

Appendix

- I. Opioid-related Fatal Overdoses – Dr. Chikarlo Leak, OCME
- II. Opioid Trends in The District – Dr. Jenifer Smith, DFS
- III. LIVE. LONG. DC. Social Marketing Campaign – Michael Bento, Engage Strategies
- IV. Recommendations for Addressing the Opioid Crisis in DC, Frances McGaffey and Saman Rouhani – Pew Charitable Trusts



Snapshot of Fatal Opioid Overdoses in the District of Columbia



Today's Discussion

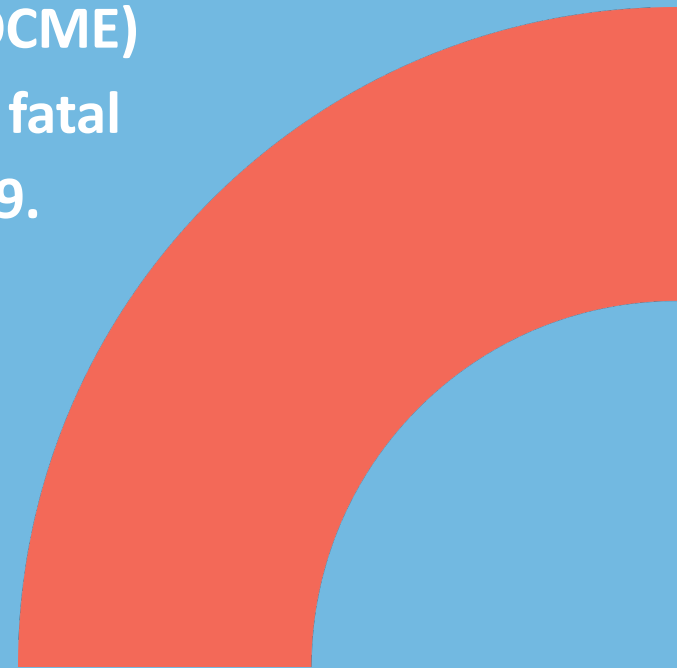
Trends in Fatal Overdoses

- Illicit and Prescription Drugs
- Demographics
- Jurisdiction of Residence

Office of the Chief Medical Examiner



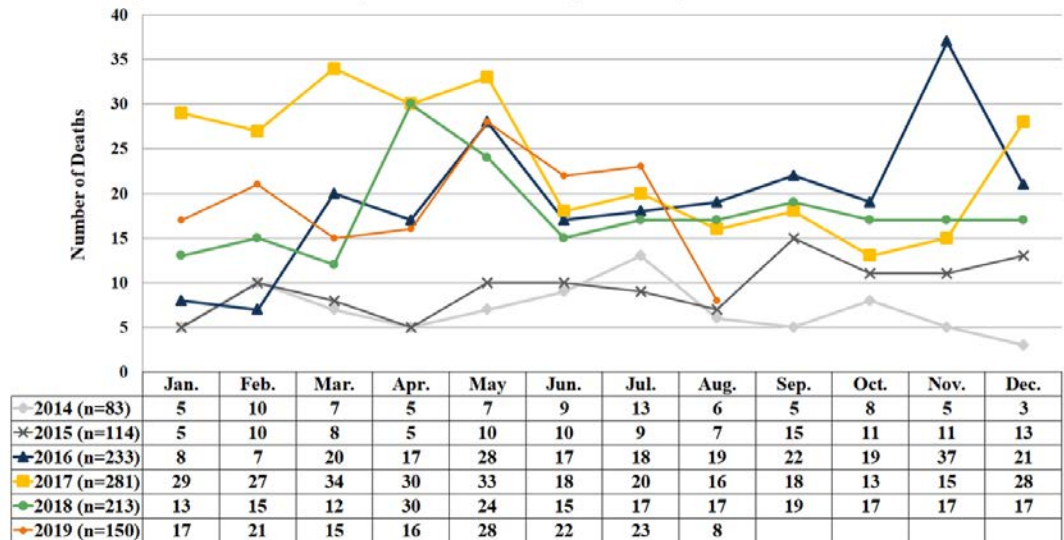
The DC Office of the Chief Medical Examiner (OCME) has investigated a total of **1074** opioid-related fatal overdose from January 2014 to August 2019.



TRENDS IN NUMBER OF FATAL OVERDOSES DUE TO OPIOID USE

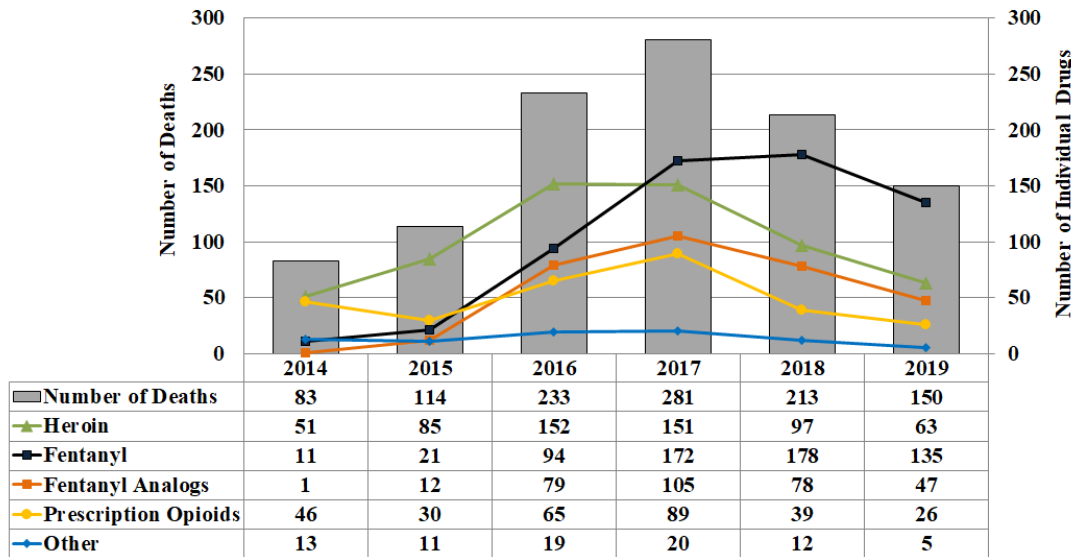
From 2017 to 2018, we saw a decrease in average numbers of opioid overdoses per month, from **23** to **18**. In the first half of 2019 however, there have been an average **20** fatal overdoses per month, an increase from 2018.

Fig. 1(b): Number of Drug Overdoses due to Opioid Use by Month and Year (N=1074)



TRENDS IN THE NUMBERS OF OPIOID DRUGS CONTRIBUTING TO FATAL OVERDOSES

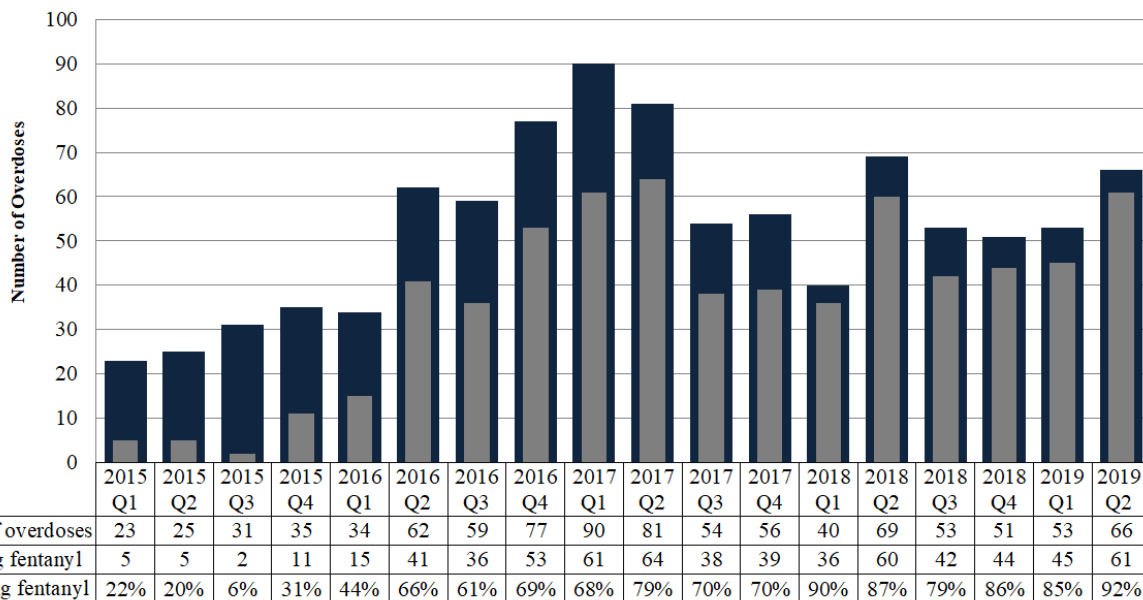
Fig. 2(b): Total Number of Opioid Drugs Contributing to Drug Overdoses by Year (All Opioids)



