



LIVE.LONG.DC. Stakeholder Summit

September 30, 2020

LIVE
LONG DC
Saving lives from the opioid epidemic

DC Opioid Timeline



DC AGENCIES

- Criminal Justice Coordinating Council (CJCC)
- Council of the District of Columbia
- Department of Behavioral Health (DBH)
- Department of Corrections (DOC)
- Department of Health (DC Health)
- Department of Human Services (DHS)
- Department of Forensic Sciences (DFS)
- Department of Health Care Finance (DHCF)
- Department of Human Services (DHS)
- DC Public Schools (DCPS)
- Department of Aging and Community Living (DACL)
- DC Public Libraries (DCPL)
- DC Superior Court
- Executive Office of the Mayor (EOM)
- Fire and Emergency Services (FEMS)
- Homeland Security and Emergency Management Agency (HSEMA)
- Metropolitan Police Department (MPD)
- Office of the Chief Medical Examiner (OCME)
- Office of the Deputy Mayor of Health and Human Services (DMHHS)
- Office of the Attorney General (OAG)
- Office of the State Superintendent of Education (OSSE)

FEDERAL PARTNERS

- Court Services and Offender Supervision Agency (CSOSA)
- Department of Justice (DOJ)
- Drug Enforcement Agency (DEA)
- Federal Bureau of Investigations (FBI)
- Federal Bureau of Prisons (BOP)
- Pretrial Services Agency (PSA)

COMMUNITY PARTNERS

- Amazing Gospel Souls Inc.
- AmeriHealth Caritas DC
- Aquila Recovery
- BridgePoint Healthcare
- Bridging Resources In Communities (BRIC)
- Capital Clubhouse
- Children's National Health System
- Community Connections
- Consumer Action Network
- DC Hospital Association (DCHA)
- DC Prevention Centers
- DC Primary Care Association (DCPCA)
- DC Recovery Community Alliance (DCRCA)
- Dreamers and Achievers Center
- Engage Strategies
- Family Medical and Counseling Services (FCMS)
- Fihankara Akoma Ntoaso (FAN)
- Foundation for Contemporary Mental Health (FCMH)
- Medical Home Development Group (MHDG)
- Medical Society of the District of Columbia

COMMUNITY PARTNERS

- Miriam's Kitchen
- Georgetown University
- George Washington University (GWU)
- Grubbs Pharmacy
- Hillcrest
- Honoring Individual Power & Strength (HIPS)
- Howard University
- Johns Hopkins University
- MBI
- McClendon Center
- Mosaic Group
- Oxford House
- Pathways to Housing
- Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
- Pew Charitable Trusts
- Psychiatric Institute of Washington (PIW)
- Revise, Inc.
- Second Chance Care
- So Others Might Eat (SOME)
- Sibley Memorial Hospital
- Total Family Care Coalition
- United Medical Center (UMC)
- United Planning Organization (UPO)
- Unity Health Care
- Whitman-Walker Health
- Woodley House
- Zane Networks LLC

PURPOSE

To convene the LIVE. LONG. DC. stakeholder community in a generative discussion about how to continually implement strategies to address the District's opioid epidemic

OUTCOMES

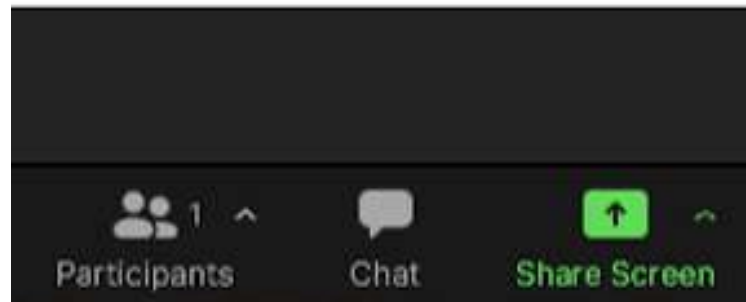
- Shared learning across the continuum of care for the LLDC stakeholder community
- Shared understanding of cross-agency and cross-organizational opportunities for collaboration and coordination

AGENDA

1. Opening Remarks
2. Presentations
 - I. DBH
 - II. DFS
 - III. OCME
3. Panel Discussion
4. LLDC Today & the Future
5. Communications Update
6. Engaging New Audiences
7. Resilience in an Epidemic & Pandemic
8. Closing Remarks

Raise Hand Feature

Raise Hand Feature: please use the “Raise Hand” feature in Zoom when you would like to contribute to the discussion. Participants on the phone will need to press *9 to enable this feature.



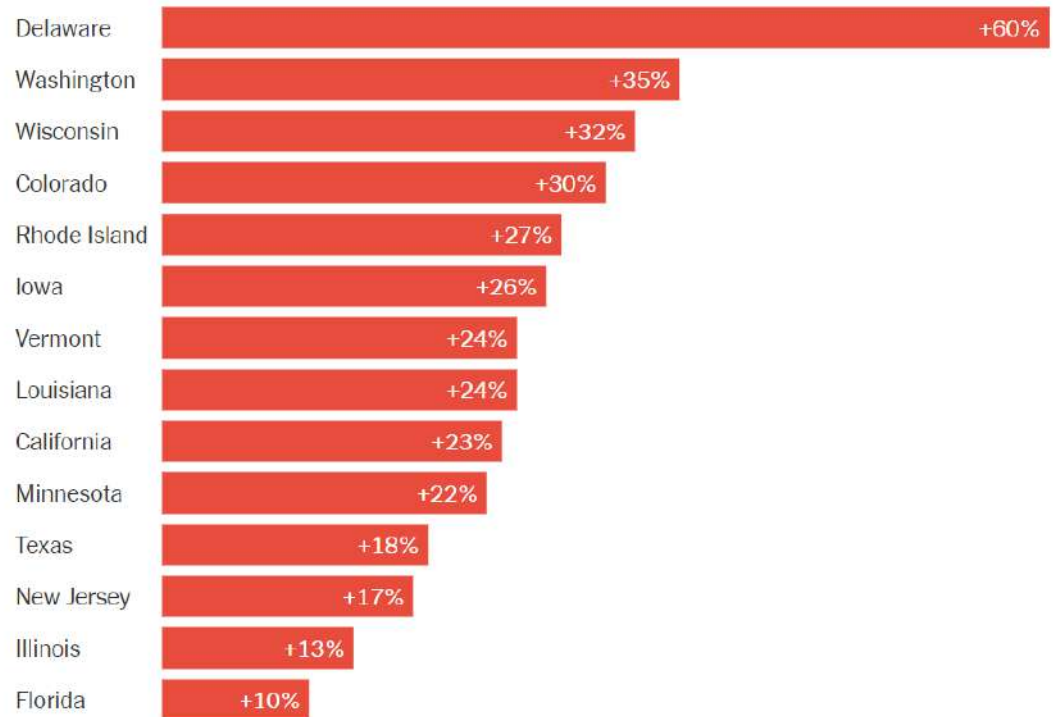
National Context

According to local health data collected by the NY Times from 40% of the population, overdose deaths are up 13% nationally

Potential causes include increase in fentanyl, increase in cocaine and methamphetamine use, and increase in use driven by COVID

Drug-related deaths have risen in 2020 in states across the country.

Increase in drug-related deaths from 2019 through the first portion of 2020.



All data is provisional. Definitions of what counts as a drug-related death vary by state. Data for Arizona, California, Florida, Minnesota, Tennessee, Texas, Washington and Wisconsin includes only a subset of counties within each state.

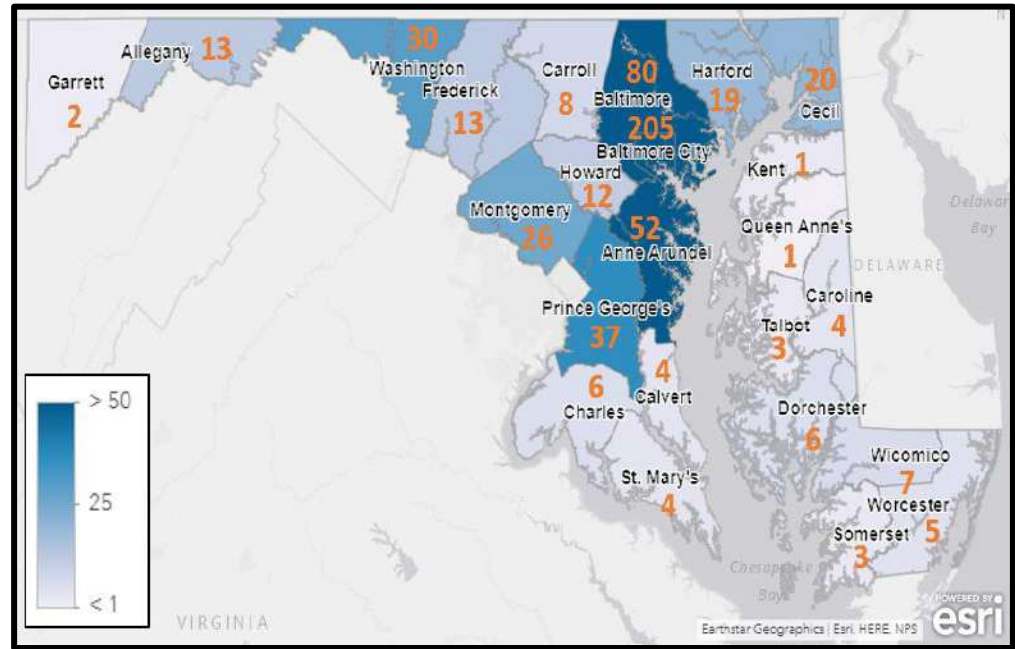
Source: State and local health departments, coroners and medical examiners

Neighboring Jurisdiction Data

From January-June 2020, Maryland had a 9.1 percent increase in drug- and alcohol-related deaths compared with this timeframe in 2019. Opioids were responsible for nearly 90% of those deaths.

Prince Georges County had a 164% increase (14 to 37) in the first quarter of 2020

Montgomery County had a 37% increase (19 to 26) in the first quarter of 2020



References: Maryland Opioid Operational Command Center Quarterly Report
January 1, 2020 – March 31, 2020
Bowie Blade-News, Thursday, September 24

*Data from Virginia is only available through 2018, therefore it is not included

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Time Between Last SUD Treatment and Fatal O...

Fatal Opioid Overdose Profile

Fatal Opioid Overdose Profile



Multi-Agency Opioid Dashboard

Overview

In 2017, the District government implemented "LIVE.LONG.DC," Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths. The comprehensive strategic plan covers prevention, treatment, and recovery supports through seven goals, with 50 associated strategies, all aimed at reducing opioid use, misuse and opioid-related deaths by 50% by 2020. This dashboard contains data from three District government agencies supporting the LIVE.LONG.DC plan: the Department of Behavioral Health (DBH), the Department of Corrections (DOC), and the Office of the Chief Medical Examiner (OCME). Treatment data includes all clients who received substance use disorder (SUD) treatment, either through a provider certified by DBH or a physician who prescribed medication assisted treatment (MAT), i.e. Buprenorphine or Naltrexone. Individuals who were incarcerated are included in the data only when they also had SUD treatment and/or died of an opioid overdose. OCME data is limited to individuals who died of an opioid overdose. The dashboard contains chapters for demographic breakouts, key performance indicators (KPIs), and a profile of those who died of an opioid overdose.

How to Use This Dashboard

Filters for years isolate data for the events (SUD treatment, incarceration, or opioid overdose death) that occurred during the fiscal year. When multiple years are selected the data set expands to include events that occurred during all selected fiscal years. Radio buttons allow the user to select the presence or absence of an event from each data set. The results show only those individuals who have events in each data set for the selected fiscal years. Bubble charts show four elements in one visualization. The x-axis shows the age groups; the y-axis shows the count of days; the size of the bubble shows the count of clients; the color shows the gender. KPIs showing the time between events are based on the end date of one episode (e.g. release from incarceration) and the beginning date of another episode (e.g. initiation of SUD treatment).



