Education Workgroup Minutes
November 12, 2014; 3:00 pm- 5:00 pm
West Reading Room, PHB

Purpose:

To discuss the charges of Executive Order 29 as they relate to education of Virginians about prescription opioid and heroin abuse and any other necessary actions to increase awareness of this issue.

Attendees:

Dr. Mary McMasters, co-chair	X		
Victoria Cochran, co-chair	X		
Dr. David Brown	X		
Dr. Terry Dickinson	X		
Dr. Sarah Melton	X		
Don Flattery	X		
Chief Craig Branch	X		
Juan Santacoloma	X		
John Welch	X		
Jane Chambers			X
Dr. Dixie Tooke-Rawlins			X
Gail Taylor	X		
Dr. James Ray	X		
Maria Jankowski	X		
Eden Freeman			X
Dr. Sterling Ransone	X		
Danny Saggese	X		
Lisa Wooten	X		

Meeting Notes/ Template Items:

1. Each workgroup member present introduced him or herself and stated interest in participation in this effort.

2. **Charge: Raise public awareness about the dangers of misuse and abuse of prescription drugs**

    - In parts of the state, awareness campaigns using billboards, websites (SWVA), school mentorship programs (Chesterfield County);
    - CSBs participate in partnering with local commissions; Cumberland Mountain and Rockbridge CSB are educating parents and grandparents, churches and community partners.

3. **Charge: Distribute information about appropriate use, secure storage, and disposal of prescription drugs**

    - *Question (MJ):* What kinds of messaging are actually impactful in creating behavioral changes?
    - Straight messaging can be ineffective; prevention is a better tactic.
    - Need for multiple messages; no single intervention will work best. Multi-pronged approach. Populations of concern include:
        - Young people with legitimately prescribed opioids
        - Providers
        - Families, parents and grandparents
        - First responders
    - Look to other states for their activities around education; MADD very effective
    - *Suggestion (JM):* Communications plan as a tool to move messaging.
    - Much of the Education workgroup's message will be dependent upon other workgroups' recommendations.
    - Starting point for messages: Opioids should be branded as just as dangerous as heroin.

4. **Charge: Train health care providers regarding best practices for opioid prescribing, pain management, the use of the Prescription Monitoring Program (PMP), and identification and treatment of individuals at risk of substance abuse through screening, intervention, and referral tools**

    - Because of lack of proper education, training providers and the public often involves the same information. No one group has all of the knowledge that they need.
    - There needs to be more communication/education in the pharmacist community; look into best practices in the provider community.
    - *Question (TD):*
        - What is our budget for education? Where will funding come from?
        - Discussion that funding should not constrain ideas
        - This group will make recommendations for action and allow funding to be discussed thereafter.
        - *Suggestion (MM):* Money could be found in currently ineffective treatments being funded.

- *Question (SR): From a PMP standpoint, is there anything that says you can't push information out to providers registered with PMP?* Discussion of unsolicited reports, resources like DHP, MSV, help disseminate info.
- Mayor of NYC's Dear Colleague letter; a similar letter from the Secretary of Public Safety could be helpful
- Being a "bad prescriber" is lucrative and has few repercussions.
- Discussion of medication take back programs; using this earned media to embed the story behind the story- why are these take backs so important? Take back message has been included in other successful education programs (Germanna Community College). Use local and state wide take back days as a platform for outreach. These days should happen more often, and drop boxes should be in every county, but we must communicate this to the public and localities. Doctor's offices should have something similar or be connected to something similar.
- Evidence post-previous trainings of providers showed that some were not using PMP meaningfully before; prescription-writing providers notified of training through stakeholder groups.
- Medical school training is threadbare; averaging 4 hours on the subject while vets get 40, and some medical schools have none. Danger also exists in damage from those presenting themselves as addiction experts. Drug abuse stigma still exists even among physicians.
- *Suggestion (DB):* Should we survey medical schools to see what kind of education is happening, what it looks like, who received it, who is teaching? Among nurses, this is looked at simply as a 5th vital sign.
- Chairman Secretary Dr Hazel: messaging on prevention. Narcotics are not always necessary in pain management, we are creating addicts through treatment.
- Group should explore connectivity with Maryland's PDMP program.
- PMP could potentially push out annual data to providers to show their activity in comparison to others in provider group

5. **Charge: Train first responders to more effectively respond to calls involving overdose, and use evidence-based interventions to reduce overdose deaths**

   - Parallel training with CIT for mental health crises
   - Potential to leverage community college locations as training sites
   - Train first responders to approach possession/use/overdose as the primary crisis requiring response (as opposed to criminal activity as primary issue); stop inundating jails with people experiencing addiction.
     - Law enforcement supports this, faces lack of resources as well as training
   - Expanding Narcan availability to law enforcement; this most likely requires legislative fix and funding ($650 per dose)

6. Research Action Items to be aggregated by staff and shared.

    - Public awareness campaigns in other states
    - New York's website www.combatheroin.newyork.gov.
    - Fairfax and Winchester, Virginia
    - Project Lazarus in North Carolina
    - SAMHSA recommended approaches
    - NGA Policy Academy
    - Georgia, www.stoprxabuseinga.org

7. Next meeting to be held Friday, December 5th, from 1:00 pm to 4:00 pm, in Conference Room 3 on the first floor of the PHB.

    Information for the group is to be shared only through the staff person – no replying to all or meeting separately. Staff to provide updates, minutes, and aggregated research. (Jodi.manz@governor.virginia.gov).