggle through Addiction. (2011, 34 minutes; free to stream). Produced by Sioux Lookout First Nations Health Authority. Stream from www.sfnha.com/programs-services/health-services/prescription-drug-abuse/899-2

This film follows a young First Nations woman dependent on OxyContin, and her difficulties in getting treatment.

Websites

Centre for Addiction and Mental Health. CAMH's Knowledge Exchange portal contains hundreds of resources for clients and families. Topics include mental health and addiction issues, special populations, getting help, harm reduction, health promotion, recovery, stages of change and stigma. You will find information on opioids under "Mental health and addiction A-Z."

http://knowledgex.camh.net/amhspecialists/resources_families/Pages/default.aspx

Health Canada. This site answers frequently asked questions about opioid pain medication. www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/opioid-faq-opioides-eng.php

APPENDIX 3

ABOUT OPIOIDS

What are opioids?

There are four classes of opioids:

- those naturally produced in the body (such as endorphins)
- *opiates* (such as morphine and codeine), which are derived from the opium poppy
- *semi-synthetic compounds* (such as heroin, oxycodone [found in oxys – OxyContin/OxyNeo – and perc – Percocet] and hydromorphone [found in Dilaudid])
- *fully synthetic compounds* (such as methadone and meperidine [Demerol]).

For more information about opioids, see CAMH's information sheet [Do You Know... Prescription Opioids](#).

Opioids as a public health crisis

According to Dr. Jack Mandel, the president of the College of Physicians and Surgeons of Ontario, in September 2010, “Ontario is in the midst of a public health crisis – a crisis stemming from the inappropriate prescribing, dispensing and illicit use of opioids and other narcotics.”

Opioids are prescribed mainly for acute or chronic pain, including pain from injuries, surgery and diseases such as cancer. They are sometimes prescribed to control diarrhea and moderate to severe coughs. Some (such as methadone) are also prescribed to treat dependence on other opioids. Opioids can be effective as pain relievers and can improve people's quality of life – but their ability to produce euphoria and tolerance (the need for higher doses to produce the same effect) leads some people to use them in harmful ways.

Between 1991 and 2009, the number of prescriptions in Ontario for drugs containing oxycodone (the opioid present in oxys/OxyContin/OxyNeo) rose by 850 per cent. Oxycodone-related deaths are five times higher since the introduction of long-acting oxycodone. Deaths in Ontario from opioid use doubled between 1991 and 2004.

Methadone

Methadone is a synthetic opioid given to people who are dependent on other opioids. When given in the appropriate dose under medical supervision, methadone:

- suppresses symptoms of opioid withdrawal for 24 to 36 hours
- reduces cravings for opioids
- does not produce sedation, intoxication or euphoria
- has a cross-tolerance to other opioids
- increases psychological well-being.⁴

The prescription of methadone in place of other opioids has been shown to reduce illegal drug use, criminal activity and death, and to increase employment rates among people who had previously used prescription opioids non-medically.⁴

If you would like more information about methadone, CAMH's [KnowledgeX portal](#) includes several client-focused resources on this topic.

APPENDIX 4

NOTES FOR SUPPORT WORKERS AND EVENT ORGANIZERS

Common questions from support workers

Here are some frequently asked questions, with answers, to guide you in supporting people who have had problems with prescription opioid use and who will be speaking publicly about their experiences.

Q. Why work with people to share their stories?

- A.** There are a couple of reasons why it is beneficial to work with people to help them share their experiences and problems concerning prescription opioid use:
- The public and others need to understand the problems associated with non-medical use of prescription opioid medication. They need to be aware of the impact it can have on people's lives, families and communities.
 - When clients are ready to share their stories, it is a milestone in their recovery. Sharing their stories can be a healing opportunity, and support and encouragement are important as they go through this process.