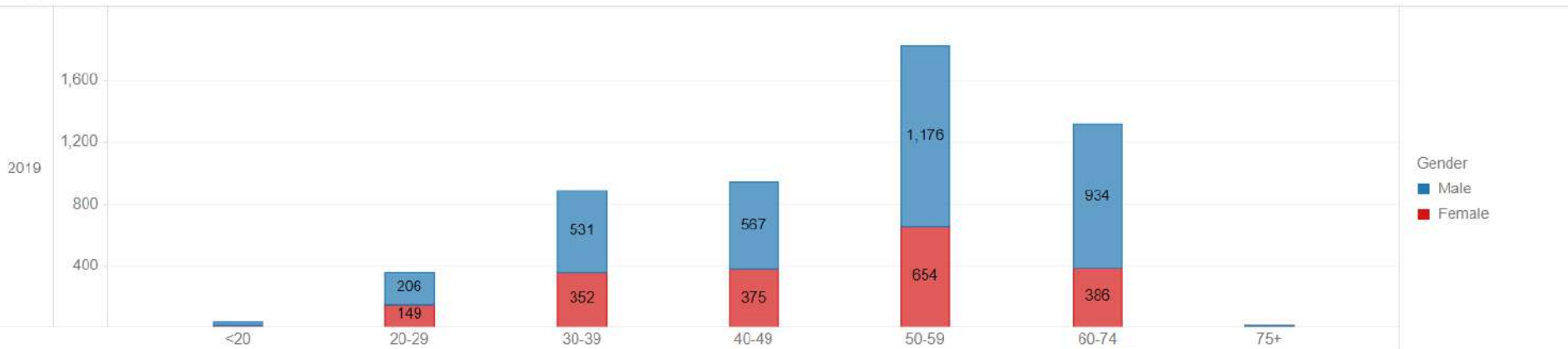
Multi-Agency Opioid Dashboard

Fiscal Year

| | | | | | |
|------|------|------|------|------|------|
| 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|------|------|------|------|------|------|

| | | | | | |
|-----------------|-------------|--------------|------------------|--------------------------------|-------------------------|
| Not SUD Treated | SUD Treated | Incarcerated | Not Incarcerated | Did not Die of Opioid Overdose | Died of Opioid Overdose |
|-----------------|-------------|--------------|------------------|--------------------------------|-------------------------|

Age & Gender



| Fiscal Year | Metrics | Client Count | | | | | | |
|-------------|---------|--------------|-------|-------|-------|-------|-------|-----|
| | Gender | <20 | 20-29 | 30-39 | 40-49 | 50-59 | 60-74 | 75+ |
| 2019 | Female | 12 | 149 | 352 | 375 | 654 | 386 | 6 |
| | Male | 26 | 206 | 531 | 567 | 1,176 | 934 | 8 |

This page displays the count of people who met certain criteria based on user selections, broken out by age groups and gender.
 Data source: DOC incarceration dates, DBH treatment dates, OCME opioid overdose death date
 Frequency of updates: Monthly
 Filters: Individuals incarcerated who did not have SUD treatment or die of an opioid overdose, or both, are not included in the data
 Interactivity: Users can select multiple years, and each year will be displayed. Users can select combinations of options from each data set – whether or not individuals had SUD treatment during the year selected, whether or not the individual was released from incarceration during the year selected, and whether or not the individual died of an opioid overdose during the year selected.



Multi-Agency Opioid Dashboard

Fiscal Year

2015

2016

2017

2018

2019

2020

Time Between Last SUD Treatment and Jail

Avg. Number of Days

699

259
Clients

Time Between Release From Jail and Next SUD Treatment

Avg. Number of Days

409

1,136
Clients

Time Between Release From Jail and Fatal Opioid Overdose

Avg. Number of Days

366

31
Clients

Time Between Last SUD Treatment and Fatal Opioid Overdose

Avg. Number of Days

482

84
Clients

*This page shows the high level data for the other pages in the chapter.
Data source: DOC incarceration dates, DBH treatment dates, OCME opioid overdose death date
Frequency of updates: Monthly
Filters: Individuals incarcerated who did not have SUD treatment or die of an opioid overdose, or both, are not included in the data
Interactivity: Users can select multiple years, and the data set will expand to include individuals with events in all selected years.*



Multi-Agency Opioid Dashboard

Fiscal Year

2015

2016

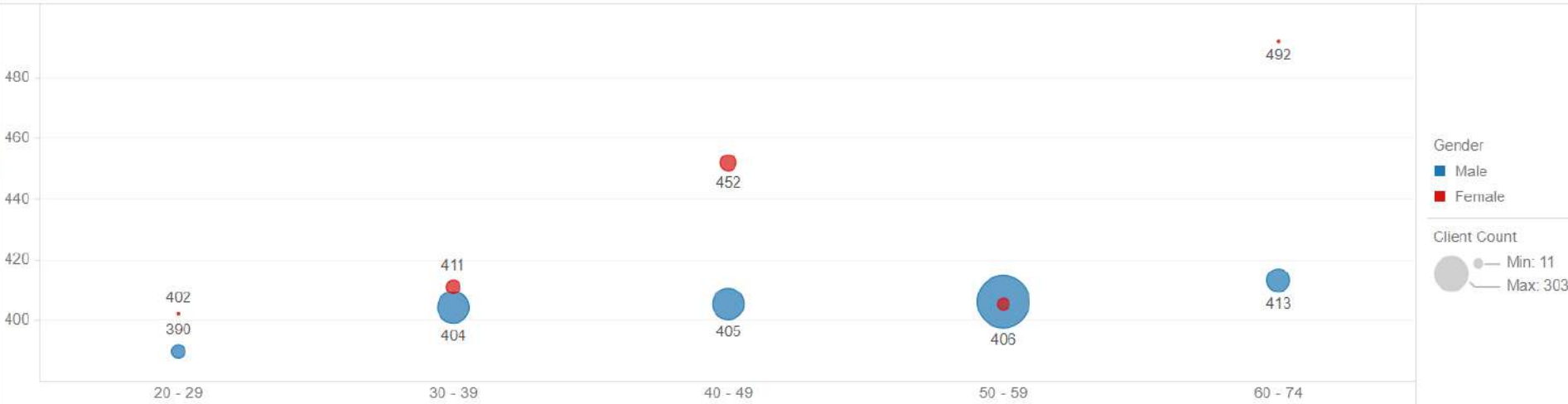
2017

2018

2019

2020

Average Number of Days Between Release From Jail and Next SUD Treatment



| Metrics | Average Number of Days Between Release From Jail and Next SUD Treatment | | | | | Metrics | Client Count | | | | | |
|---------|---|---------|---------|---------|---------|--------------|--------------|------------|------------|------------|------------|--------------|
| | 20 - 29 | 30 - 39 | 40 - 49 | 50 - 59 | 60 - 74 | | 20 - 29 | 30 - 39 | 40 - 49 | 50 - 59 | 60 - 74 | Total |
| Gender | | | | | | Gender | | | | | | |
| Male | 390 | 405 | 408 | 408 | 413 | Male | 79 | 177 | 188 | 303 | 137 | 884 |
| Female | 402 | 411 | 459 | 405 | 492 | Female | 11 | 75 | 85 | 65 | 16 | 252 |
| | | | | | | Total | 90 | 252 | 273 | 368 | 153 | 1,136 |

This page shows demographic information about the people who had SUD treatment following release from incarceration. The bubble chart shows four elements in one visualization. The x-axis shows the age groups; the y-axis shows the count of days; the size of the bubble shows the count of clients; the color shows the gender.

Data source: DOC incarceration dates, DBH treatment dates

Frequency of updates: Monthly

Filters: Only individuals who had SUD treatment following release from incarceration during the selected year(s) are shown

Interactivity: Users can select multiple years, and the data set will expand to include individuals with events in all selected years.



Multi-Agency Opioid Dashboard

Fatal Opioid Overdose Profile - Snapshot

| | Fatal Opioid Overdose | Incarceration Before Fatal Opioid Overdose | SUD Treatment Before Fatal Opioid Overdose |
|---------------------|-----------------------|--|--|
| Current FY to Date | 220 | 31 | 84 |
| Previous FY to Date | 213 | 24 | 78 |
| Change | +3% | +29% | +8% |

Fiscal Year

2015

2016

2017

2018

2019

2020

Fatal Opioid Overdose



SUD Treatment & Incarceration Before Fatal Opioid Overdose



Incarceration Before Fatal Opioid Overdose



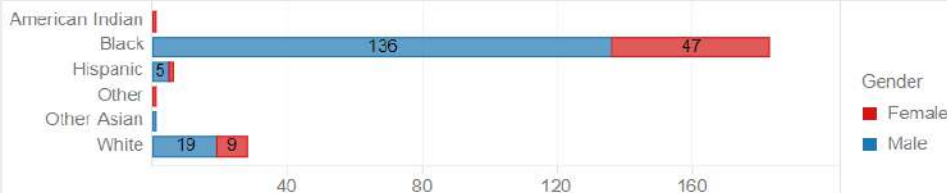
SUD Treatment Before Fatal Opioid Overdose



Age & Gender



Race & Gender



This page shows information about the people who died of an opioid overdose. The top figures are for the current year to-date. They summarize the overlap among the individuals who died of an opioid overdose and those who were incarcerated and/or received SUD treatment. The middle and bottom figures show information that can be filtered by year.

Data source: DOC incarceration dates, DBH treatment dates, OCME opioid overdose death date

Frequency of updates: Monthly

Filters: Only individuals who had a fatal opioid overdose are shown

Interactivity: Users can select multiple years, and the data set will expand to include individuals with events in all selected years.

Snapshot of Fatal Opioid Overdoses in the District of Columbia



Today's Discussion

Trends in Fatal Overdoses

- Illicit and Prescription Drugs
- Demographics
- Jurisdiction of Residence

Office of the Chief Medical Examiner

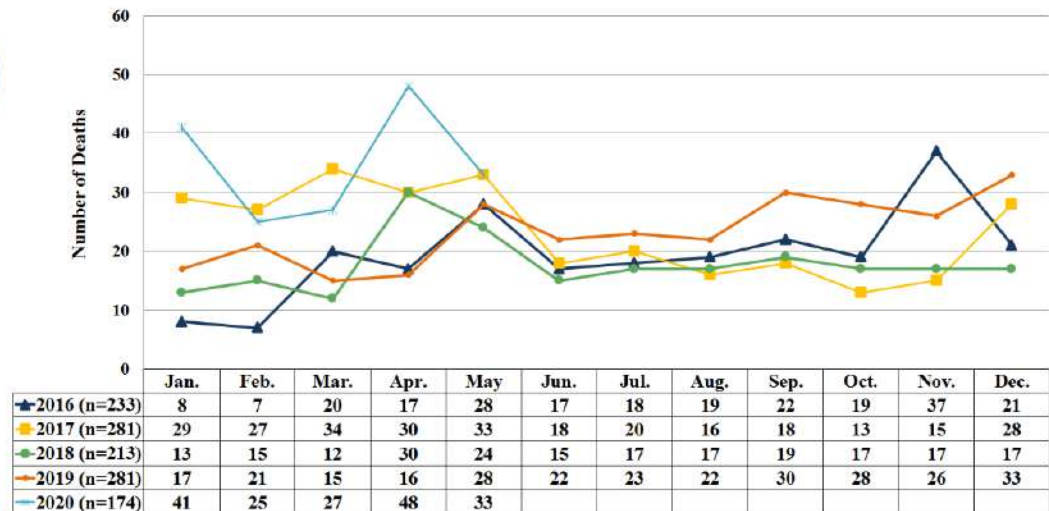
The DC Office of the Chief Medical Examiner (OCME) has investigated a total of **1182** opioid-related fatal overdose from January 2016 to May 31, 2020.



