

LIVE.LONG.DC. Stakeholder Summit

January 26, 2022

Summary Report



LIVE.LONG.DC. Milestones

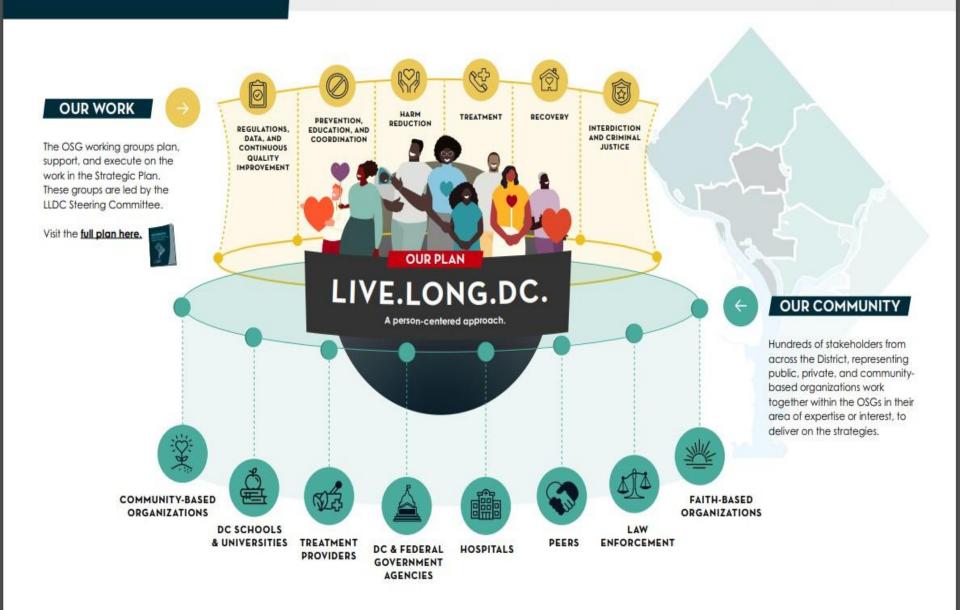




LIVE.LONG.DC.

The District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths.

The LIVE.LONG.DC. (LLDC) Strategic Plan contains 49 strategies, organized across six (6) Opioid Strategy Groups (OSGs) that span the continuum of care. LLDC community members from across the District form a public-private coalition to collaborate on these strategies.



What You Need to Know. What We Need to Do.



PURPOSE

To convene the LIVE. LONG. DC. (LLDC) stakeholder community in a forum of learning and action planning for executing strategies to save lives from opioid overdoses.

OUTCOMES

- Education: LLDC community is informed on

 (1) federal priorities, (2) the most essential
 information you need to know about the
 current opioid supply in D.C., (3) how
 naloxone reverses opioid overdoses, and (4)
 syringe services programs.
- Action: Opioid Strategy Groups (OSGs) have planned delivery of the most critical actions necessary to save lives in 2022.

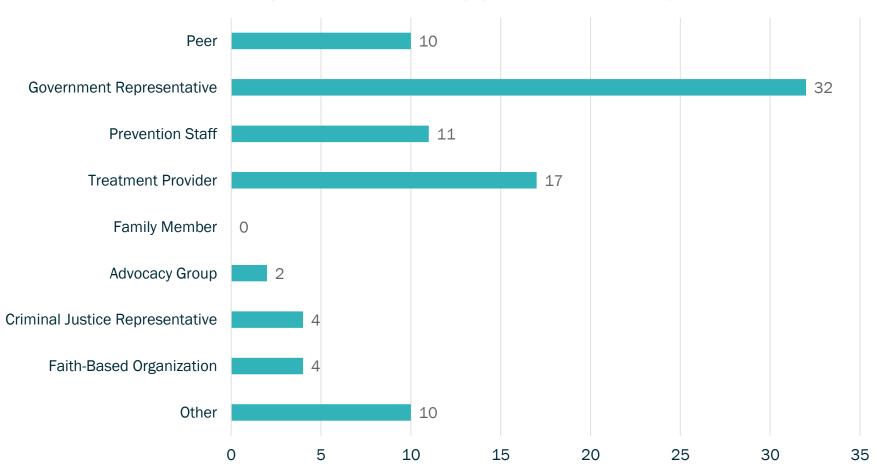
AGENDA

- Opening Remarks
- Federal Legislation Impacts on Local DC Efforts
- 3. OCME Data Highlights
- What You Need to Know about Opioids
- 5. FMCS Syringe Services Presentation
- Opioid Strategy Group Breakouts
- 7. Closing Remarks

Poll Question



How would you MOST identify your role in this group?



Federal Legislation Impacts on Local DC Efforts



Regina LaBelle, Director, Addiction and Public Policy Initiative O'Neill Institute for National and Global Health Law Georgetown University Law Center

Federal Legislation Impacts on Local DC Efforts

- The CDC has reported overdose death rates in 2020 that were the highest on record.
- The Biden Administration has issued policy priorities that recognized a holistic approach to overdose prevention and substance use disorders, as well as a rule to allow mobile methadone units to deliver treatment, which would allow clinics to expand reach for easier access.
- The United States Department of Health and Human Services overdose response strategy is focused on Prevention, Harm Reduction, Access to Quality, Evidence-based Treatment, and Expanding Recovery Resources.
- Congress must act to appropriate funding for FY22.
- This goes beyond the Federal government; DC needs to build responsive communities that reduce stigma.