Q. Is public speaking empowering?

- A.** Public speaking that can lead to change is empowering for both the speaker and the audience.
- It helps people look at their lives and at what they've learned. Bringing this awareness to an audience contributes something positive to society. There will be people in the audience who hear the message and make changes to their lives based on what they've heard.
 - It also allows people to look at their stories and reframe them in ways that work for them. It empowers them to use their stories to help others. It confirms that their stories have purpose, even though it may have been the worst experience of their lives.
 - Positive feedback on sharing their stories increases people's self-esteem. It can be a life-changing experience and the start of a new career or chapter in their lives.

Q. How can I tell if clients are ready to share their experiences?

A. To determine if clients are ready to share their stories, ask yourself:

- What are clients doing to maintain their sense of balance?
- Are clients continually looking for ways to improve themselves, to move forward and to become productive in the community and in society?
- How do clients feel about where they are in their recovery?
- Are clients still angry?
- How do clients feel about becoming public speakers? What do they see as the pros and cons of making presentations?
- When rehearsing their presentation, do clients feel triggered? Are they able to effectively manage the triggers?

For a more detailed discussion of this topic, see “Are you ready to share your story?” on page 4.

Q. What kind of support, coaching and nurturance can I give clients as they develop their stories and prepare to speak?

A. There are several ways you can support clients during this process:

- Discuss with clients what they are planning to speak about, and help them develop their stories in ways that are safe for them.
- Ask clients what they need from you to help them get to a place where they can comfortably share their experiences.
- Provide constructive feedback. Tell clients how they can improve their presentations, and do so in ways that encourage them and make them feel good about their progress.
- Help clients manage and process emotions and triggers that arise during the writing process.
- Provide encouragement and positive affirmation. Talk about their progress and the power of the story they have to tell.
- Empower speakers. Reinforce their courage to talk about their experiences. Stress how important their message is, how few people are able and willing to do what they’re doing, and how valuable it is to the people they inspire.
- Respond to clients’ e-mail and phone messages promptly, as you would with colleagues.
- When appropriate, connect speakers with other supports in the community.

See “Checklist for event organizers” on page 32.

Q. How do I recognize triggers in clients who are preparing to tell their stories?

A. Recovery is a process. Clients will experience what they talk about. If you have been working with a client through the process of healing and recovery, you will know what the person's triggers are. Your role is to help the person understand what those triggers are in a way that does not set off their triggers.

Q. How do I know if someone can speak unscripted?

A. Clients are generally ready to speak unscripted when they have worked through their issues and understand their own stories. They will be able to talk about their experiences without reacting to triggers.

Time and practice are also important factors. The more speaking engagements clients have, the more likely they will be able to speak without notes.

See "Checklist 3: Know your presentation style" on page 20 for guidelines on speaking scripted, semi-scripted or unscripted.

Q. How do I help clients discover their own natural flow and speaking skills?

A. Listen to how clients naturally tell their stories. Give them space to grow. Give them options. Ask how you can help.

Work with who they are. For example, with some Aboriginal people, working with the medicine wheel helps them connect with their identity.

Q. How can I support and coach speakers before, during and after presentations?

A. There are many ways you can support and coach speakers.

Before the presentation:

- Talk to speakers before they get up to present. Let them know you're there to support them. If you can't be there in person, be available over the phone.
- Listen if speakers want to rehearse their presentation.
- Help speakers set up any equipment they are using.

During the presentation:

- Be in the audience when speakers are presenting.
- Have confidence in speakers' ability to make the presentation.

- Maintain eye contact with speakers. If speakers look at you, let them know they're doing a good job by nodding or smiling at them.
- Help with equipment, if necessary.
- Help speakers answer questions if they've indicated they'd like you to do that.

After the presentation:

- Support speakers. Give them encouragement.
- Speakers may have been triggered and need help dealing with the triggers.
- Debrief with speakers right after the event or during the following week.

Q. How can I support speakers during the question-and-answer sessions?

A. Work out ahead of time if speakers want you to help with questions they are asked. For example, they may want you to stand beside them during the question-and-answer sessions for support or to help them with the answers, or they may want to know that you are available in the audience in case they want to call on you to answer. Be respectful to the speaker if you do answer a question or correct what they've said.