TRENDS IN NUMBER OF FATAL OVERDOSES DUE TO OPIOID USE

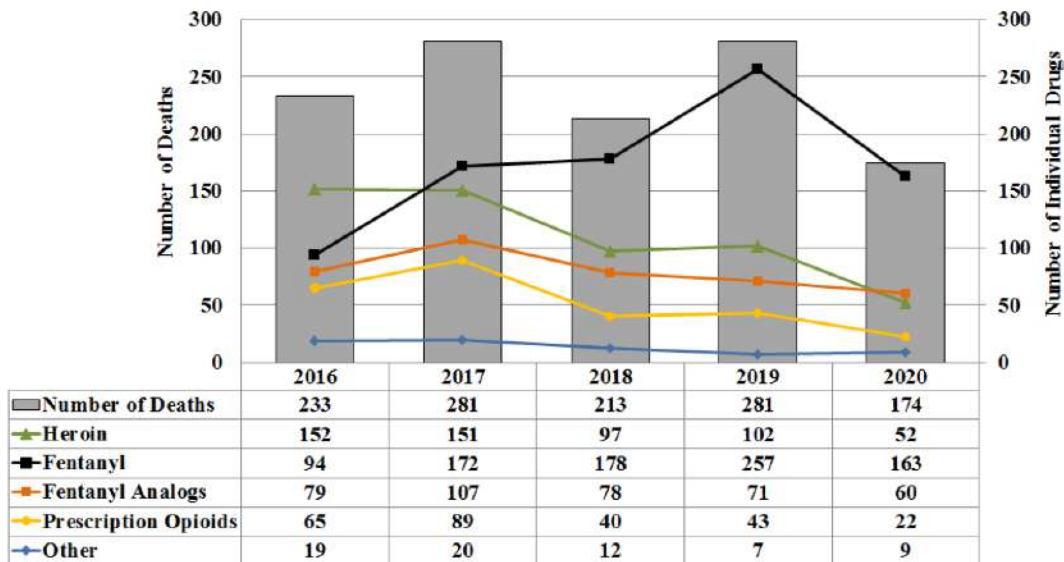
From 2017 to 2018, we saw a decrease in average numbers of opioid overdoses per month, from 23 to 18. In 2019 however, the average number of fatal overdoses per month returned to 23. **There has been a total of 140 opioid overdoses in 2020 year to date.**

Fig. 1(b): Number of Drug Overdoses due to Opioid Use by Month and Year (N=1182)



TRENDS IN THE NUMBERS OF OPIOID DRUGS CONTRIBUTING TO FATAL OVERDOSES

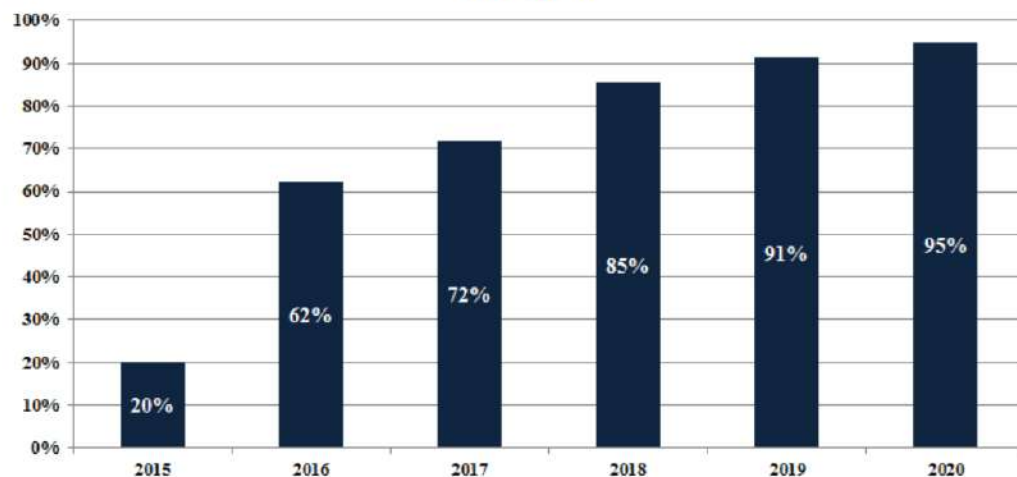
Fig. 2: Total Number of Opioid Drugs Contributing to Drug Overdoses by Year (All Opioids)



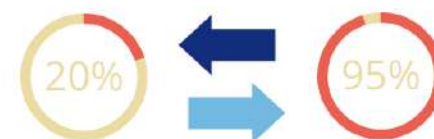
Overall, the most prevalent opioid drugs identified were fentanyl followed by heroin.

FATAL OVERDOSES CONTAINING FENTANYL/FENTANYL ANALOGS

Figure 3: Percent of Overdose Deaths Involving Fentanyl 2015-2020



The percentage of cases containing fentanyl or a fentanyl analog has gradually increased since 2015.

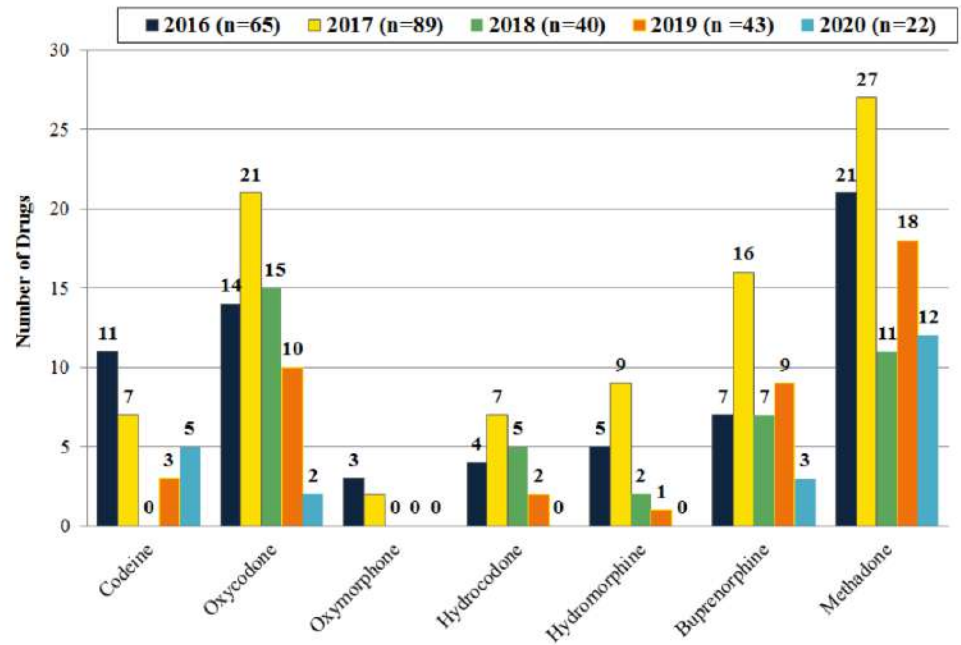


TRENDS IN PRESCRIPTION OPIOIDS IN FATAL OVERDOSES

The number of prescription opioids found in opioid related overdoses has varied over the years of data collection, however methadone and oxycodone are currently the most prevalent prescription opioids identified.



Fig. 4: Number of Prescription Opioids Contributing to Drug Overdoses by Year (n=259)



OVERALL DEMOGRAPHICS



74%

of the decedents are males

76%

of the decedents are between
the ages of 40-69

84%

of the decedents are African
American

DEMOGRAPHIC FIGURES

Fig. 5: Drug Overdoses due to Opioid Use by Age

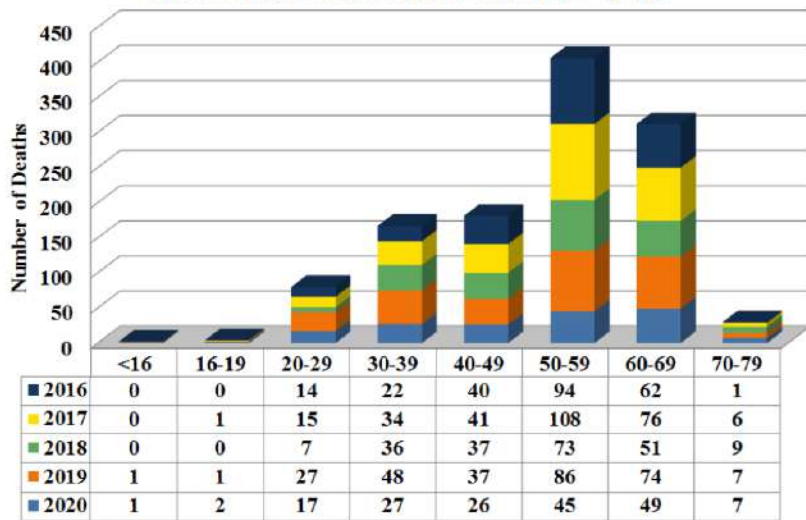


Figure 7: Percentage of Drug Overdoses due to Opioid Use by Gender and Year

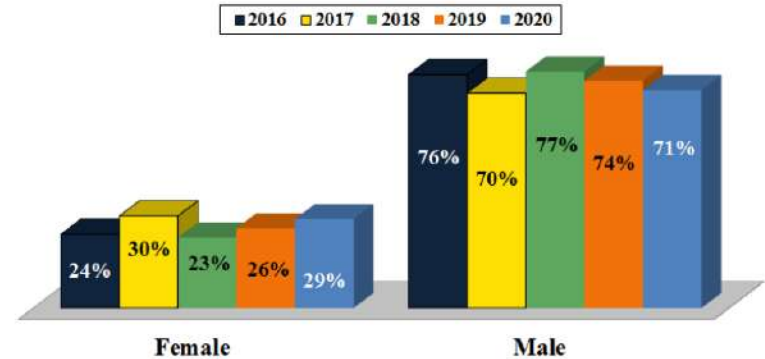
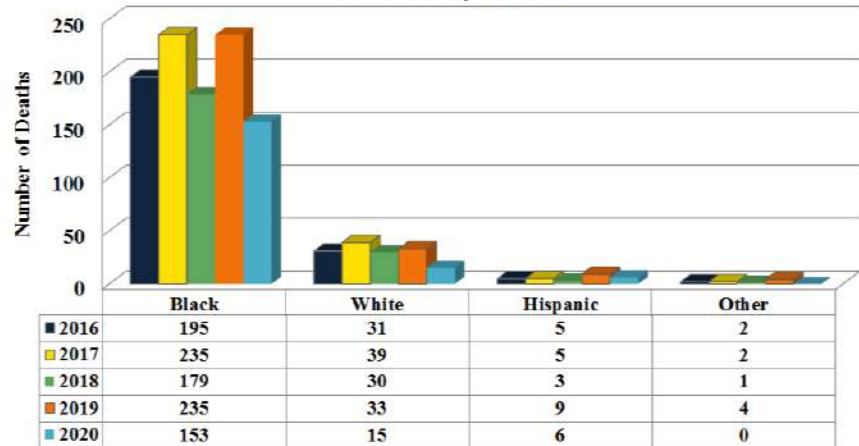


Fig. 6: Number of Drug Overdoses due to Opioid Use by Race/Ethnicity and Year



JURISDICTION OF RESIDENCE

The majority of decedents were residents of DC. Within DC, opioid related fatal overdoses were most prevalent in Wards 5, 7 & 8



Fig. 8: Number of Drug Overdoses due to Opioid Use by Jurisdiction of Residence and Year

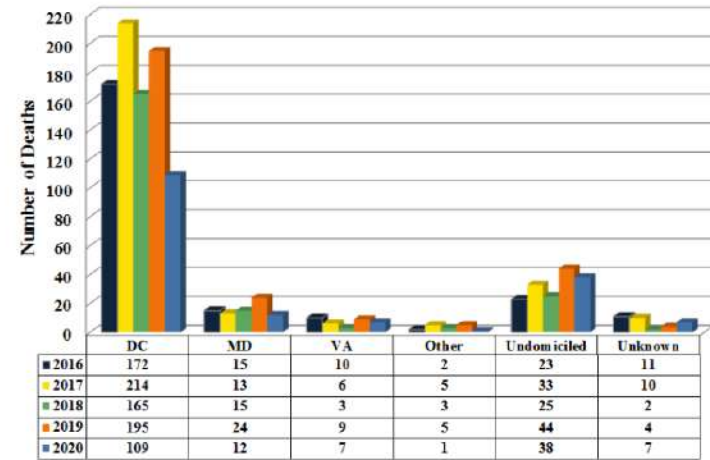
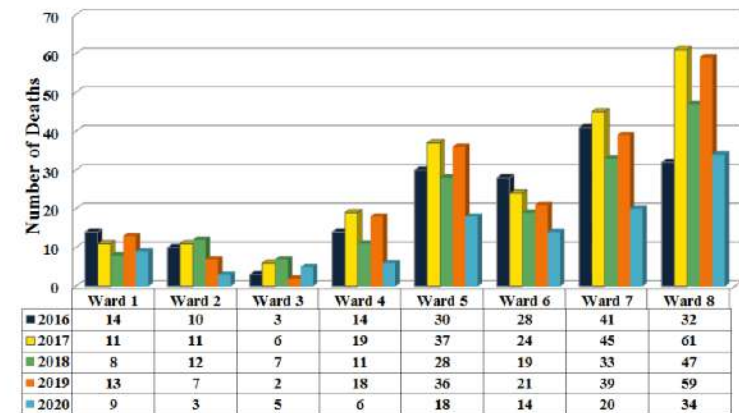