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

FATAL OVERDOSES CONTAINING FENTANYL/FENTANYL ANALOGS

Fig. 3 Number of Opioid Overdoses Containing Fentanyl/Fentanyl Analogs by Quarter, 2015-2019



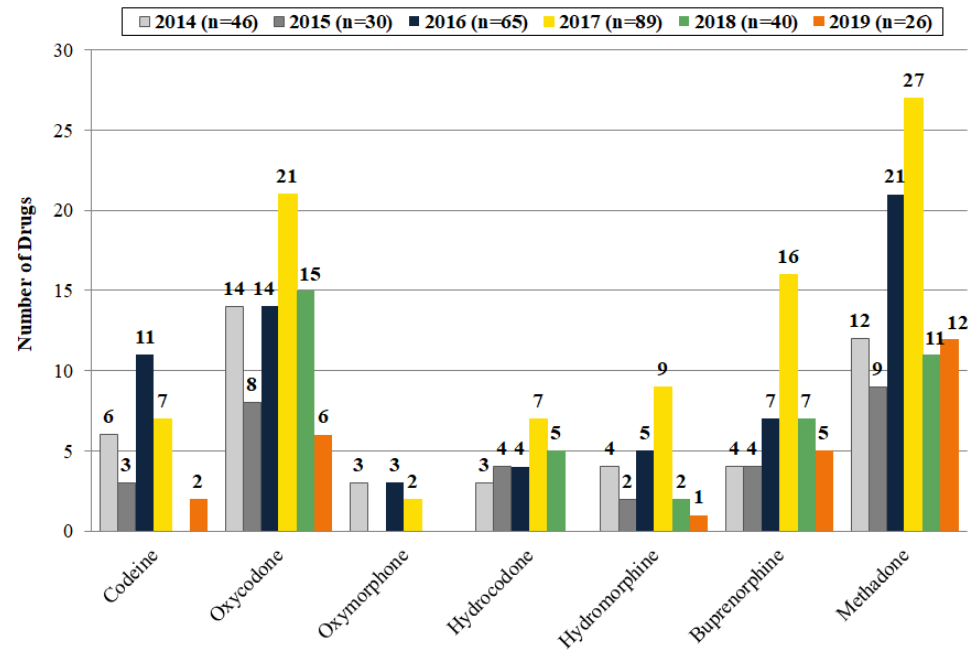
The percentage of cases containing fentanyl or a fentanyl analog has gradually increased since 2015.

- 63% in 2016 to 85% in 2019

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=296)



OVERALL DEMOGRAPHICS



73%

of the decedents are males

78%

of the decedents are between the
ages of 40-69

82%

of the decedents are African
American

Demographic Figures

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

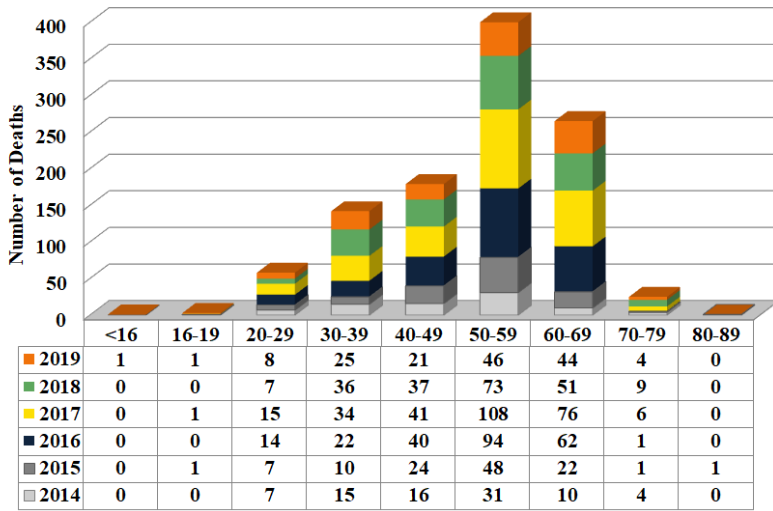


Figure 7: Percentage of Drug Overdoses due to Opioid Use by Gender and Year

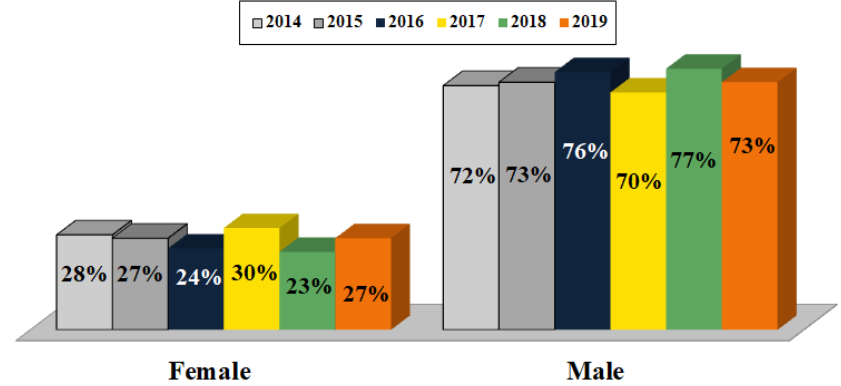
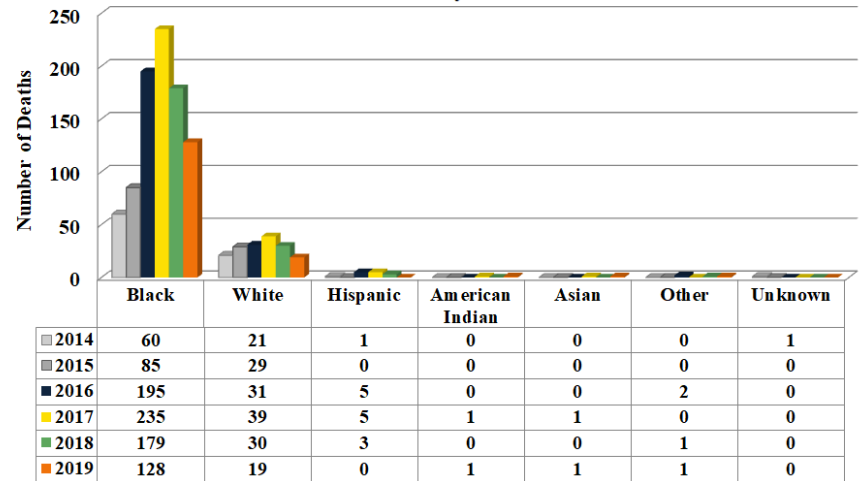
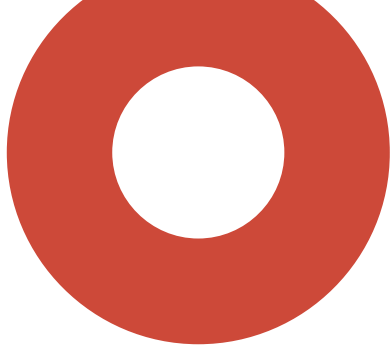


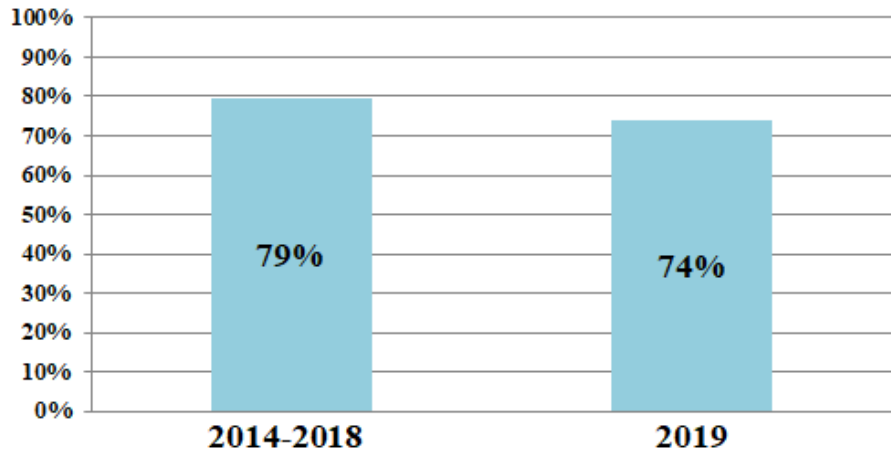
Fig. 6: Number of Drug Overdoses due to Opioid Use by Race/Ethnicity and Year



