

**OPIOID
ABATEMENT**
Advisory Commission

**Opioid Abatement
Advisory Commission
Meeting
October 16, 2024**

AGENDA

- I. Welcome and Introductions**
- II. Call to Order**
- III. Quorum Declaration**
- IV. Approval of Minutes**
- V. Office of Opioid Abatement Report**
- VI. Subcommittee Reports**
- VII. New Business**
- VIII. Public Comment**
- IX. Adjournment**

The logo features a white circle on a dark blue background. Inside the circle, the text "OPIOID ABATEMENT" is written in a bold, blue, sans-serif font. Below it, "Advisory Commission" is written in a smaller, black, sans-serif font. A thin horizontal line is positioned below the text.

**OPIOID
ABATEMENT**
Advisory Commission

Office of Opioid Abatement: Director's Update

Opioid Abatement Fund Update

Initiative	Organization	Total Amount Obligated	Status
Prevention Media Campaign	Octane Public Relations	\$400,000.00	FY25 Continuation
Expansion of Youth Treatment Services	Children's National Medical Center	\$830,076.00	FY25 Continuation
FEMS Overdose (Peer) Response Team	FEMS	\$499,049.11	FY25 Continuation
District of Columbia Prevention Center Youth Prevention Leadership Corps Expansion	Bridging Resources and Communities	\$125,000.00	FY25 Continuation
	Latin American Youth Center	\$125,000.00	FY25 Continuation
	National Capital Coalition to Prevent Underage Drinking	\$125,000.00	FY25 Continuation
Housing Services for Post-SUD Treatment and Abstinence Based Housing	Samaritan Inns	\$305,640.00	FY25 Continuation

Opioid Abatement Fund Update

Initiative	Organization	Total Amount Obligated	Status
Transformers (East of the River Opioid Abatement Initiative)	Anacostia Coordinating Council	\$1,583,651.00	FY25 Continuation
District of Columbia Peer-Operated Center Community Engagement and Workforce Development Enhancement	DC Recovery Community Alliance	\$125,000.00	FY25 Continuation
	Dreamers and Achievers	\$125,000.00	FY25 Continuation
	Total Family Care Coalition	\$125,000.00	FY25 Continuation
Targeted Outreach- Ward 6	HIPS	\$200,000.00	FY25 New Award
Targeted Outreach- Ward 8	Family Medical Counseling Services	\$200,000.00	FY25 New Award
Office of the Chief Medical Examiner (OCME) Forensic Toxicology Testing of Opioid Overdose Samples	OCME	\$400,000.00	FY25 New Award
School-Based Behavioral Health Student Peer Educator Pilot Program	Young Women's Project	\$325,000.00	FY25 New Award

Opioid Abatement Fund Update

❑ FY25 New Grant Updates:

- Opioid Strategic Impact Grants
 - \$8,323,696 for 23 Grants Awarded
 - Decision forthcoming on Digital Contingency Management Initiative
 - All grant awards will be posted on [Office of Opioid Abatement | dmh \(dc.gov\)](https://dbh.dc.gov/page/office-opioid-abatement)
(<https://dbh.dc.gov/page/office-opioid-abatement>).
- Youth Leadership Prevention Corps Expansion in Wards 5 & 6

❑ Opioid Abatement Fund

- Total Amount Awarded: \$14,867,112
- Annual Report for Fiscal Year 2024 due by 12-31-24

Office of Opioid Abatement

❑ Staffing Update:

- Newly hired Grants Management Specialist of the Office of Opioid Abatement: Tracy Bushee.



SUBCOMMITTEE REPORTS



NEW BUSINESS

“Homeless De-Encampment Re-Organization“: FQHC Involvement

Coryn Mayer, MS, BSN, RN
Medical Adherence Nurse Care Manager
Whitman-Walker Health Clinic
Georgetown University, Addiction Policy and Practice