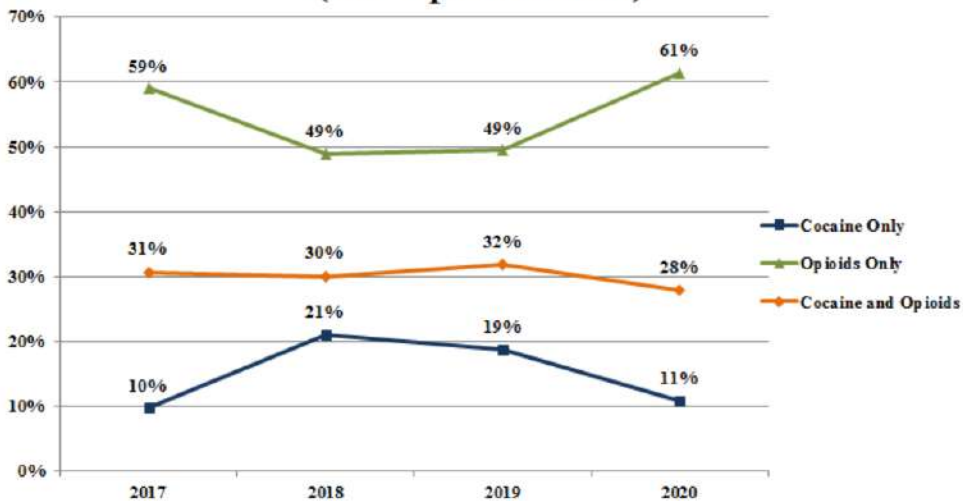
Fig. 9: Number of Drug Overdoses due to Opioid Use by Ward of Residence and Year



Trends in Cocaine and Opioid Overdoses

The percentage of overdoses due to a combination of opioids and cocaine has varied over the years. Notably, between 2018 and 2019 (January through April), the percentage of overdoses involving both cocaine and opioids increased, while overdoses containing only cocaine decreased. Demographically, there has been a significant increase in Black Female and White Males from 2019 to 2020.

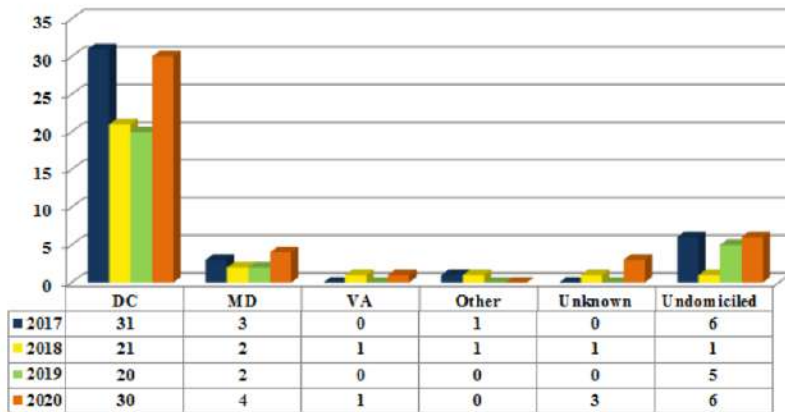
Percent of Deaths due to Cocaine and Opioids (Jan- Apr 2017-2020)



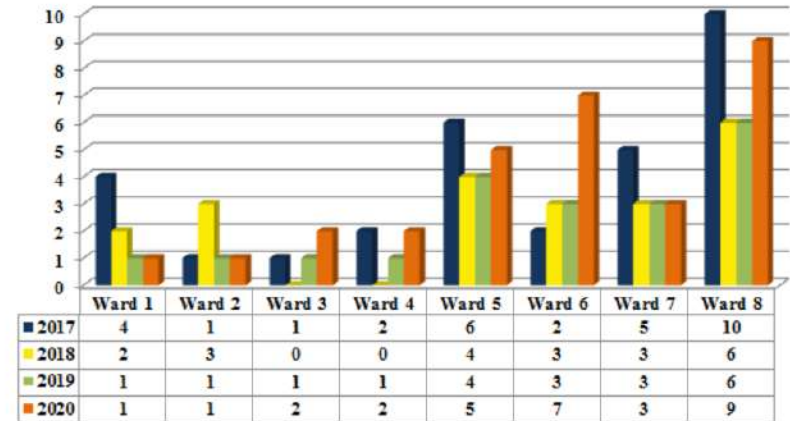
| Breakdown of Cocaine and Opioid Overdoses by Year, Race and Gender (Jan- Apr) | | | | |
|---|------|------|------|------|
| | 2017 | 2018 | 2019 | 2020 |
| Black | | | | |
| Male | 21 | 22 | 14 | 22 |
| Female | 15 | 3 | 10 | 17 |
| White | | | | |
| Male | 2 | 1 | 0 | 4 |
| Female | 2 | 1 | 2 | 1 |
| Other | | | | |
| Male | 1 | 0 | 1 | 0 |
| Female | 0 | 0 | 0 | 0 |

Jurisdiction of Residence among Cocaine and Opioid Overdoses

Number of Overdoses due to Cocaine and Opioids by Jurisdiction of Residence and Year



Number of Overdoses due to Cocaine and Opioids by Ward of Residence and Year





DISTRICT OF COLUMBIA

DFS

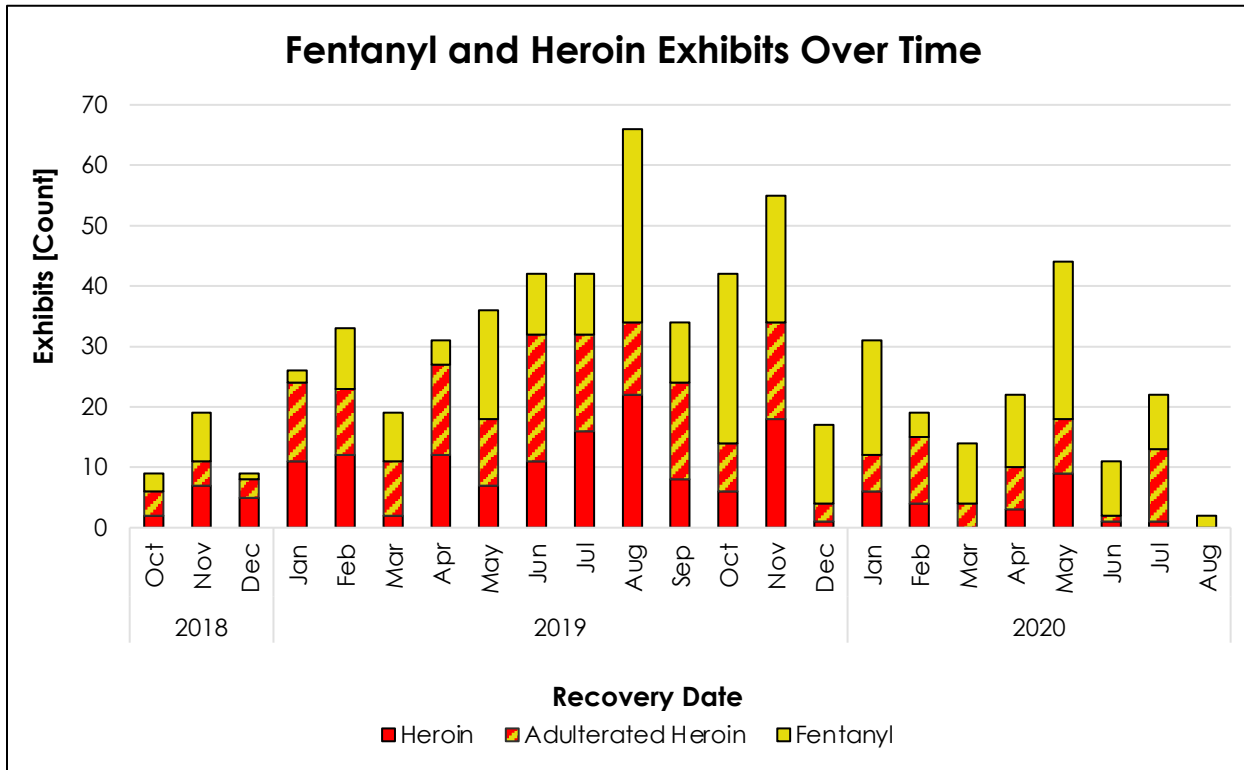
**DEPARTMENT OF
FORENSIC SCIENCES**

Forensic Science Laboratory | Public Health Laboratory | Crime Scene Sciences

DFS OPIOID UPDATE

SEPTEMBER 30, 2020

FENTANYL TRENDS: FENTANYL IN HEROIN SUPPLY



Of all heroin/fentanyl-type exhibits, about **67%** contain fentanyl or an analog.

TYPICAL FORMS OF FENTANYL

POWDERS



SOLIDS



SYRINGES (LIQUIDS)



PILLS

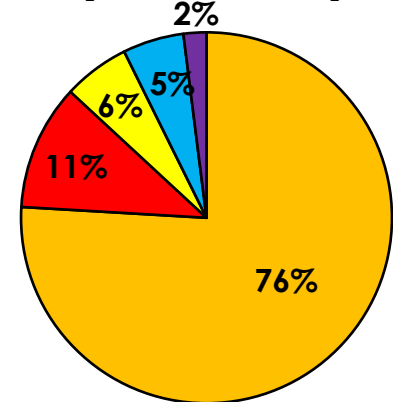
FAKE Oxycodone pills contains fentanyl



REAL Oxycodone pills



Type of Fentanyl* Evidence (FY18-FY20)