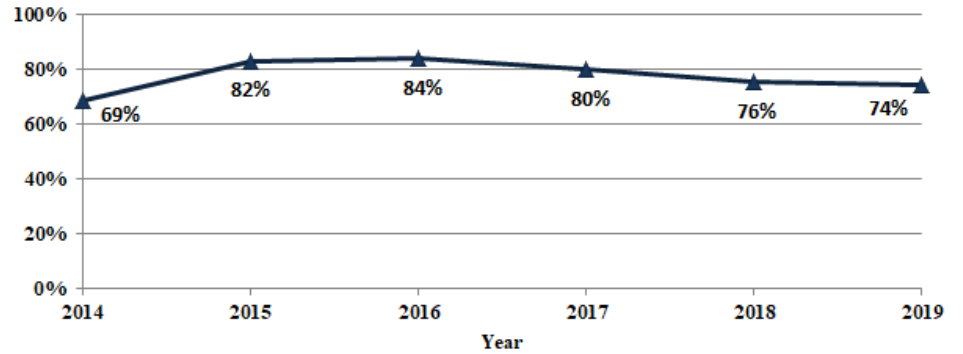


TRENDS IN DECEDENTS AGES 40-69

Percent of Decedents Ages 40-69: 2014-2018 vs 2019



Percent of Decedents Ages 40-69 by Year



JURISDICTION OF RESIDENCE

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

8

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

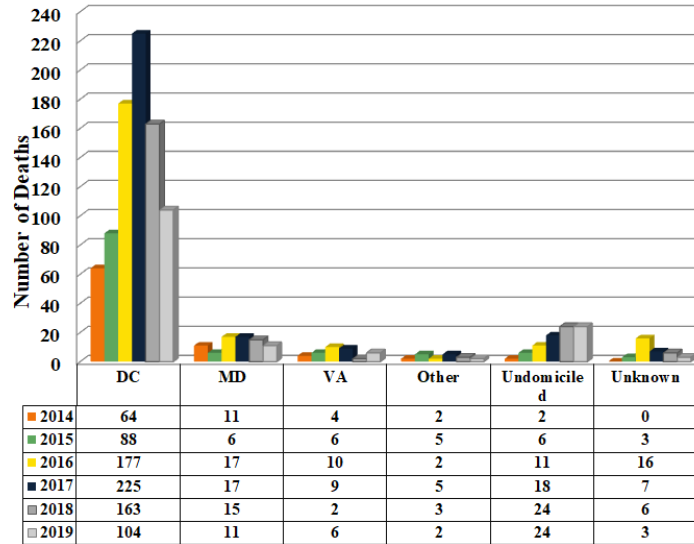
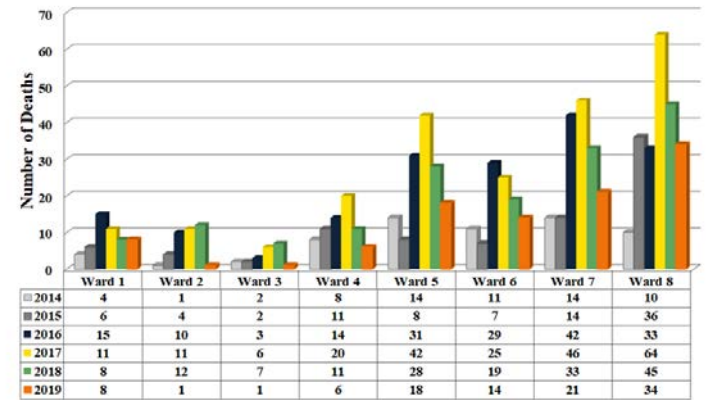
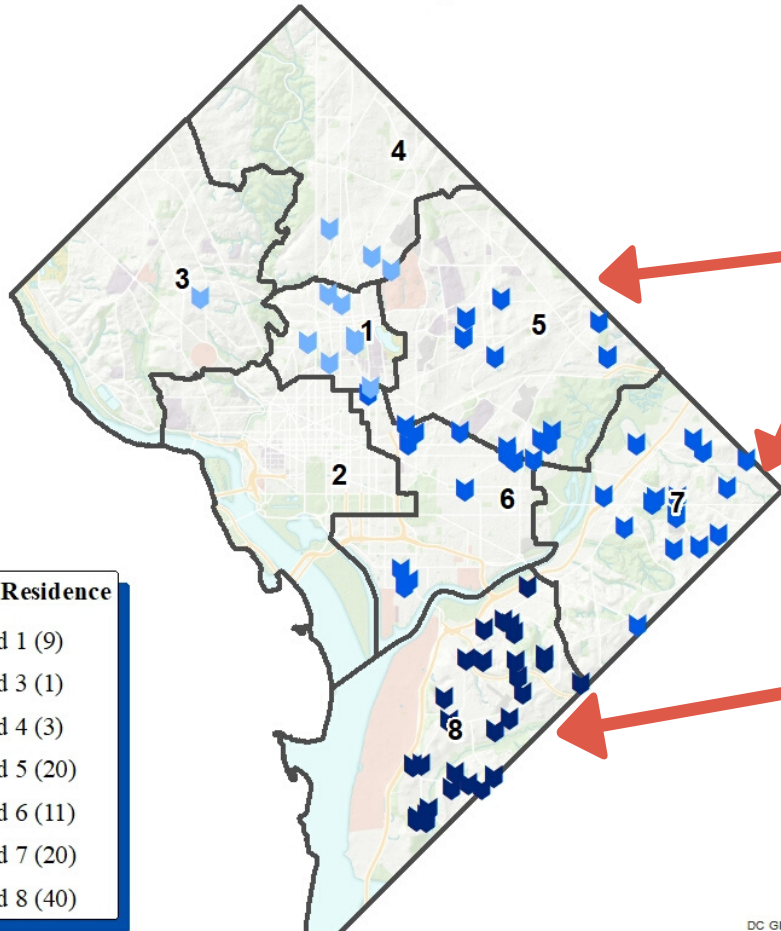


Fig. 9: Number of Drug Overdoses due to Opioid Use by Ward of Residence and Year





2019 Fatal Opioid Overdoses by Ward (DC Residence Only)



Ward of Residence

- Ward 1 (9)
- Ward 3 (1)
- Ward 4 (3)
- Ward 5 (20)
- Ward 6 (11)
- Ward 7 (20)
- Ward 8 (40)

19%

of fatal opioid overdoses in both Ward 5 and 7

40%

of fatal opioid overdoses Ward 8



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OPIOID TRENDS IN THE DISTRICT