GEORGETOWN UNIVERSITY

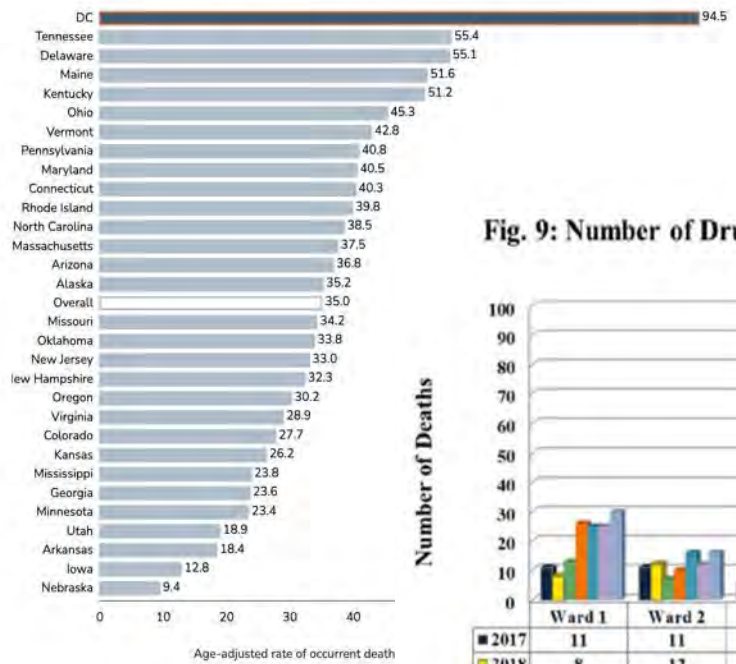


DC Opioid Crisis - SUDORS

What drugs were involved in overdose deaths in 2022, DC? DC 2022

Rate² of overdose deaths by state and drug or drug class

- All Drugs
- Any Opioids³
- Illegally-made Fentanyl⁴
- Heroin⁵
- Prescription Opioids⁶
- Any Stimulants⁷
- Cocaine
- Methamphetamine
- Benzodiazepines⁸
- Non-opioid Sedatives⁹