Q. How do I help ensure that speakers receive honoraria?

A. You know how important it is to receive recognition and compensation for the work you do. You receive recognition through appreciation of and payment for your contribution.

When people with lived experience of problems with prescription pain medication make presentations with you or others, they are working alongside everyone as colleagues. If people make presentations as part of their job, they are paid for their time. People who have experienced prescription opioid problems deserve payment as well.

If honoraria are not offered, you could approach the event organizers and explain why you think it's important that speakers be paid for their contribution, or you could coach and support speakers to ask themselves.

Q. What kinds of exercises or activities could I use in a therapeutic environment when working with people who want to be speakers?

A. Use activities that ground people and build confidence in their ability to make presentations. For example:

- before a presentation, use role playing to practise the introduction (you could take turns doing it)
- pose commonly asked questions to speakers and have them practise their answers
- help speakers to work on changing their stories depending on the audience they're speaking to.

CHECKLIST 7

Checklist for event organizers

Here is a checklist that you can give to someone who is organizing an event that includes speakers with lived experience of problems with prescription pain medication. It lists some things they can do to ensure that speakers have a positive experience.

BEFORE THE EVENT

Tell speakers:

- the intent of the event
- the topic you would like them to talk about; this could include specific content you would like them to include or content you prefer they stay away from
- how much time you are allotting them to speak
- who else will be speaking and what their role is (for example, peers with similar experiences, health care workers, parents, youth)
- who the audience is (for example, general public, health care workers)
- the date and time of the event
- the location of the event and detailed directions to get there
- whether you can provide them with and set up any equipment they might need (for example, computer and screen)
- how you will let them know how much time they have left to speak, or that it is time to stop speaking
- that you appreciate their contribution to making the event a success.
- Provide speakers with:
 - a contact name and details of how and when they can reach that person
 - practice time with the microphone during the setup
 - encouragement.

DURING THE EVENT

Provide speakers with:

- water
- tissues
- any help they might need (for example, with the microphone or other equipment, with the question-and-answer part of the event).

AFTER THE EVENT

Provide speakers with:

- an honorarium
- reimbursement of their travel costs (for example, mileage, parking, public transportation) or any other expenses they may have incurred related to participating in the event. If possible, provide bus fare before the event.

Debrief with speakers.

- Ask them, for example, how they're feeling personally and how they're feeling about the event itself.
- Give speakers feedback about how you think the event went, including feedback about their presentation. Make constructive comments about what worked well and why.
- If it is not possible to debrief immediately after the event, tell speakers you will call them the following day to debrief.

Thank speakers:

- for sharing their story
- for helping to make the event a success.

References

1. Wenghofer, E.F., Wilson, L., Kahan, M., Sheehan, C., Srivastava, A., Rubin, A. & Brathwaite, J. (2011). Survey of Ontario primary care physicians' experiences with opioid prescribing. *Canadian Family Physician*, 57 (3), 324–332. Retrieved from www.cfp.ca/content/57/3/324.full
2. Ialomiteanu, A.R., Adlaf, E.M., Hamilton, H. & Mann, R.E. (2012). *CAMH Monitor eReport: Addiction and Mental Health Indicators among Ontario Adults, 1977–2011*. CAMH Research Document Series No. 35. Retrieved from www.camh.ca/en/research/news_and_publications/Pages/camh_monitor.aspx
3. Paglia-Boak, A., Adlaf, E.M. & Mann, R.E. (2011). *Drug Use among Ontario Students 1977–2011: OSDUHS Highlights*. CAMH Research Document Series No. 33. Retrieved from www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2011%20OSDUHS%20Docs/2011OSDUHS_Highlights_DrugUseReport.pdf
4. Selby, P., Bang, D., Barr, J., Bois, C. & Poirier, J. (2011). *Opioid Problems: Treatment Solutions* [PowerPoint].