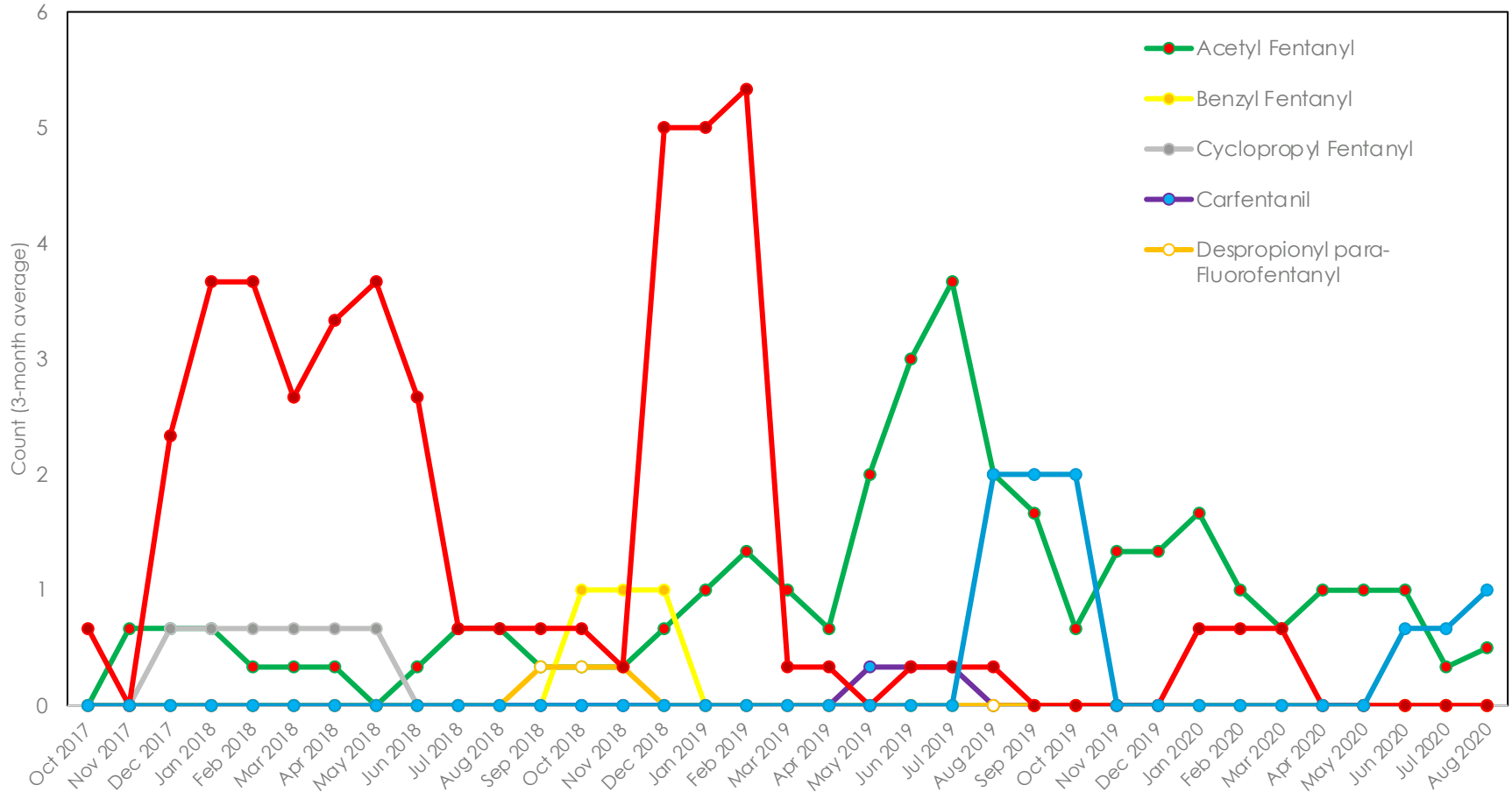


■ Powder ■ Syringe
■ Solid ■ Pill
■ Other**

*Fentanyl and fentanyl analogs.

***Other includes Loose Plant, Capsules, Gum, Container Residue, Spoon Residue, and Paper.

CHANGING NATURE OF FENTANYL ANALOGS

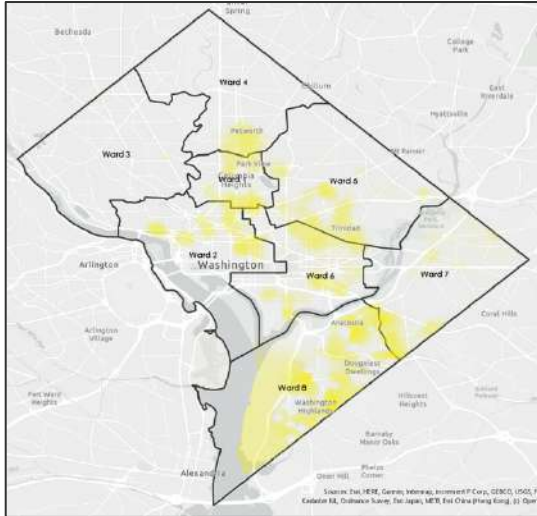


FIBF = fluoro-isobutyl fentanyl

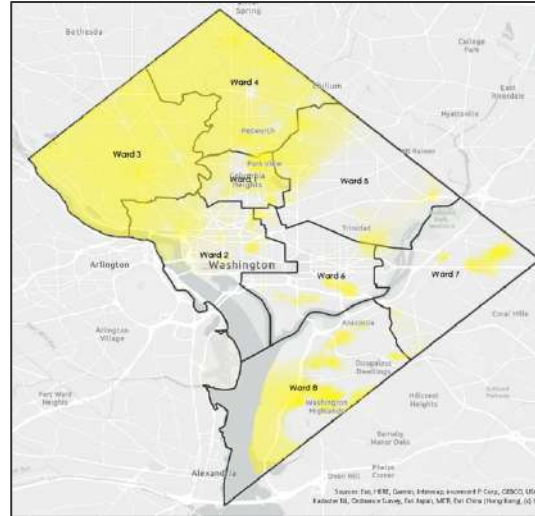


GEOGRAPHIC DISTRIBUTION

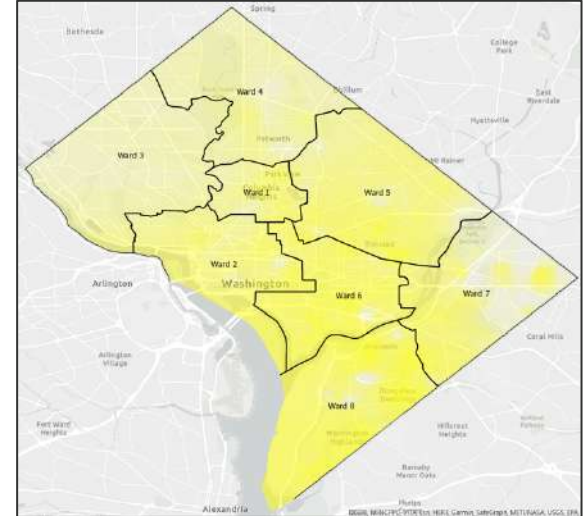
2018 Fentanyl & Analogs



2019 Fentanyl & Analogs



2020 Fentanyl & Analogs



| Change (2018-2020) | Prop Total | Proportion of Total Fentanyl Exhibits | Proportion of Heroin Containing Fentanyl or Analog | Proportion of Fentanyl with No Other Substance |
|--------------------|------------|---------------------------------------|--|--|
| NE | +4% | -26% | -48% | -0.9% |
| NW | -31% | +68% | -34% | +475% |
| SE | -24% | +164% | +79% | +272% |
| SW | -50% | +71% | -50% | +233% |



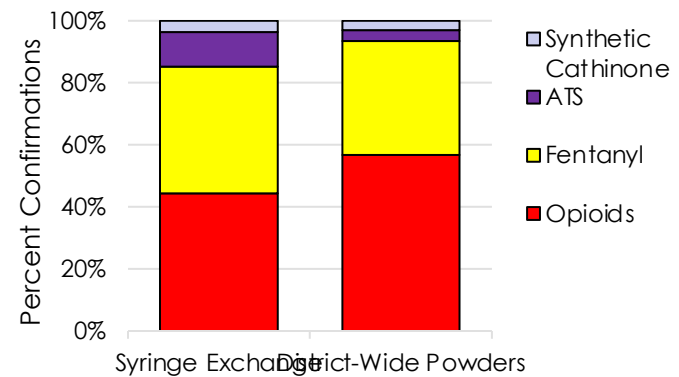
DRUG USE (SYRINGES)



0.45µm
Filtered GCMS



Syringe Exchange Program
(Sept-2020)



1. Methamphetamine ("Meth" aka ATS) is at much higher rates than previously found in death investigations
2. **Xylazine** is in 20% of syringes tested (most commonly with fentanyl)
3. Drug surveillance is a good indicator of actual drug use



OTP SURVEILLANCE

| Interpretation | Fentanyl Present? (>10 ng/mL) | Lower 25% (ng/mL) | Average (ng/mL) | Upper 75% (ng/mL) |
|---------------------|-------------------------------|-------------------|-----------------|-------------------|
| Fentanyl | 51% (63/124) | 0 | 332 | 334 |
| Norfentanyl | 59% (73/124) | 0 | 1112 | 1,760 |
| 4-ANPP | 21% (26/124) | 0 | 24.8 | 6.99 |
| para-Fluorofentanyl | 2% (3/124) | n/a* | 1.8 | n/a |
| U-47700 | 1% (1/124) | n/a | 0.5 | n/a |
| Acetyl Fentanyl | 4% (4/124) | n/a | 2.9 | n/a |

| Analytes on Panel | | | |
|-----------------------------------|----------------------------------|------------------------|-----------------------------------|
| β-Hydroxythiofentanyl | Benzyl Fentanyl | Methoxyacetyl fentanyl | para-Fluorobutyryl Fentanyl (FBF) |
| (±)-cis-3-methyl Fentanyl | Butyryl fentanyl | Norcarfentanil | <u>U-47700</u> |
| <u>4-ANPP</u> | Carfentanil (Carfentanyl) | <u>Norfentanyl</u> | U-48800 |
| <u>para-Fluorofentanyl</u> | Cyclopropyl fentanyl | Remifentanil | U-49900 |
| 4'-methyl Acetyl fentanyl | <u>Fentanyl</u> | Furanyl Fentanyl | Valeryl Fentanyl |
| <u>Acryl Fentanyl</u> | Fluoroisobutyryl Fentanyl (FIBF) | Acetyl Fentanyl | |



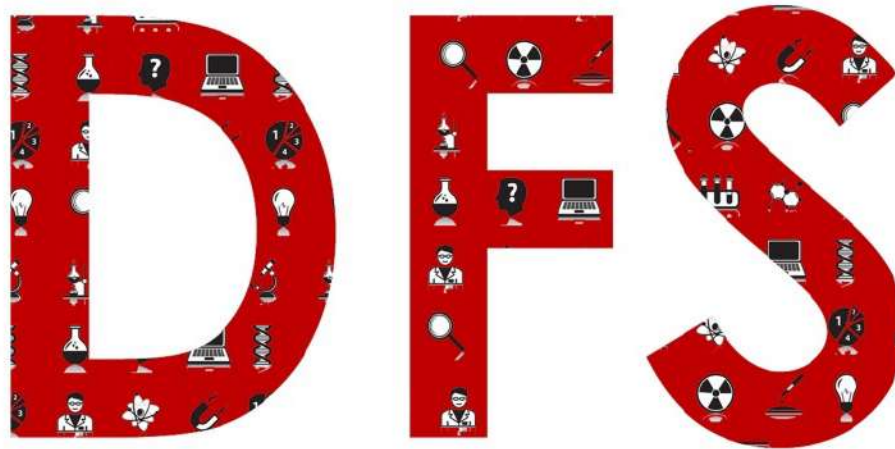
SUMMARY 2018-2020

- Fentanyl is now **a significant part of opioids**
- **Fentanyl-only exhibits +245%** since start of program
- **Drop in amount of Heroin that contains fentanyl** (except SE)
- **Increase in opioids containing Fentanyl** (+69.3% overall, but especially in SE +164%)
- **Syringes tested have similar ratios** to what has been submitted by MPD with Opioid Surveillance (Tentative: Surveillance of powders appears to mirror what is being consumed)



THANK YOU!