¹ Scale of the chart may change based on the data presented

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

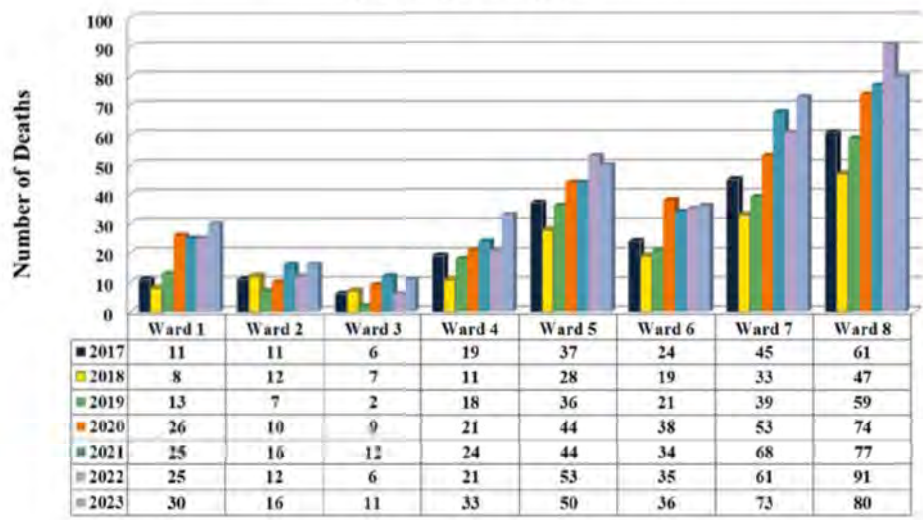


Fig. 5: Drug Overdoses due to Opioid Use by Age

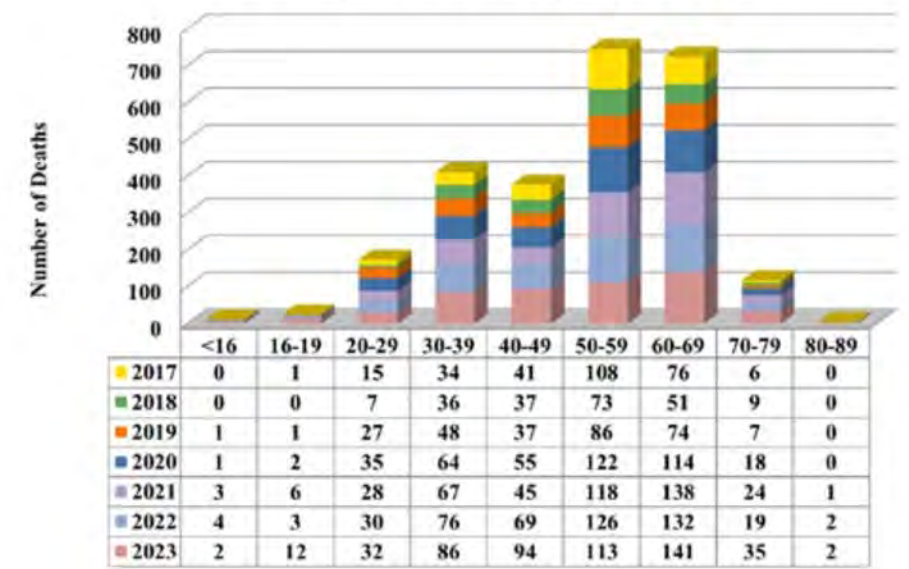
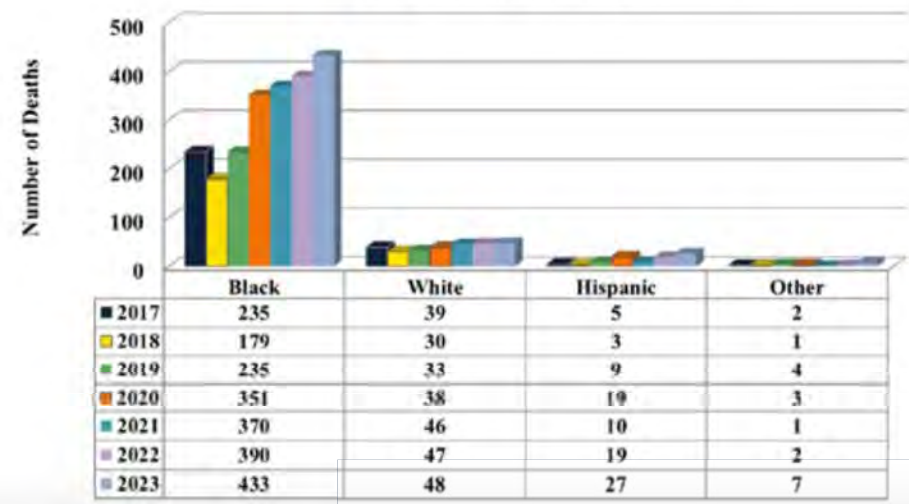


Fig. 6: Number of Drug Overdoses due to Opioid Use by Race/Ethnicity and Year



DISTRICT OF COLUMBIA FIRE AND EMS DEPARTMENT

Suspected Opioid Cases: ALL CASES (03/01/2021 to 04/01/2021)

What is SMART Immediate Care?

Sexual Medicine and Acute Rapid Treatment: The SMART Immediate Care is expanding our long running Sexual Health program (formerly Gay Men's Health and Wellness) and combining it with more availability for same-day acute appointments.

- **Sexual Medicine:** Expanded hours for sexual health, STI testing and treatment appointments, Fast access to PEP and PrEP. Same day care for those newly diagnosed with HIV – our “Red Carpet” service.
- **Acute:** New problems that just started within the last two weeks. Great for when you are sick.
- **Rapid:** Walk-in availability daily – first come, first served. Same-day and next-day appointments are also available.
- **Treatment:** When you need it. Open to new and established patients.