Federal Legislation Impacts on Local DC Efforts Presentation, Continued



Policy steps still needed:

- Integrate SUD treatment, prevention, and recovery into mainstream healthcare to expand access
- Increase Syringe Services Program funding and support
- Increase access to SUD-prevention resources for incarcerated individuals
- Pay more attention to connection between adverse childhood experiences and substance use disorder
- Reduce stigma and humanize people with substance use disorders

Presentations



Dr. Stephen Raso, Deputy Chief Toxicologist, Office of the Chief Medical Examiner (OCME)

Opioid-Related Fatal Overdose Data

 OCME shared the 2021 overdose trends and fatality data, which can be found on the LIVE.LONG.DC. website.

Mark Robinson, Outreach Coordinator, Family Medical and Counseling Services (FCMS)

FMCS Syringe Services Program

- In FY21, FMCS had a 42% increase in its offerings of syringe services from the previous year, distributing 235,753 sterile syringes and collecting 219,123 used syringes.
- FMCS also uses a mobile unit that distributes safe, sterile needles in hotspots throughout the city.

Presentations



Alexandra Evans, Chemist, Clinical Toxicology Unit, DC Department of Forensic Sciences (DFS)

What You Need to Know About Opioids

 Presented supply data from their drug surveillance program and gave an overview of several drug profiles that are being seen in DC.

Dr. Robert Holman, Medical Director, Fire and Emergency Services (FEMS)

Naloxone Effectiveness in Reversing an Overdose

 Shared key tips about naloxone's effectiveness in reversing an overdose across all types of opioids and the importance of administering naloxone when you suspect an individual has overdosed.

Kelly O'Meara, Executive Director, Strategic Change Division, Metropolitan Police Department (MPD)

The Good Samaritan Law

• Discussed the significance of two laws that make it safe to call 9-1-1 if a loved one is overdosing: The Good Samaritan Law and The Opioid Overdose Law.

Opioid Strategy Groups (OSGs) Breakout Groups



Summit participants self-selected into OSG-specific breakout groups to have focused conversations on the following topics:

- Prevention, Education, and Coordination: Marketing DEA Drug Take Back Days
- Harm Reduction/Regulations, Data and Continuous Quality Improvement: A
 Discussion on Qualitative FEMS Overdose Data
- Treatment: Connecting Individuals to Treatment
- Recovery: Exploring Barriers to Recovery
- Interdiction and Criminal Justice: A Discussion with Justice System Partners on the Good Samaritan Law

Opioid Strategy Group (OSG) Breakout Sessions



Prevention, Education, and Coordination: Marketing DEA Drug Take Back Days

- The United States Drug Enforcement Administration (DEA) presented on Drug
 Take Back Days and is currently working with MPD to expand to five (5) new take
 back drop off locations in the District.
- The Prevention Centers discussed ways to spread the word about the Take Back Day in April and other ways to get more community members involved to solve this city-wide opioid problem.



Slide from Prevention, Education, and Coordination breakout presentation

Opioid Strategy Group (OSG) Breakout Sessions, continued



Harm Reduction and Regulations, Data and Continuous Quality: A Discussion on Qualitative FEMS Overdose Data

- Participants reviewed analysis of qualitative FEMS data on non-fatal overdoses, including notable findings such as not as many bystanders are administering naloxone as teams had hoped.
- Questions such as "how can we support individuals that have survived a nonfatal overdose?" were asked of the group to spark discussion.

Notable Findings

- Bystanders were present 62% of the time, but only administered naloxone prior to the arrival of FEMS 6% of the time
 - Most of these reversals were from MPD
- MPD was present 23% of the time
 - Administered naloxone 14% of the time when present
 - Six enforcement interactions for weapons and/or violence
- Increase in overdoses on public transportation, in cars, medical clinics and in shelters
- Self-reports of substances taken are rare, but heroin most common
 - · Percocet, fentanyl, crack and cocaine also listed
 - Polysubstance use (e.g. alcohol + heroin and heroin + marijuana)

Slide from Harm Reduction and Data breakout presentation

Opioid Strategy Group (OSG) Breakout Sessions, continued



Treatment: Connecting Individuals to Treatment

- The group discussed challenges individuals are facing around access to prescriptions and suboxone, and how denials have led to patient relapses.
- DBH shared information about outreach as well as treatment referral programs.

Recovery: Exploring Barriers to Recovery

 Participants discussed the importance of reducing stigma, the importance of informed trauma versus trauma-focused practices, and the need to address specific traumas directly.

Interdiction/Criminal Justice: A Discussion with Justice System Partners on the Good Samaritan Law

 The group discussed opportunities to leverage Peer Support Specialists to get the word out to the community about the Good Samaritan Law.



Slide from Recovery breakout presentation



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