I AM



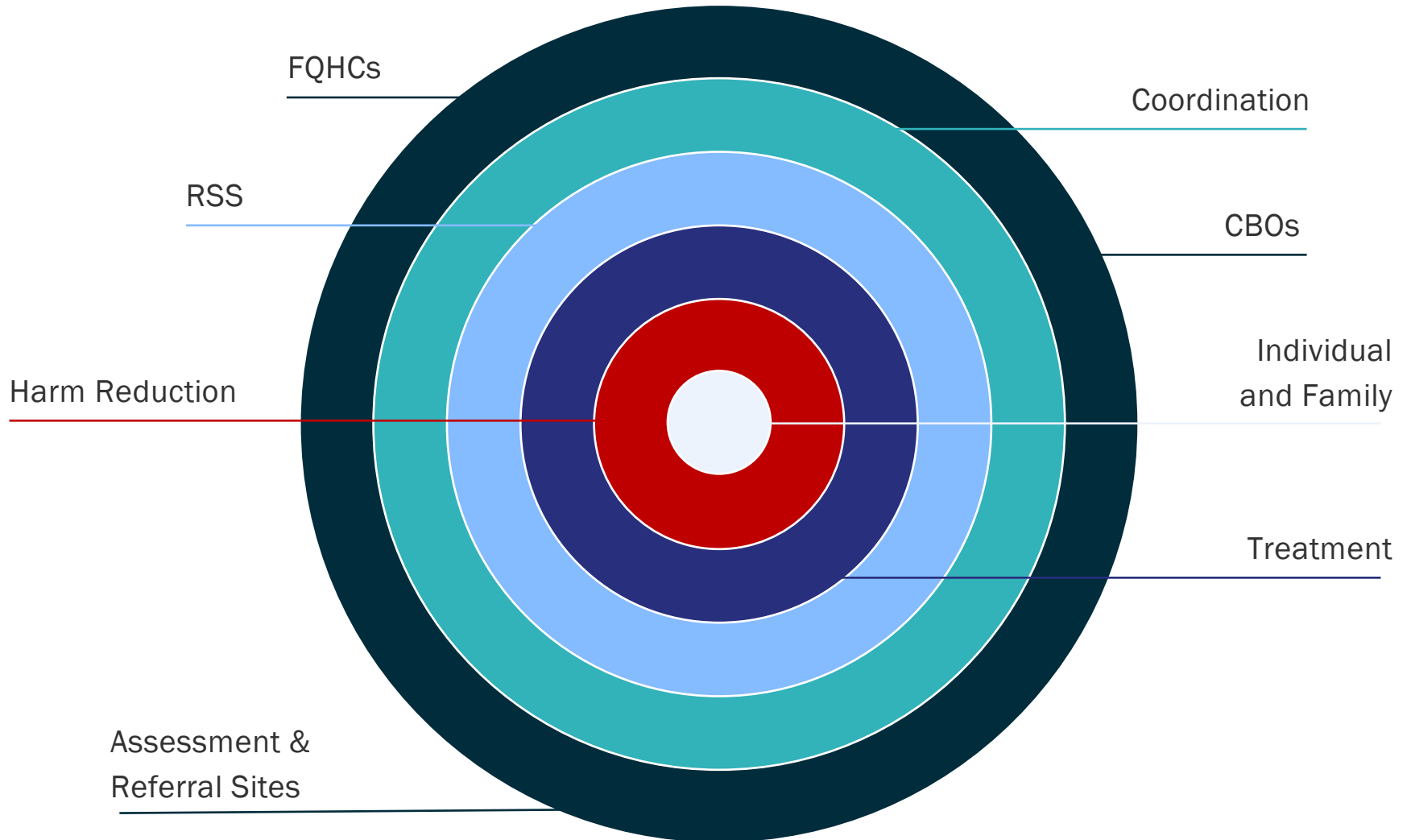
The DC Department of Forensic Sciences

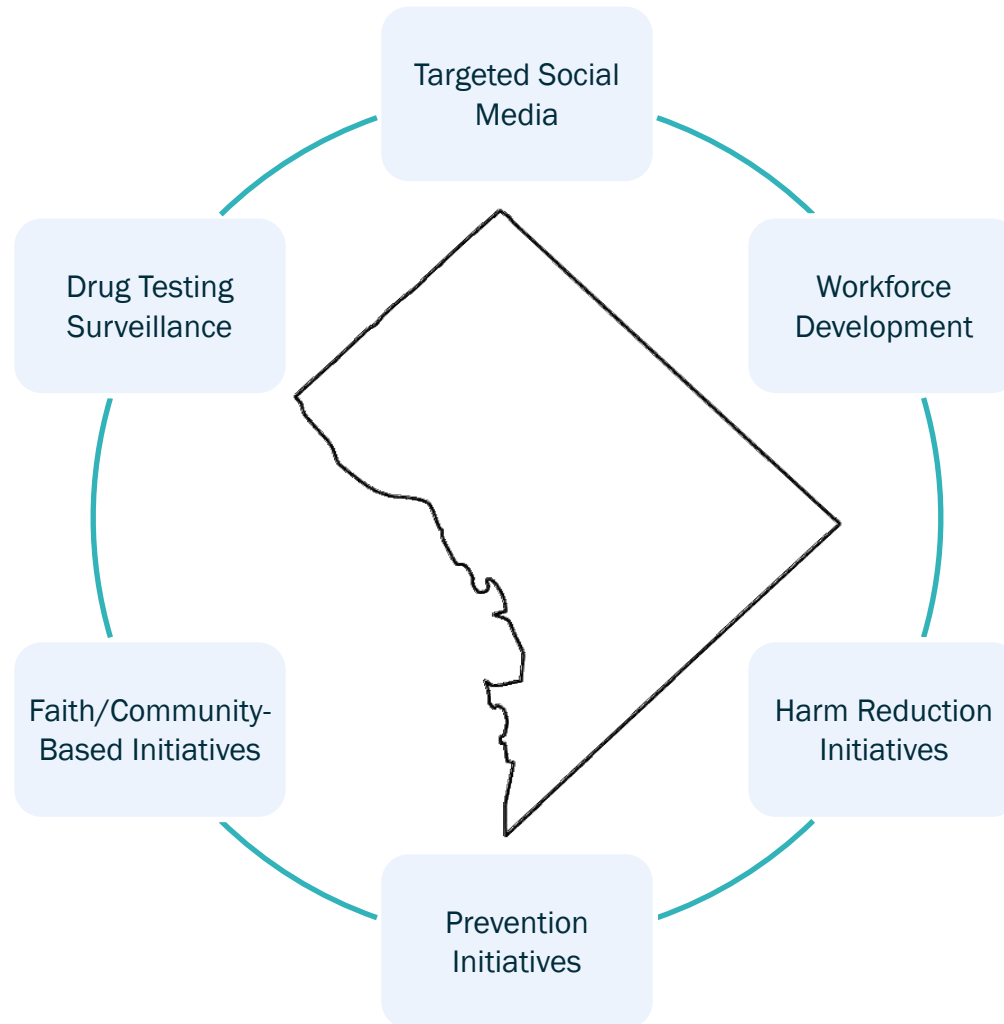


PANEL DISCUSSION: IMPACTS OF DATA ON LLDC

BREAK

**LIVE
LONG DC**
Saving lives from the opioid epidemic





New Strategies

- New populations – pregnant women and women with children, individuals in long-term care/skilled nursing facilities
- Prevention initiatives with universities
- Expansion of telehealth
- Mobile screening
- Mobile MAT
- Wellness at MAT programs
- Transportation to treatment
- Clinical drug testing for surveillance and to inform treatment/outreach strategies
- Care management/care coordination enhancement (e.g., pay for performance)
- Housing for Returning Citizens
- Peer Reentry Navigator program
- DOC SUD units
- Certified Addiction Counselor pipeline
- SUD Certificate Program (UDC)
- Peer University
- Fatality review and support

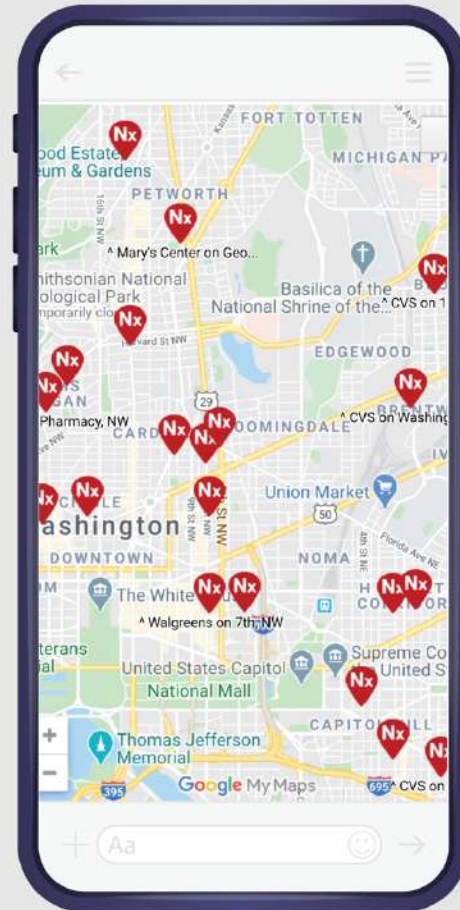
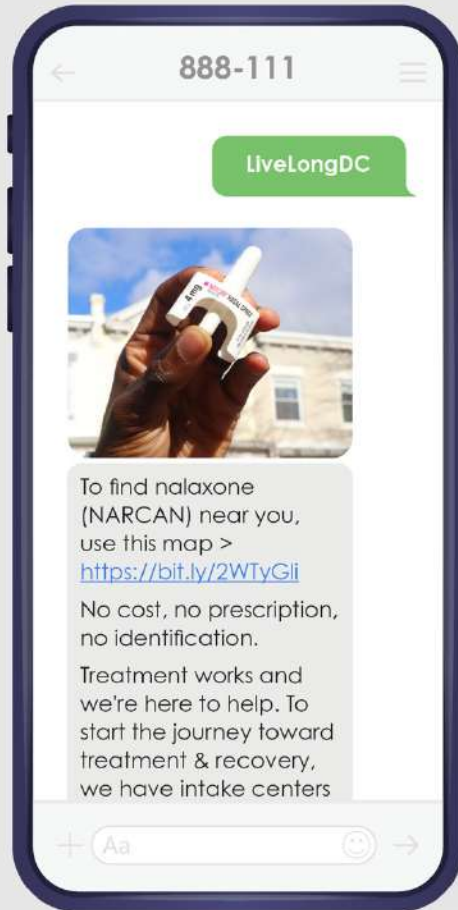
Continuing Strategies:

- Naloxone education and distribution
- Harm reduction outreach
- Safe syringe exchange sites
- Crisis stabilization and MAT-induction
- BupDAP
- Expansion of peer support and workforce
- Hospital-based peers
- Peer Operated Centers
- Recovery housing
- Housing First
- Environmental Stability
- Social marketing

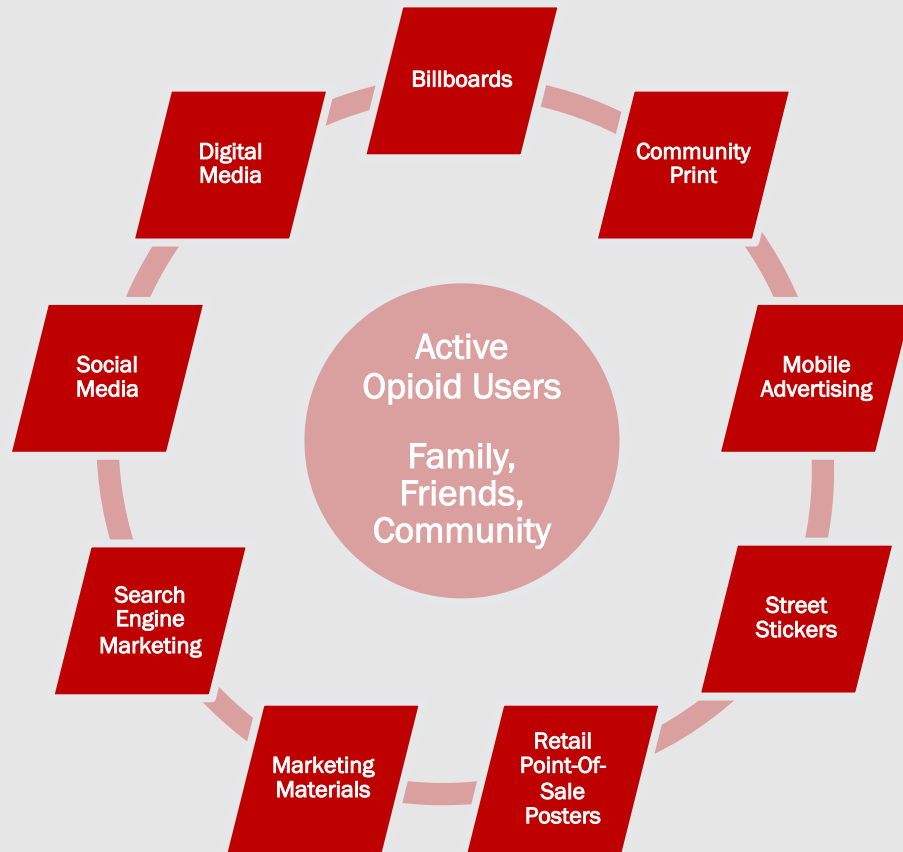
WHAT DOES PERSON-CENTERED MEAN TO YOU?

