Co-Chair: Karel Homrig
Committee Members Attending the Meeting by Phone: Adam Rubinstein, Luke Thomsha, Patricia Johnson, Becky Dornan, Kate Mahoney, Kris Adzia, Heidi Clark, Connie Moody, Sam Gillespie
DASA & AHP Representatives: Rafael Rivera, Kristin Stainbrook, Karina Powell

Welcome, Introductions, Review of Previous Committee Work, and Meeting Goals

- Karel welcomed the group and thanked members for their time. She briefly reviewed the role and responsibilities of the committee, and the goals and strategies of the Illinois Opioid Action Plan, including how it relates to this committee. She then reviewed the primary focus of this call is to develop recommendations to address strategy #3 (Increase accessibility of information and resources). She reported that because of on-going prevention activities DASA will develop the recommendations for strategy #4 (Increase the impact of prevention programming in communities and schools).

- Previous work done by this committee was reviewed and participants were directed to the Advisory Council meeting minutes from 5.15.2017 available on the Illinois Opioid Crisis Response Advisory Council’s website (http://www.dhs.state.il.us/page.aspx?item=97186). Karel highlighted some of the committee’s work to date, including identifying the key target audiences of education and awareness efforts as the general public, youth, people with OUD, and people who have been prescribed opiates. The content areas of these efforts have been identified as: 1) basic facts about opioids and what they do to the body; 2) naloxone and how it can save lives; 3) social and medical access to opioids; and 4) safe use and disposal of prescription medications.

Discussion

- The committee began by discussing the types of messages that should be conveyed to different populations. The discussion included; promoting safe use by opioid users to prevent accidental death by making them aware of the effects of opioids with alcohol, benzodiazepines, synthetic fentanyl, and other substances that can increase the risk of overdose, particularly during high risk times, such as before bedtime. As part of this discussion, it was suggested that there needs to be data that identifies all contributing factors to an overdose death rather than a single cause.

- There was also discussion about the need to address co-morbid mood disorders, in particular bipolar disorder, among youth. It was suggested that parents, school nurses, and teachers need to be educated on the symptoms of mood disorders - with a focus on symptoms to combat the stigma. Additionally, there is a hereditary connection between ADHD and comorbid mood disorders that is frequently overlooked. When bipolar is not correctly treated, youth are less likely to staff in recovery and continue to self-medicate.
It was noted that there are multi-system initiatives and resources available through the Illinois Board of Education (as well as some community agencies) to address mental health disorders, as well programs to provide prevention messages to students.

Rafael Rivera (IDHS/DASA) was asked to provide some information about the website and crisis line. He reported that the contract for the crisis line has been awarded to Health Resources in Action, a call-in number will be identified by November 15, 2017 and the crisis line will be fully functional by February 2018. The creation of a 24-hour crisis line was discussed as an important resource to make available when disseminating information; however, the committee agreed this line needs be fully functional before it can be disseminated. He reported that there has been some discussion about the website, but it is still in the planning phases. The committee spent some time discussing that the website should include: a clearly defined URL that is easy to remember; be a stand-alone website (not one that is buried in a larger website); it needs to provide information on local resources (trainings and services) so that citizens can find what is available close to them; link to local resources, and appeal to a variety of target audiences, but should have specific sections for at least the general public, individuals with OUD, youth, and families of individuals with OUD.

Finally, the committee spent some time discussing how to get information to the public. For individuals who use opioids, it was suggested that materials (posters/pamphlets) can be provided in ERs; information on the dangers of combining substances in bars, places that serve alcohol; gas stations or public transportation systems. There was also some discussion about the challenges of reaching individuals who use opioids because they reduced connections to social and community supports, and there is a lot of distrust (of law enforcement, medical providers, etc.). It was suggested that peer support specialists and individuals with lived experience, may be the best “ambassadors” of information. Additionally, it was suggested that the group reach out to peer recovery specialists to get additional information on how to access individuals using opioids. It was also emphasized that it is important to consider the differences in rural and urban communities for communicating messages.

Public awareness campaigns with tailored messages for educating the different target populations were discussed briefly. It was suggested that social media (Facebook, Twitter, etc.) is important for reaching youth, high-risk individuals, and people with OUD. Late-night public service announcements may be the best time frame to reach individuals using opioids.

Next Steps

The recommendations developed by the committee (see below) will be presented at the next Advisory Council meeting on October 16, 2017.
Recommendations for Strategy #3: Increase accessibility of information and resources

- **Recommendation #1: To ensure that information about and resources for opioid addiction reaches a range of audiences, a dedicated website that is easy to access and specific to IL is necessary.**
  o The group discussed how important it is that the website should be easy to remember- a simple domain name that individuals can quickly locate with a simple search if they only remember part of the name. Members commented that it should not be embedded within a larger website in such a way that there is a long URL that makes it hard to access. “It should roll off the tongue”.
  o The group also discussed how the website should provide information on IL resources. Individuals accessing the website should be able to locate resources (e.g. treatment, trainings, naloxone distribution) in their area. The website could also like to local initiatives such as Perfectly Flawed. It was also suggested that the use of interactive map that highlights services and events would be helpful. The group noted that a resource like this does not exist yet for IL.
  o The group also indicated that any posters or pamphlets that are distributed around opioids need to have the website and other crisis resources in place first. There needs to be somewhere for people to land to get additional information or assistance for these materials to be meaningful.

- **Recommendation #2: Tailor the messages about opioids to different audiences.**
  o This recommendation stems from discussion that parents/family members, opioid users, and the general public need different types of information about the opioids. For example, youth and users need to be aware about the dangers of combining opioid use with other drugs or alcohol, particularly at bedtime- especially youth who make take a pill after drinking and not realize what it will do to them.
  o Family members need to be educated on the how addiction changes brain functions and opioid addiction is a medical problem- not a personal failing. Provide information on the science.
  o Parents need to receive education messages on the signs and symptoms of mood disorders, which are often comorbid for youth. Parents often dismiss dark thoughts and moodiness to adolescence, when it is a larger issue. Committee members noted that antidepressants don’t work for bipolar individuals- and they are less likely to stay in recovery if this is not discussed. It was also recommended that because of the stigma of bipolar disorder, messages should focus on symptoms.

- **Recommendation #3: Target the location/delivery of messages about opioids to different audiences.**
  o This recommendation stems from discussion about how different audiences (opioid users, youth, etc.) are more likely to see/encounter messages in different ways. For example, opioid users are more likely to see messages in public bathrooms where they take drugs, convenience stores where they will buy cigarettes, Emergency rooms, or public service announcements late at night. Additionally, committee
suggested that opioid users are typically closed off from the larger community, and so it is important to use peers - people who have been where they are - to engage and deliver the messages.

- For non-opioid user audiences - public awareness posters in bars about risks of mixing opioids and alcohol may prevent accidental overdose. School nurses and peers should be used to deliver messages to youth.
- Both youth and users may be less likely to go to a website; social media or Twitter campaigns may be more effective for this audiences.

- **Recommendation #4: Develop messaging for professionals who interact with people with OUD on a regular basis in non-clinical/treatment settings.**
  - Law enforcement, clergy, educators and professionals who are not clinicians or treatment providers may interact with people with OUD on a regular basis. These professionals need education and resources on how to engage people who are struggling with OUD and how to connect them to care. The professionals also would benefit from naloxone training.