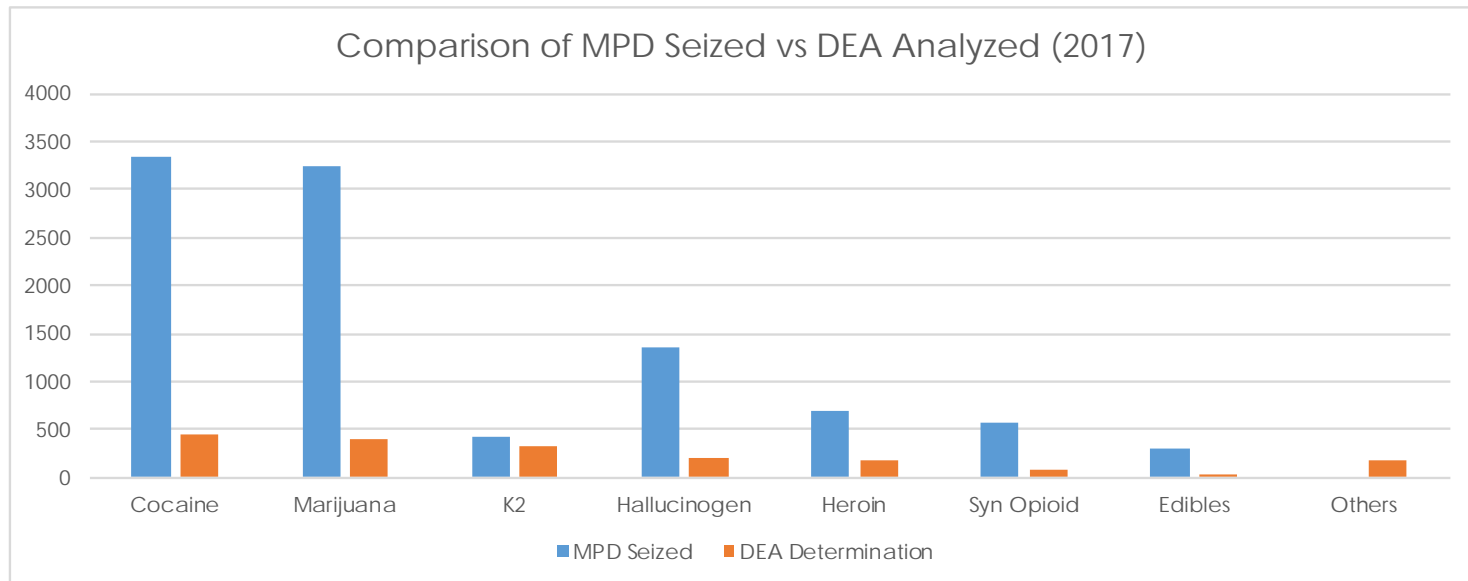
OCTOBER 30th, 2019



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MPD EXHIBITS 2017

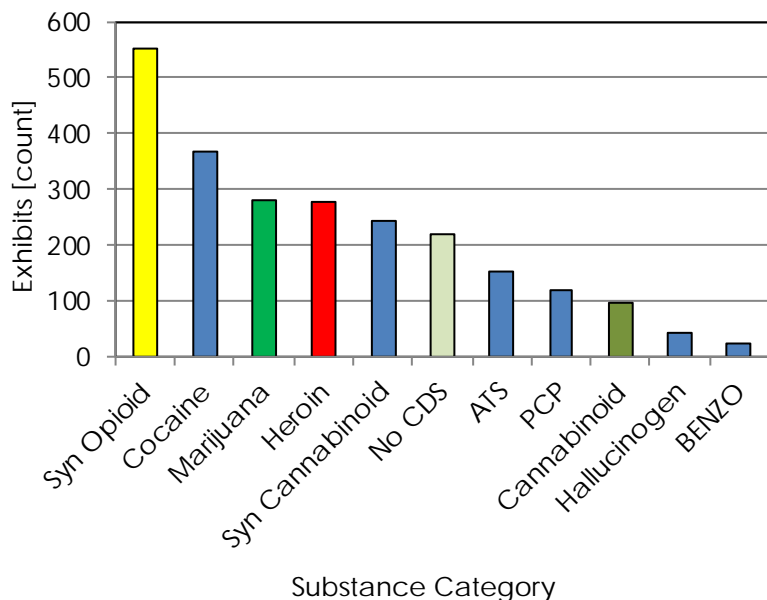


In total, about 19% are tested by DEA lab
(6 chemists, 1 instrumentalist, 1 evidence tech)
(About 26 – 30% time to testimony)

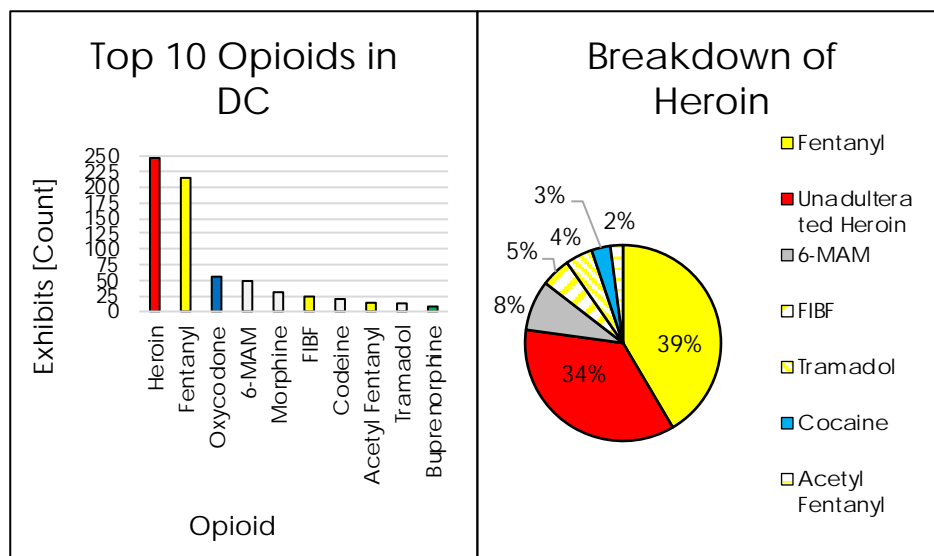
(MPD Statistics estimated from subsample of 450 exhibits from Feb to April, 2017)
(DEA Statistics are 100% sampling over 2.5yrs)

RECENT CDS TRENDS (FY 2019)

Exhibits Tested (>20 items)

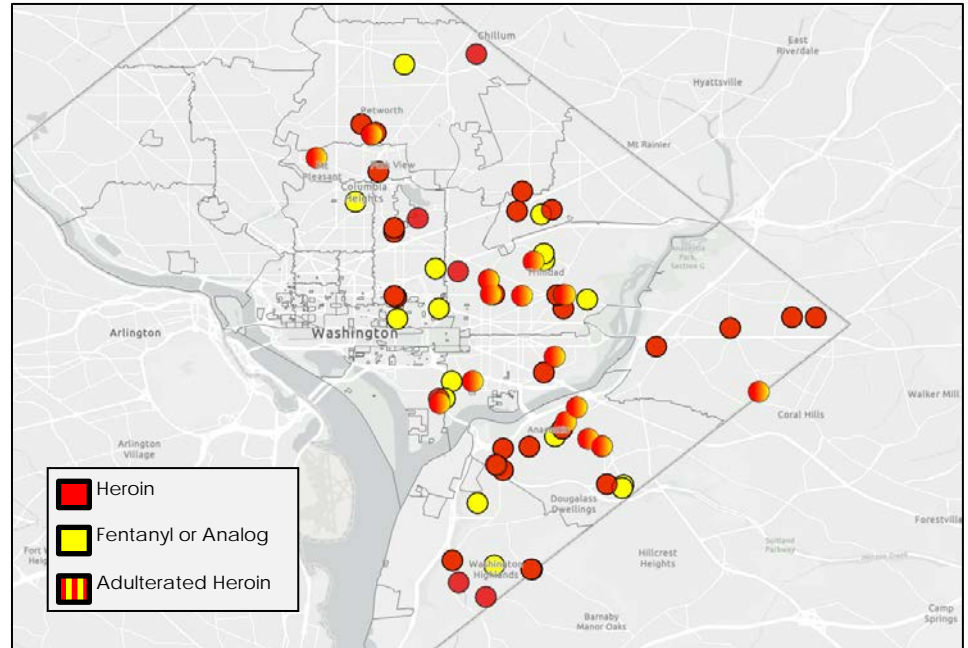
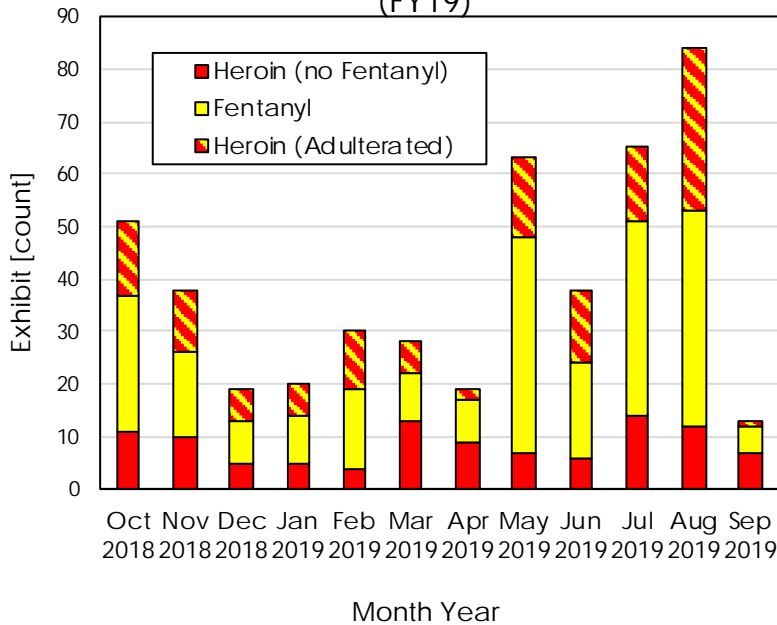