LIVE LONG DC




SOCIAL MARKETING UPDATE

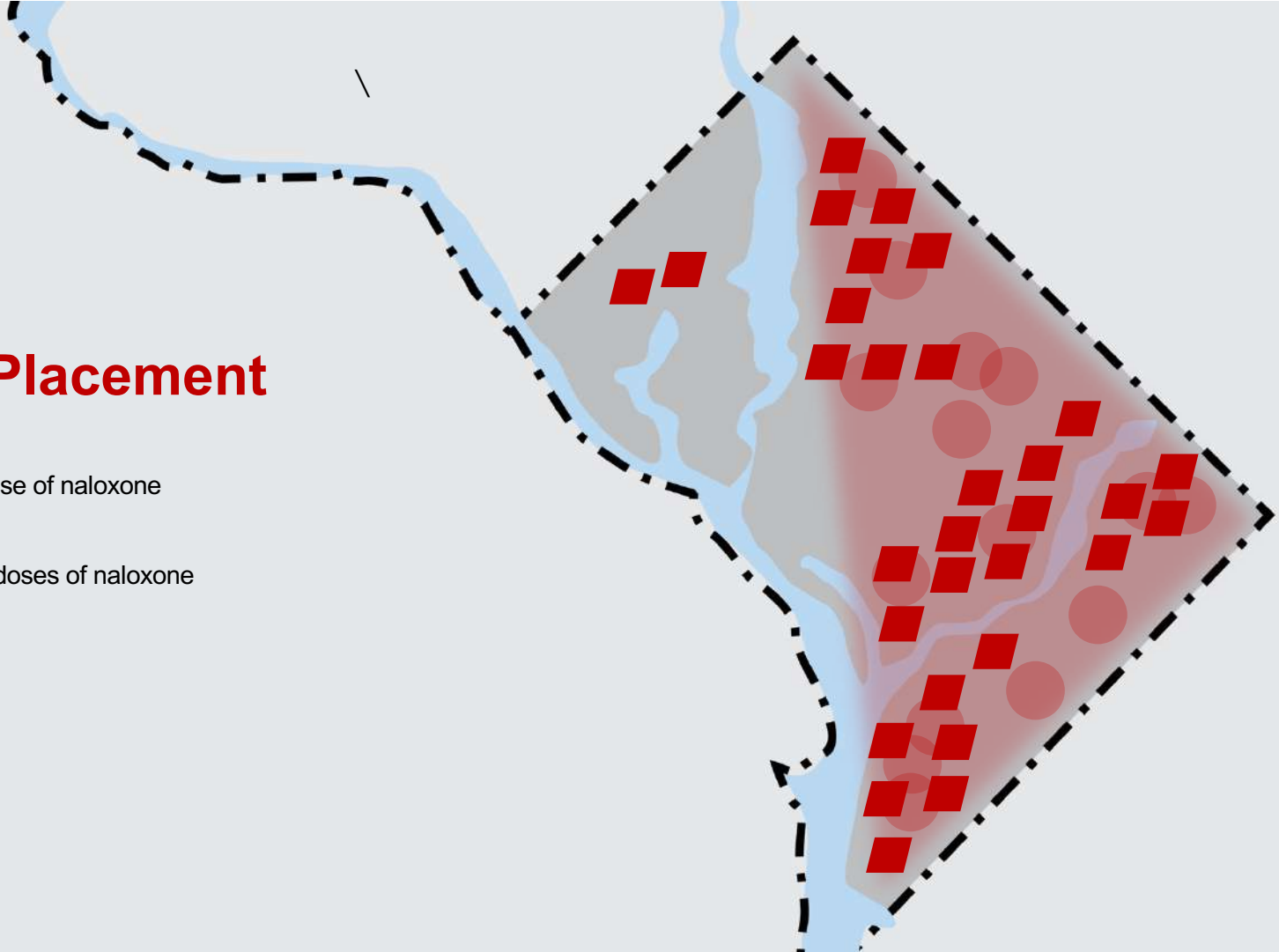


Target Audience & Tactics



Tactic Placement

-  single dose of naloxone
-  multiple doses of naloxone
-  tactic





WASHINGTON
blade
America's LGBT News Source

WASHINGTON
CITY PAPER

El Tiempo Latino
Washington D.C. Metro Area's Newspaper in Spanish

East of the River

Hill Rag

THE WASHINGTON
Informers



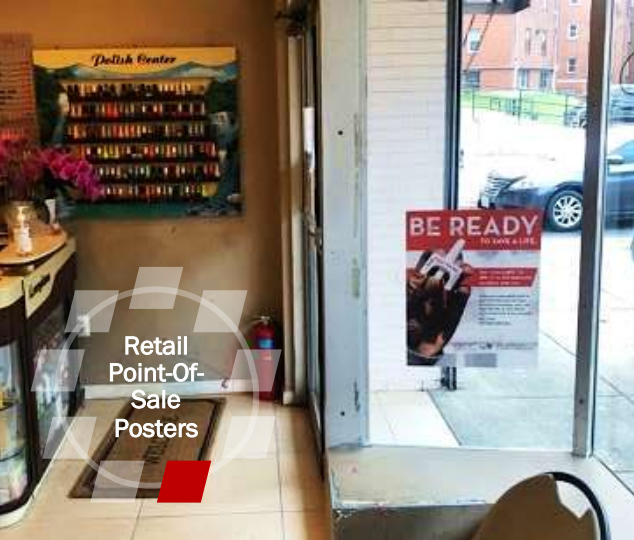




Sidewalk Stickers

NALOXONE SAVES LIVES.
 Text **LiveLongDC** to **888-111**
 to find naloxone near you.
 NO COST. NO PRESCRIPTION. NO IDENTIFICATION.

LIVE LONG DC **DBH** **DEPARTMENT OF BEHAVIORAL HEALTH & HUMAN SERVICES**





LIVE LONG DC
Getting you back to the ground quickly

BE READY TO SAVE A LIFE.

Naloxone (aka NARCAN®) can save a life.

Learn how to use it in the case of an overdose.

DC has a "good Samaritan" law that protects you when you call 911 even if drugs are on the scene.

BE A GOOD SAMARITAN

CALL 911 ANY TIME SOMEONE ODs.

Text LiveLongDC to 888-1111 to find Naloxone locations near you.

NO COST. NO PRESCRIPTION.

LIVE LONG DC **DBH** DC DEPARTMENT OF HEALTH & HUMAN SERVICES
DR. MURIEL BOWSER, MAYOR

BE READY TO SAVE A LIFE.

 Text **LiveLongDC to 888-1111** to find Naloxone locations near you.

NO COST. NO PRESCRIPTION.

1 Check for response and breathing. Tilt their head back, look for chest rise and listen for breath sounds. If they are not breathing or only gasping, give rescue breathing.



2 Call 911. Call 911 and tell the operator "my friend/family member has overdosed and they are not responding." You will not get in trouble for calling 911.

3 Perform rescue breathing. Rescue breathing or "mouth-to-mouth" provides oxygen when someone has overdosed. If they are not breathing on their own already, lay them on their back, pinch their nose, place your mouth over their mouth, give 2 breaths and then 1 slow breath every 5 seconds until they start breathing or wake up.

4 Give person Naloxone. Lay the person on their back. Tilt their head back, and insert the nozzle into a nostril. Spray the entire dosage into the nostril. Remove nozzle.

5 Recovery position. Roll them on their side, put their hand under their head, and pull their knee up so they don't roll on their stomach. Stay with them.

6 Repeat if necessary. If they don't respond after 3 minutes, give another dose of naloxone in other nostril. Keep checking for a response, giving 1 rescue breath every 5 seconds until they start breathing. Stay with them until help arrives.

Naloxone (aka NARCAN®) is a medication that reverses an opioid overdose and can save the life of your friend, your loved one, even yourself.

LIVE LONG DC **DBH** DC DEPARTMENT OF HEALTH & HUMAN SERVICES
DR. MURIEL BOWSER, MAYOR



No Prescription. No Questions. | Opioid Addiction Resources

Ad www.google.com/

Naloxone (aka Narcan®) Is Non Prescription Medicine That Can Save The Life Of A Loved One. Find a Location Near You - Text LiveLongDC To 888111.

Where Do I Get Naloxone in DC? | Narcan Nasal Spray | Available Near You

Ad www.google.com

Opioid Overdosing Can Be Reversed & Avoided With This Free Medication. Naloxone (aka Narcan®) Is Non Prescription Medicine That Can Save The Life Of A Loved One

[Text LiveLongDC to 888111](#)

Where Do I Get Naloxone in DC? | Narcan Nasal Spray | Available Near You

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Opioid Overdosing Can Be Reversed & Avoided With This Free Medication. Naloxone (aka Narcan®) Is Non Prescription Medicine That Can Save The Life Of A Loved One

[Text LiveLongDC to 888111](#)





WHEN YOU'RE READY

OPIOID TREATMENT WORKS and medication can make a difference. Explore our full range of services at 1-888-7WE-HELP (793-4357) or visit livelong.dc.gov



EL FENTANILO

SE ENCUENTRA EN LA MAYORÍA DE LAS DROGAS CALLE-DEAS.

Es de 50 a 100 veces más fuerte que la heroína y puede matarte.*

Envía **LiveLongDC** al **888-111** para conocer dónde obtener naloxona cerca de tu ubicación.

*Instituto Nacional para el Abuso de Drogas



WHEN YOU'RE READY

FREE AND LOW-COST opioid treatment options are accessible across the city. Explore our full range of services at 1-888-7WE-HELP (793-4357) or visit livelong.dc.gov



HAVE NALOXONE READY

OVERDOSES IN DC ARE UP.

2/3 of drugs on DC streets are contaminated with fentanyl.*

Text **LiveLongDC** to **888-111** to find naloxone near you.

*DC Department of Forensic Sciences



TEN LISTA LA NAXOLONA

LAS SOBREDOSIS EN DC ESTÁN AUMENTANDO.

2/3 de las drogas en las calles de DC están contaminadas con fentanyl.*

Envía **LiveLongDC** al **888-111** para conocer dónde obtener naloxona cerca de tu ubicación.

*Departamento de Ciencias Forenses de DC



WHEN YOU'RE READY

DBH HAS THE HELP YOU NEED to get beyond opioid addiction. Explore our full range of services at 1-888-7WE-HELP (793-4357) or visit livelong.dc.gov



STAY SAFE.



Use with a friend



Have naloxone ready



Go slow

Text **LiveLongDC** to **888-111** to find naloxone near you.



MANTENTE SEGURO.



Úsalo con un amigo



Ten lista la naloxona



Ve de a poco

Envía **LiveLongDC** al **888-111** para conocer dónde obtener naloxona cerca de tu ubicación.



WHEN YOU'RE READY

OPIOID TREATMENT WORKS and medication can make a difference. Explore our full range of services at 1-888-7WE-HELP (793-4357) or visit livelong.dc.gov



Social Media

LATEST



CITY DESK

Black Activists Reimagine Public Safety in Essays and Poetry

What does "defund the police" mean? Black D.C. activists share the policy changes and ideas behind the words that have dominated national conversation.



SPORTS

College Athletes Lose Their Seasons—And Then Programs

"To be told all the hard work we did, everything we put in was for nothing. It's really upsetting."



CITY DESK

District Line Daily: Tell Us What Ya Want

What ya really, really want.



FOOD

Do Bars and Restaurants Need to Scrap Silverware for Single-Use Plastic Utensils?

"Metal doesn't hold the virus that much."

WASHINGTON
UNION STATION
STATION EXPANSION

The Federal Railroad Administration invites you to provide comments on the Washington Union Station Expansion Project Draft Environmental Impact Statement.

