

SOCIAL MEDIA'S IMPACT ON PUBLIC OPINION ABOUT MEDICINE SAFETY

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1. BE TRUSTWORTHY

Use a clear, unambiguous language and state your source of information. Only make statements that can be backed up, and be honest when some information is uncertain.

2. BE PERSONAL

When organisations can make personal connections the receivers are more open to hear the message. Use language that's appropriate for your audience, and respond to comments individually.

3. BE WHERE YOUR AUDIENCE IS

Share messages and take part in conversations that happen in networks where the public is already discussing health issues, medicines, and side effects.

4. BE RECEPTIVE

Social media is a bottom-up communications channel, where the public decides which topics are relevant to them. Listen in to those conversations and craft messages that address the users' concerns.

5. BE EMPATHIC

Behind the epidemiological data of suspected adverse drug reactions are individual patients who may have suffered or are afraid of side effects. Address their concerns with respect and empathy, and provide relevant, easily understood information.

Introduction

In 2018, more than half the world's population – around 4 billion people – are internet users, out of whom roughly 3.2 billion are on social media. With the sheer number of users steadily increasing, and with consideration to the potential for viral spread of information (or indeed misinformation), social media must become an integral part of medicine safety communication.

At the same time, healthcare authorities – especially those in the field of pharmacovigilance – are often poorly equipped to get the most out of social networks. [2] On one hand it's difficult in any setting to communicate benefits and risks of medicines without causing unnecessary alarm over the potential for harm, and on the other hand suspected adverse drug reactions are eagerly discussed online.

At its best, social media is a vehicle for timely and trustworthy safety information from official sources and a way for patients to bring concerns to light that may have taken longer to detect via the usual regulatory route. At its worst, social media provides a stage for anti-medicine or anti-vaccine voices that – deliberately or inadvertently – spread misinformation and sow distrust in pharmaceutical products, healthcare actors or regulators.

How social media interactions impact users

- Traditional media often repeats information from official, verifiable sources, such as medicines regulatory agencies. On social media, however, anyone has the opportunity to disseminate their messages, whether they're a private, commercial, or official actor – and the social media landscape is by no means neutral. [3, 4]
- Social media is widely used by the public to find information about health issues, and the search results can alter users' perception. Many users will form their opinions based on a combination of official information sources and user-generated social content. [1, 3, 4]
- Social media facilitates peer networks where particular health issues are discussed and through which users' feedback and approval ratings generate crowd-sourced "reviews" of health issues, treatments, and healthcare actors. [3, 4]
- In many instances, social media enables greater exposure to diverse ideas and has the potential to connect users to others from vastly different backgrounds and ideologies. In other instances, as social networks and search engines use machine-learning models to personalise the content that's shown to an individual user, so called "filter bubbles" can appear where algorithms automatically recommend content that users are likely to agree with. These "echo chambers" tend to amplify the beliefs a user already holds. [5]

Sources

- 1) Orr D, et al., "Social media as a platform for health-related public debates and discussions: the Polio vaccine on Facebook", Israel Journal of Health Policy Research, 2016.
- 2) Heldman AB, et al., "Social media engagement and public health communication: implications for public health organizations being truly 'social'", Public Health Reviews, 2013.
- 3) Moorhead SA, et al., "A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of social media for health communication", Journal of Medical Internet Research, 2013.

Aim

To explore through existing literature how social media users interact with and absorb information from social networks and how this impacts their attitudes towards medicines safety issues; to outline some considerations healthcare actors should bear in mind when communicating medicines safety messages on social media.

What it means to pharmacovigilance actors

- Many official health actors employ a traditional top-down model of communication, which is ineffective on social networks where audiences need to be actively engaged. Actors should develop strategies to craft messages that resonate with the intended receivers, and determine when they should take part in conversations. [2, 3]
- Patient narratives of personal experiences of medicines or suspected adverse drug reactions resonate stronger with the public than the type of information that official actors often share, e.g. statements that present dry facts based on epidemiological studies that aim to promote public health rather than individual health.
- The power of personal interactions on social networks must be emphasized; these can help bring health actors closer to a more effective, personal, narrative. Direct engagement with users in social forums can sway opinions and ease concerns of e.g. vaccine sceptics and improve compliance with vaccination programmes. [1]
- With the right insights into audience behavior and with strategies in place to foster trust in one's own information, social media can be used to proactively build a knowledge-base of medicine safety, and as a vehicle for trustworthy and timely safety information in times of crises. This has the potential to improve public health and to facilitate discussions about the benefits and risks of medicines.

- 4) Fergie G, et al., "Young adults' experiences of seeking online information about diabetes and mental health in the age of social media", Health Expectations, 2015.
- 5) Flaxman S., "Filter bubbles, echo chambers, and online news consumption", Public Opinion Quarterly, Vol. 80, 2016.

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