Opioid Items Tested

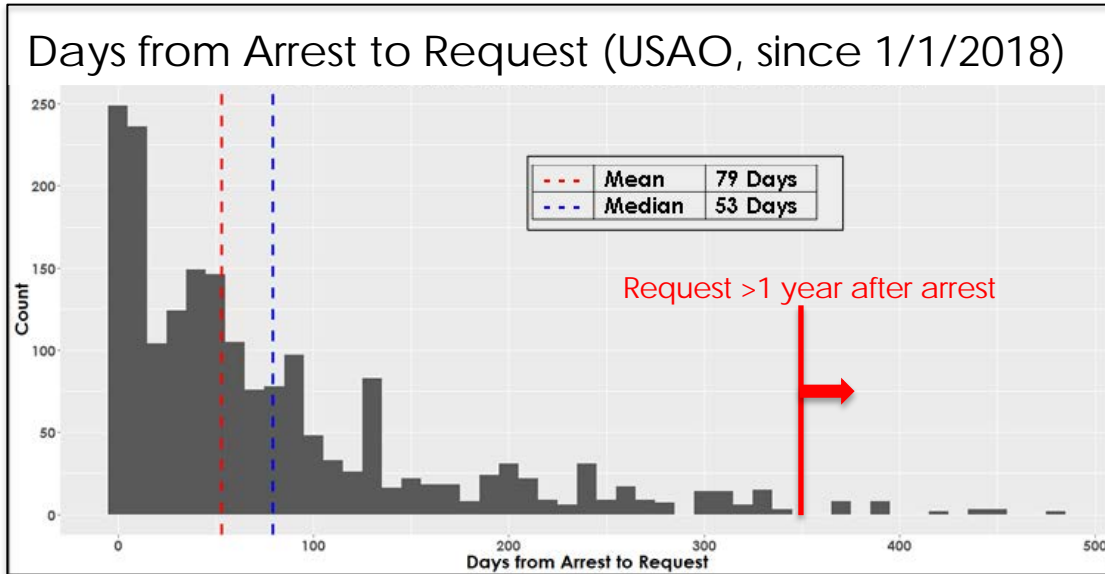


SURVEILLANCE PROGRAM: SYNTHETIC OPIOIDS

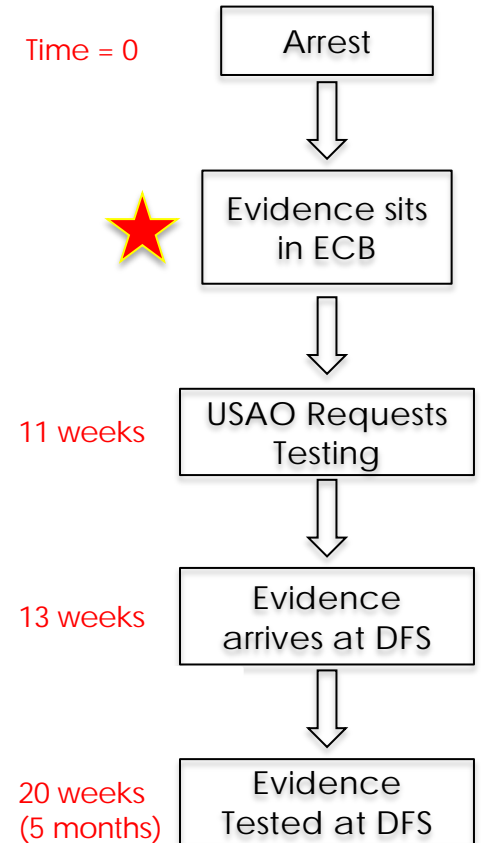
Fentanyl and Heroin Cases Over Time
(FY19)



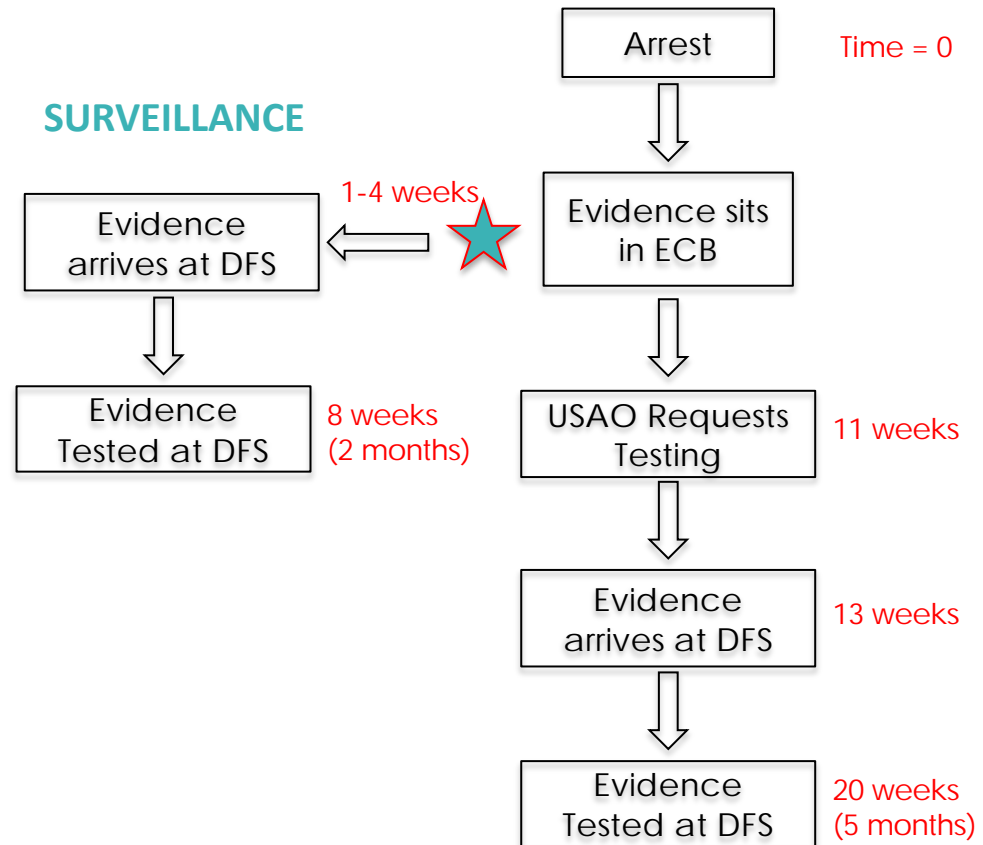
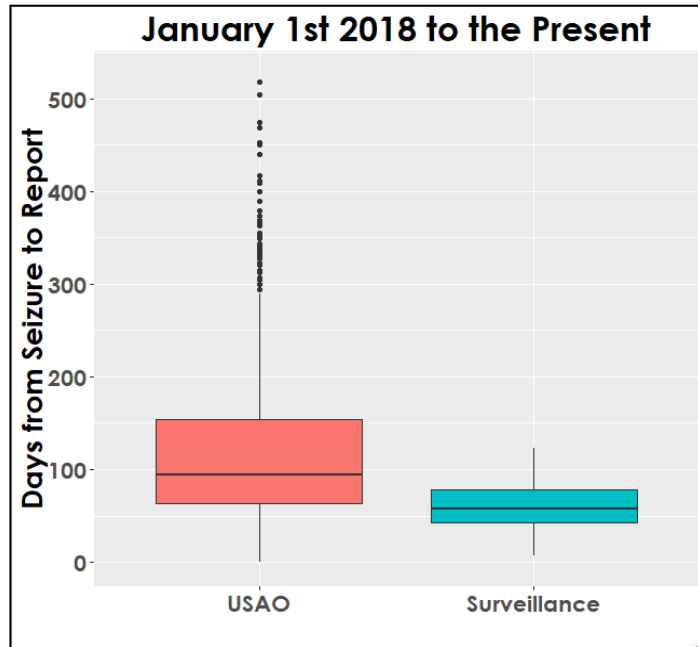
STANDARD CASE RESPONSE