TELEPHONIC PUBLIC HEARING

Tuesday, July 14, 2020
11am to 1pm and 6pm to 8pm
866-478-3399

Click to learn more:

www.wusstationexpansion.com



BE READY TO SAVE A LIFE. For Naloxone locations, text **LiveLongDC** to **888-111**



El Tiempo Latino

Washington D.C. Metro Area's Newspaper in Spanish

Suscríbete Aquí



**PREPÁRATE
PARA SALVAR UNA VIDA.**

Envía LiveLongDC al 888-111
para conocer dónde
obtener Naloxona cerca
de tu ubicación.



Noticias | Deportes | Opinión | Negocios | Lifestyle





BE READY TO SAVE A LIFE.

**LIVE
LONG DC**
Saving lives from the opioid epidemic



*** WE ARE
DISTRICT OF COLUMBIA
DC ***
GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

ENGAGING NEW AUDIENCES

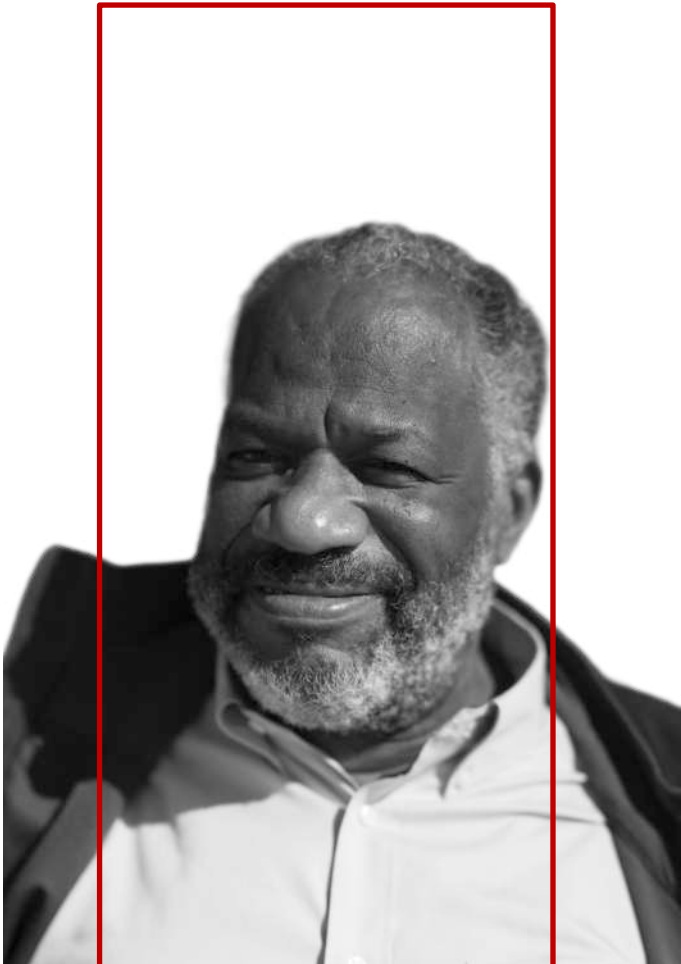
- **Pregnant and Parenting Women with OUD and Their Infants, *Krysten Allen, DBH***
Help healthcare professionals, and other providers who care for women with OUD and substance-exposed infants, make clinically appropriate and individualized treatment decisions that will promote the best possible outcome for both mother and infant.
- **Long-term Care, *Arielle Brock, DBH***
Build knowledge and awareness about Opioids and OUD among the geriatric and post-acute care professional; and Provide SNF professionals with the confidence and skills to engage in conversations about Medicated Assisted Treatment (MAT), Administering Naloxone, Recovery Support Services and care management to those they are aiming to support.
- **Justice Professionals, *Luis Diaz, CJCC***
Improving treatment and service delivery to promote recovery and improve outcomes for justice-involved population.
- **Peer Recovery, *Dr. Raphaelle Richardson, DBH***
Build knowledge and strengthen skills on how to use peer support as an effective tool to combat OUD.



The Peer Worker Experience

September 29, 2020

LIVE **DC**
LONG
Saving lives from the opioid epidemic



WHY WE DID THIS

- **Using data to understand** what the peer worker experience actually is
- **Mapping out the peer journey** to help current and future peers engage in the process
- **Using the journey map to inform future actions** to improve learning opportunities

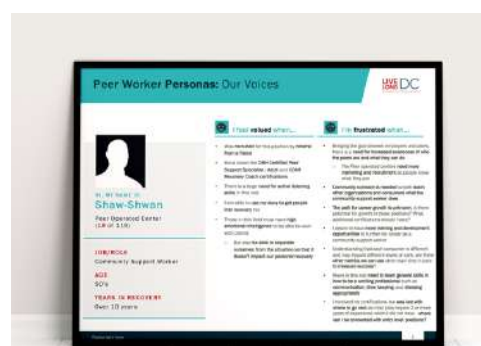
PEER WORKER PERSONAS

HOW THE USE OF DATA HAS HELPED SHAPE OUR JOURNEY

How the Use of Data Has Helped Shape Our Journey

119 Participants

Understanding of 'time in seat', certifications, employment, strengths, and desired skill-building



PEER WORKER JOURNEY MAP

OUR JOURNEY AS A PEER WORKER

JOURNEY MAP PEER WORKER (PW)

A BRIEF OVERVIEW

This map is the first layer to understanding the Peer Worker Journey & what a Peer may experience as they navigate & grow within the Peer Worker Program. This map highlights the high-level Peer Life Stage (red boxes). Please note, the journey is not always a linear process & some Peers may or may not touch every Life Stage.

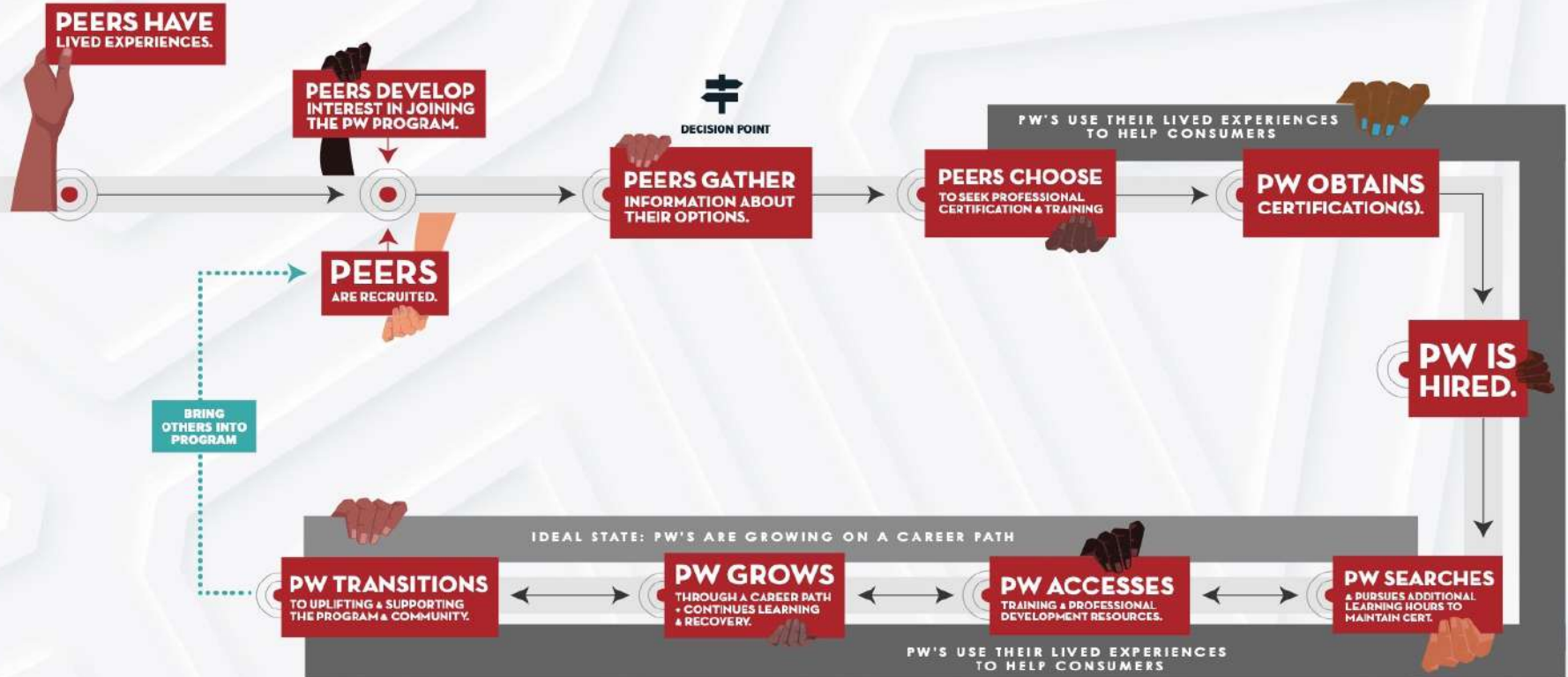
The goal of showing this journey in layers is to highlight the full experience of the Peer Worker with opportunities & challenges so that we can continue to evolve & grow the Program in a way that best supports our community. It is important to note that this map will continue to grow as more voices are added to the Program.

THE HIGHEST LEVEL

How do we describe our Peer Support Workers?

Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

KEY



Please note, the journey is not always a linear process & some Peers may or may not touch every Life Stage.

- This journey map is the first step in **creating a person-centered system:**
 - Putting our peers at the center
 - Weaving lived experience throughout our system and programs
 - Driving a system that promotes recovery and resiliency
- **Necessary value of lived experience in all that we do** – strategies, goals, data, programs, and outcomes



RESILIENCE IN A PANDEMIC AND EPIDEMIC

Resilience: “The capacity of a system, enterprise, or person to maintain its core purpose and integrity in the face of dramatically changed circumstances.”

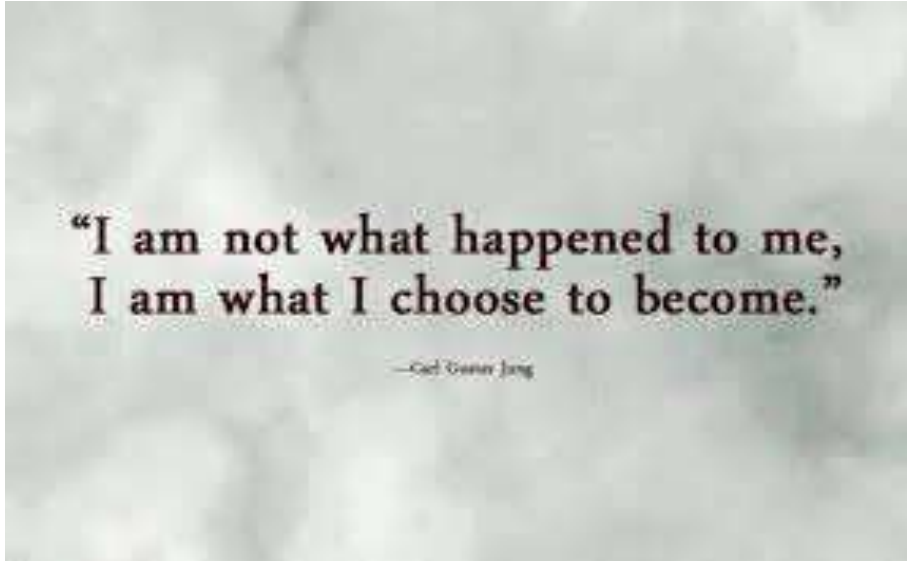
- Bounce-back: Recovery amidst change
- Continuity in spite of resistance
- Dynamically reorganizing at the right moment



Optimism and Confidence

- Belief that one can find meaningful purpose in life
- Belief that one can influence one's surroundings and the outcome of events
- Belief that positive and negative experiences will lead to learning and growth

People of faith report greater degrees of resilience.



“I am not what happened to me,
I am what I choose to become.”

—Carl Gustav Jung

85% of the challenges we face
are **outside of our ability to
change.**



As community leaders, **what is in
your 15%** to change where you
have discretion to act and need
no additional resources or
permission?





Capacity of a **system**,
enterprise, or **person** to
maintain its core purpose and
integrity in the face of
dramatically changed
circumstances.

IMPACTS OF COVID-19 ON SERVICE AND TREATMENT

QUESTIONS?