- Average time from arrest to typical request is 79 days (11 weeks)
- Typical time for receiving evidence is about 14 days (2 weeks)
- Typical TAT for case is about 45 days (6.5 weeks)
- Total time from arrest to expected reporting: 138 days, or **5 months**



SURVEILLANCE ACCELERATES RESPONSE



SURVEILLANCE ACCELERATES RESPONSE

JUNE SURVEILLANCE

2019 JUNE						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

www.free-printable-calendar.com

RECEIVE /TESTING

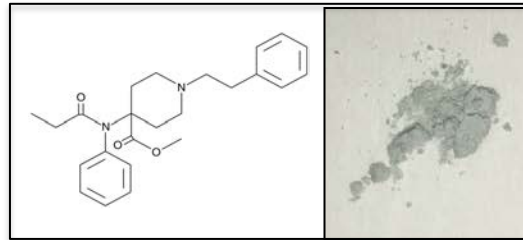
2019 JULY						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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REPORTING

2019 AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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- Notified DFS, FEMS, OCME, DCHealth
- Intel Release (NTIC)

NO TESTING REQUEST RECEIVED (CAN BE UP TO 1 YEAR)



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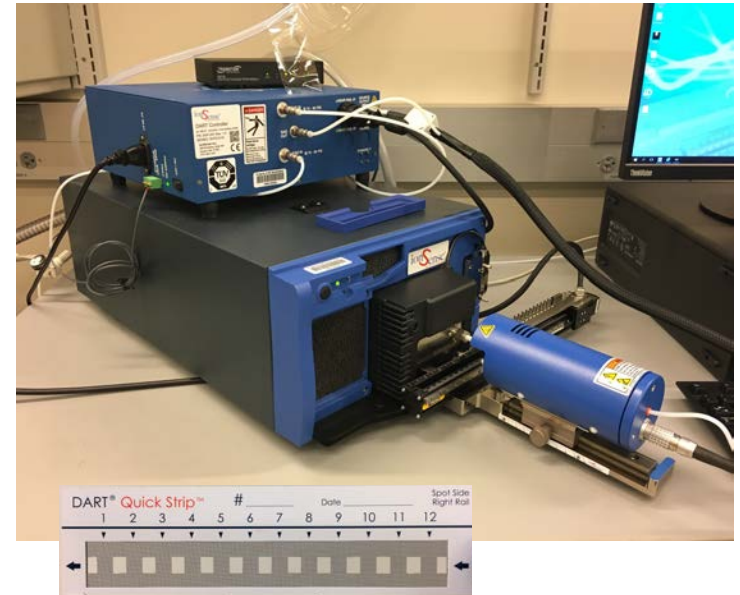
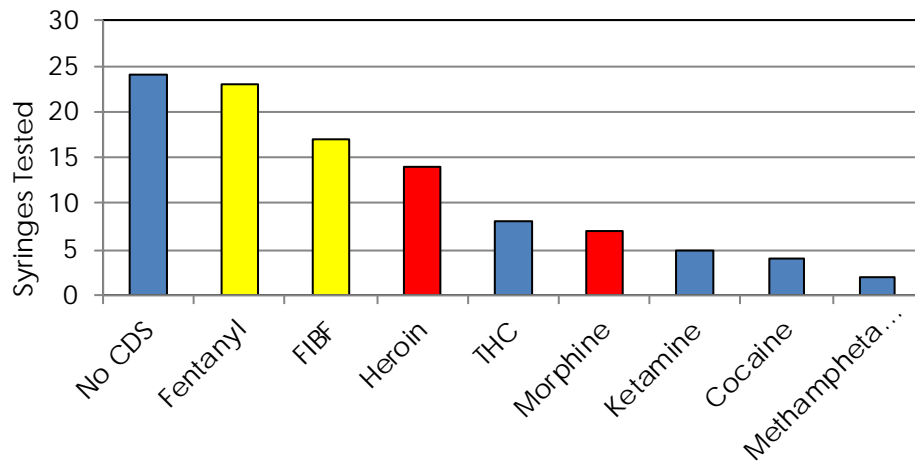
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SYRINGE SURVEILLANCE

- Syringe surveillance since 2018 (OCME)
- Expanding to needle exchange (with Grubbs NW)

Syringe Surveillance
(since August, 2018)



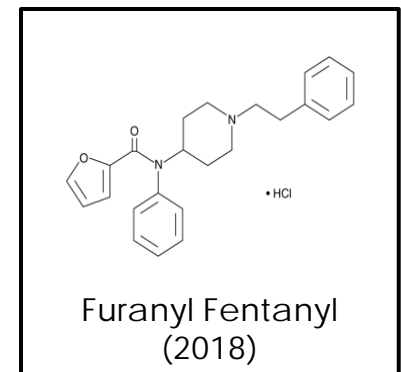
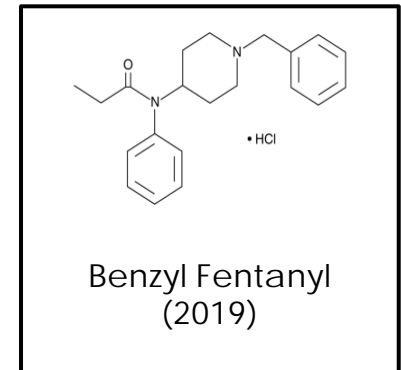
SURVEILLANCE PROGRAM: SYNTHETIC OPIOIDS

- Funding from CDC for Opioid Surveillance Lab (2019-2022)
- Several new discoveries of new opioids in the District
 - N-benzyl Furanyl norfentanyl (October, 2019)
 - Carfentanil (August, 2019)
 - Benzyl Fentanyl (January, 2019)
 - Despropionyl ortho-fluorofentanyl (December, 2018)
 - U-51754 (November, 2018)
 - Para-fluorosobutyryl Fentanyl, PFIBF (July, 2018)
 - Cyclopropyl Fentanyl (August, 2018)
 - Methoxy Acetyl Fentanyl (November, 2017)
 - U-47700 (May, 2017)
 - Furanyl Fentanyl (May, 2017)

Routine Casework

Surveillance Samples (MPD)

Syringe Surveillance (OCME)



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OUTREACH

NTIC

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NATIONAL CAPITAL REGION THREAT INTELLIGENCE CONSORTIUM & DISTRICT OF COLUMBIA DEPARTMENT OF FORENSIC SCIENCES

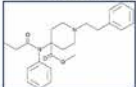



August 15, 2019

Product No. 2019-08-018
NTIC/DCI No. 7-1
HHS/CDC No. 8

First Responder Awareness Bulletin

(U//FOUO) First Occurrence of Powder Carfentanyl Identified in the District

(U//FOUO) Scope: In August 2019, the DC Department of Forensic Sciences (DFS) identified carfentanyl in a powder sample recovered in the District. This is the first occurrence of powder carfentanyl in the District, although the DC Office of the Chief Medical Examiner (OCME) found carfentanyl in toxicology results in 2017¹.

WHAT IS IT?	HOW DO I SPOT IT?	HOW DO I HANDLE IT?
<p>(U) Carfentanyl is a fentanyl analog² that is approximately 100 times more potent than fentanyl and approximately 10,000 times more potent than morphine. Carfentanyl is federally classified as a Schedule II controlled substance, which indicates a dangerous drug with a high potential for abuse. Carfentanyl has no acceptable medical use for humans but is commonly used as a tranquilizer for large animals like elephants.</p> <p>(U//FOUO) Opioids are typically ingested through swallowing, snorting, or injecting. The exceptionally strong potency of carfentanyl (compared with fentanyl) indicates that even a very small amount absorbed through unprotected skin would cause severe symptoms, whether exposure is on purpose or by accident.</p>  <p>(U) Figure 1. Carfentanyl Skeletal Composition</p>	  <p>(U//FOUO) Figure 2. Green bag containing the powder. Figure 3. Powder substance containing Carfentanyl. Courtesy of DFS.</p> <p>(U//FOUO) The mixture obtained by DFS contained fentanyl, heroin, carfentanyl, morphine, and cocaine. The sample was found in a green bag with roughly 100 milligrams of a green/gray powder. (See Figures 2 and 3) This powder appears somewhat similar to mixtures identified nationwide as Grey (or Grey) Death³ that also contain carfentanyl.</p> <p>(U) Carfentanyl is nearly impossible to identify when in a powder mixture without laboratory testing, therefore all first responders should exercise caution when dealing with unknown substances.</p> 	<p>(U) As carfentanyl is not safe for human consumption, the human side effects have not been studied. Carfentanyl is a synthetic opioid and pain reliever and would likely cause similar (if not stronger) symptoms to fentanyl which include, but are not limited to, pain relief, drowsiness, constricted pupils, weakness, respiratory depression, and death.</p> <p>(U) It is very likely that multiple doses of Naloxone/Narcan would be required to reverse an overdose of carfentanyl due to the high potency of the drug,⁴ however the data is limited on effective reversal treatments for carfentanyl in humans.</p> <p>(U) Never attempt to touch or handle an unknown substance without proper protection. Always follow Department guidelines and protocols for personal protective equipment.</p>

¹ US Drug Death Database in Middle Tennessee: Tennessee Justice Center 8/ August 2018. ² The Presence of Grey Death (opioids: Fentanyl) Related Threat in Houston, TX. DEA Bulletin, July 2018.
³ US Department of Justice, Drug Enforcement Agency: Officer Safety Alert: Carfentanyl - A Dangerous New Factor in the U.S. Opioid Crisis.
⁴ OCMCE found carfentanyl in seven decedents in 2017; most fatal drug overdoses involved multiple drug mixtures.
*A mixture it is compared with a structural warning (similar to that of a brown drink, but with potentially different effects on individual users).

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1. Permanent Embedded NTIC Personnel with FIU
2. FCU now has presence in NTIC and for intel outreach
3. Carfentanyl – Intel product
4. Vaping – Working on intel product

OAG (SAFE DC V. 3)

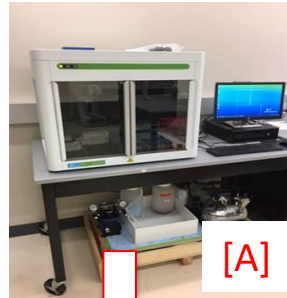


1. Synthetic Cathinones – New additions
2. Synthetic Cannabimimetic Agents (SCA) – No changes
3. Synthetic Opioids – New category / additions

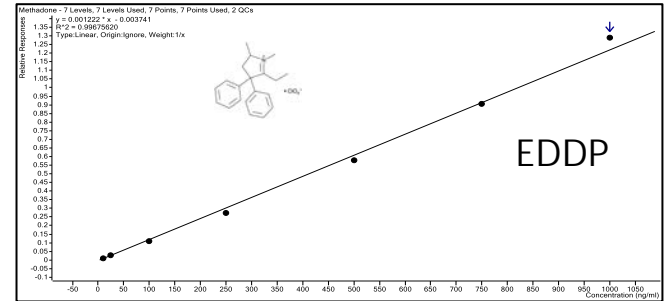
DEVELOPING CLINICAL TOX



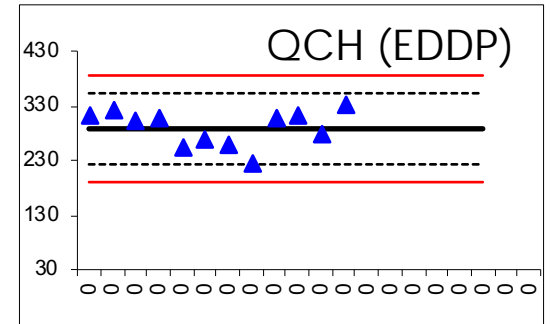
CTU Team (Clinical Drug Monitoring):
(left to right):
Olin Jackson, Dr. Justin Jacob,
Glen Taylor, and Abigail Meyer



[A]

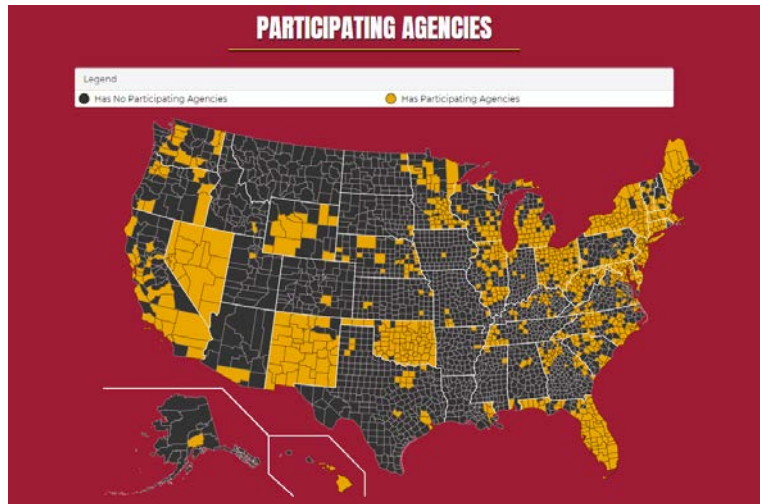


[B]



Methadone and EDDP Quantitation (Urine)
[A] Solid Phase Extraction
[B] GC-MS Analysis (D3-EDDP ISTD)

DC JOINS ODMAP



- ▶ ODMAP alerts users when an overdose spike occurs in real time, allowing for a rapid response strategy.
- ▶ Start soon: FEMS data inputted in middle November
- ▶ Plan: DC PHL to be pilot lab for lab-based data (8 months to year)



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LIVE.LONG.DC

Social Marketing Campaign

October 30, 2019



Campaign Fundamentals*

PUBLIC HEALTH GOAL and Objective

- Reduced opioid use, misuse, and related deaths through the use of social marketing.
 - Opioid related deaths reduced by 50% by 2020

PUBLIC EDUCATION GOAL

- Reduced stigma and skepticism about treatment (“MAT works”) and recovery (“recovery is possible”).

SOCIAL MARKETING GOALS

Phase 1 (Current)	Phase 2	Phase 3	Phase 4
<ul style="list-style-type: none"> • Increased use of DC opioid addiction treatment services • Awareness among stakeholders about availability of DC opioid addiction treatment services 	<ul style="list-style-type: none"> • Increased use of harm reduction strategies (e.g., using together, using test strips, carrying Naloxone) 	<ul style="list-style-type: none"> • Increased number of users who are moving from treatment into recovery in DC 	<ul style="list-style-type: none"> • Reduced number of at-risk individuals who start using opioids

* Campaign fundamentals based on the Transtheoretical Model (Stages of Change) of Behavior Change and Social-Ecological Model.



ENGAGE
Strategies

Primary Audience: Heroin and other opioid users

Phase 1 (Current)	Phase 2	Phase 3	Phase 4
<ul style="list-style-type: none">• Active heroin users who are ready to seek treatment. This audience segment tends to be<ul style="list-style-type: none">• older, African American male• Have been using for more than 10 years• Clustered in Wards 5,7, and 8	<ul style="list-style-type: none">• Active heroin users who are ready to adopt harm reduction strategies	<ul style="list-style-type: none">• Former heroin users who are in treatment and are ready to move into recovery	<ul style="list-style-type: none">• Individuals who are at risk of using opioids

Secondary Audiences: DC Residents

Phase 1 (Current)	Phase 2	Phase 3	Phase 4
<ul style="list-style-type: none">• Professionals and community partner leadership and staff who can support active users seeking treatment services• Stakeholders who have a vested interest in reducing opioid-related deaths within DC	<ul style="list-style-type: none">• Professionals and community partner leadership and staff who can support active users who adopt harm reduction strategies• Friends and family of heroin users who are ready to seek treatment or adopt harm reduction strategies	<ul style="list-style-type: none">• Friends and family of former heroin users who are in treatment and moving into recovery	<ul style="list-style-type: none">• TBD

Phase 1 Strategies

Tell

- Tell real stories about drug use, treatment, and recovery to address stigma and skepticism.
- Encourage active heroin

Encourage

- users to seek treatment through the HelpLine (1-888-793-4357) or visit the

Equip

- Assessment and Referral Center (ARC).
- Equip professionals who interact with active heroin users to encourage active users who are ready to call

Educate

- HelpLine or visit the ARC.
- Educate audiences about the type and success rates of treatment options (MAT, counseling, etc).

Inform

- Inform stakeholders about the DC resources and efforts by placing campaign messages and materials in channels they access.



Channel	Active Users Who Are Ready	Professionals and Community Partners	Stakeholders
Advertising (Traditional & Digital)	Outdoor, primarily transit and shelter ads Paid print, primarily community newspaper Paid radio, (ex. Radio One & WHUR). Paid inhouse ads (CVS, grocery, etc.)	Paid radio (ex. WHUR, WAMU) Outdoor, primarily transit and shelter ads in other wards Paid digital (google, facebook, popville, dcist)	Paid radio (ex. WHUR, WAMU) Outdoor, primarily transit and shelter ads in other wards Paid digital (google, facebook, popville, dcist)
Print Materials	Posters, flyers, palm cards	Hand-delivered marketing kits with accompanying instructions and training and TA Communication kits for use in organization’s strategic communication activities	Fact sheets, policy briefs, infographics
In person	Via outreach workers	Presentation(s) to Opioid Working Group	Presentation(s) to community and neighborhood group meetings
Social Media	Digital storytelling	Content via DC Government and DC Opioid Working Group Twitter, Facebook, and Instagram accounts	Content via DC Government and DC Opioid Working Group Twitter, Facebook, and Instagram accounts
Web	Online testimonials from callers to helpline and patrons of ARC Digital storytelling	Enhance LLDC website	Number of calls “ticker” on website
Earned Media	Media releases and matte articles, especially to free local papers Recovery spokespeople	Trade publications for Federally Qualified Health Clinics, food banks, and shelters Recovery spokespeople	Media release Radio media tour featuring Dr Bazron Recovery spokespeople
Special Events	Popups at clinics, food banks, and shelters Digital storytelling	Hosting or participation in popups at clinics, food banks, and shelters to hand out palm cards	
SMS (Text Messaging)	Texting service to find closest treatment clinic / nalozone		
Community Engagement	Peer educators Outreach workers (purple shirts) on the streets in the target wards handing out brochures and palm cards Stencils on the sidewalk	Visits from outreach workers to deliver posters, palm cards, and brochures	Presentation to council, neighborhood, and other policymaking bodies Community forums

Campaign Concept 1 – I’m Ready


- Model positive behavior around harm reduction, treatment and recovery by having real people own the phrase “I’m Ready”
 - Address and overcome barriers to harm reduction, treatment and recovery by varying the refrain to “I’m Ready”
 - I’m ready to stop chasing it. I’m ready to stay stopped. I’m ready to try again.
- Illustrate how DC has a continuum of resources ready to help individuals overcome their addiction when they’re ready
- Real quotes by real people, but identified only by first name, initials, neighborhood

I'M READY TO STOP CHASING IT.

When you're ready, DC has
the resources to help you
get beyond opioid addiction.

Find out how at **888-793-4357**
or **LiveLong.DC.gov**

LIVE LONG★DC
Coming together to end our opioid epidemic

 GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

Brandon P.
Anacostia



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LiveLongDC
Coming together to end our opioid epidemic

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JASMINE S. CONGRESS HEIGHTS



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**I'M READY to
stop chasing it.**

—Robert K., Barry Farms

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or online at LiveLongDC.gov



LiveLongDC
A Department of the
Office of the Mayor
LAUREL BOWEN MAYOR



I'm Ready – Next Phase

- “I'm Ready” to help
 - Profiles of individuals poised to help, conveying the range and depth of DC's commitment
 - DBH Peer Counselor: I'm Ready to help you take back control of your life.
 - FEMS EMT: I'm Ready to help you survive an overdose
 - Grubb's Pharmacist: I'm Ready to give you a naloxone kit to keep you safe
 - Bishop Owens, Greater Mount Calvary: I'm Ready to support families who have a loved one struggling with addiction
 - Unity Healthcare Doc: I'm Ready to provide comprehensive healthcare for people in recovery
 - Oxford House Resident: I'm Ready to welcome you to live with us as we recover together.



Campaign Concept 2 – LiveLong Moments

- Drawing from successful campaigns like It Gets Better, Be Here for the Cure, and pharma advertising for chronic conditions, give users concrete and achievable visions of what treatment and recovery could be like
- Using personal and iconic images of Washington DC moments, with particular emphasis on places and experiences relevant to the target audience, make tangible the reasons to “Live”
 - To enjoy a half-smoke at Ben’s, to go fishing in the Anacostia, to watch the Goodman League basketball games, to enjoy a concert at Fort Dupont, etc.





LIVE LONG FOR LIFE'S MOMENTS

WHEN YOU'RE READY, DC has the resources to help you **get beyond opioid addiction.**

Find out how at **888-793-4357**
or online at **LiveLong.DC.gov**

Lisa K.
Fort Dupont

LIVELONG★DC
Coming together to end our opioid epidemic

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



ENGAGE
Strategies

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LiveLongDC
Saving lives from opioid addiction

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Greg L.
Fort Dupont



ENGAGE
Strategies





Phased Campaign Rollout

- Phase I – November 15
 - Advertising focused directly on opioid users
 - Broad placement across all eight wards
- Phase II
 - Full social marketing campaign deployment
 - Earned and sponsored media, events, merchandise, street stencils, text, web, social, etc.
 - Additional audiences added, i.e. friends and family to address stigma

Discussion

- Identifying stories/content for Phase II
- Building the LIVE. LONG. DC brand

**LIVE
LONG** DC

Saving lives from the opioid epidemic



ENGAGE
Strategies

Pew Recommendations for Addressing the Opioid Crisis in DC

October 2019

About Pew

Pew is an independent nonprofit, nonpartisan research and policy organization. Through its Substance Use Prevention and Treatment Initiative, Pew works to advance state and federal policies that address the toll of substance misuse, including expanded access to evidence-based treatment.

Pew's work in DC is funded by a grant from the Bloomberg Philanthropies.

Our work in DC

Thank you!

Our work in DC

Four roundtables



Lived
Experience



Primary Care



Mental Health
Providers



SUD Treatment
Providers

Our work in DC

100+ Meetings

Who We Met With

Providers  31

District Agencies  10

Councilmembers and staff  6

Associations  5

Other Policy Organizations  5

Payers  2

Goal

The District of Columbia has a high quality, easy to access, integrated public opioid use disorder (OUD) treatment system which addresses the changing needs of the whole person and supports recovery.

- *How should consumers access the treatment system?*
- *How should the District coordinate care and support care transitions?*
- *How can the District ensure quality treatment is provided?*
- *Knowing not everyone is ready for treatment, how can DC mitigate the harms of using opioids?*
- *How can the District support recovery?*

Accessing the treatment system

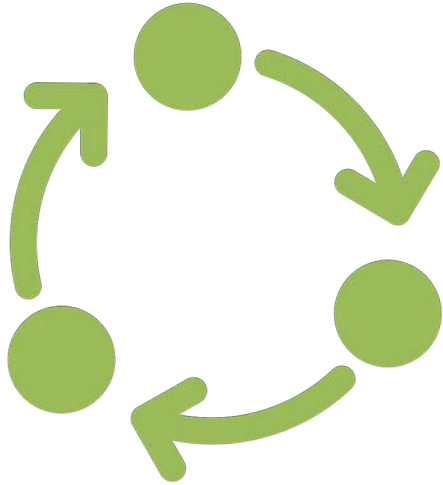
DC actively works to engage people with OUD in treatment – including hard-to-reach populations. When they're ready, patients can access appropriate care immediately and with as few financial or administrative barriers as possible.



Accessing the treatment system - Recommendations

1. No wrong door
2. Coordinated outreach services
3. 24/7 access to care

Integrating care and supporting care transitions



People with substance use disorders receive support in addressing their health needs across multiple domains – mental health, substance use disorder treatment, physical health care, and social determinants of health. As their treatment needs change, they can seamlessly access the appropriate type of care.

Integrating care and supporting care transitions - Recommendations

1. Develop a care coordination approach
2. Facilitate data sharing
3. Integrate primary care into methadone treatment
4. Make it easier to provide co-occurring services

Ensuring Quality

OUD treatment services at the system and provider level are high quality, defined as care that is safe, effective, patient-centered, timely, efficient, and equitable.



Ensuring Quality - Recommendations

1. Require residential SUD treatment facilities to offer medications for OUD on-site

Reducing harm



Realizing not all SUD patients may be ready for treatment, DC pursues policies that mitigate the adverse impacts of prolonged drug use. By meeting individuals where they are at and giving them agency during their treatment, these approaches promote compassion as well as prolonging and saving lives.

Reducing harm - Recommendations

1. Add bystander protections to the Good Samaritan Law to encourage calling 911
2. Make it easier for community based organizations to distribute naloxone

Supporting recovery

People with OUD receive support for their recovery through a treatment system which addresses their individual needs, including social determinants of health, so they can reach their full potential.



Supporting recovery

1. Incentivize new private sector partners to contribute to developing housing and reducing homelessness.



Questions?

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