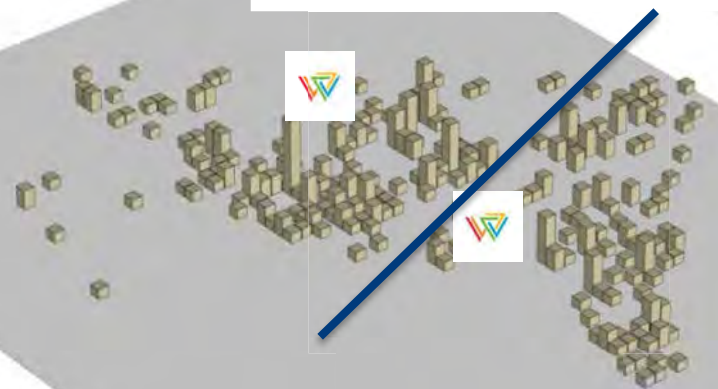
50
40
30
20
10
0

SCALE: ALL Cases

CASE COUNT: 345

CASES: 100%

WARD	CASES
W-1	40
W-2	21
W-3	6
W-4	22
W-5	67
W-6	57
W-7	63
W-8	69
NO-ID	N/A
ALL	345



GRID COUNT: 236

GRID: 11%

WARD	% CASES
W-1	12%
W-2	6%
W-3	2%
W-4	6%
W-5	19%
W-6	17%
W-7	18%
W-8	20%
NO-ID	N/A
ALL	100%

THERE IS NO EVIDENCE ILLICIT DRUG SUPPLY WILL REDUCE IN LETHALITY

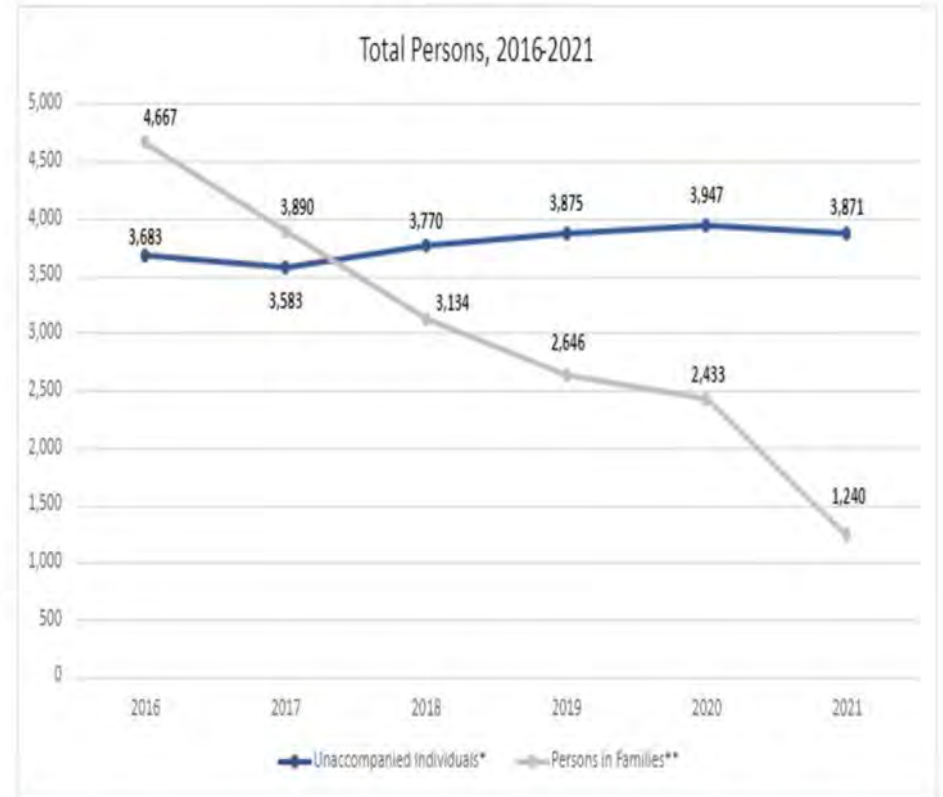
- Fentanyl
- Carfentanil
- Xylazine
- Nitazenes



Together, an increased risk of health care problems and barriers to treatment mean those who are homeless [die 12 years earlier](#), on average, than the general population in the United States.

Data obtained by Street Sense from the medical examiner's office shows at least 84 people died while homeless in 2023. About 62% of those deaths were accidental due to intoxication, which includes overdoses. Just 14% of deaths this year were due to natural causes, down from 22% last year. Four people were [victims of homicide](#) in 2023.

Xylazine



The numbers of persons in families has decreased by 73.4% since 2016, while the number of unaccompanied individuals has increased by 5.1% since 2016.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

ADMINISTRATIVE ISSUANCE SYSTEM

Mayor's Order 2023-141
November 13, 2023

SUBJECT: Declaration of Public Emergency: Opioid Crisis and
Declaration of Public Emergency: Juvenile Crime

ORIGINATING AGENCY: Office of the Mayor

By virtue of the authority vested in the Mayor of the District of Columbia pursuant to section 422(11) of the District of Columbia Home Rule Act, approved December 24, 1973, 87 Stat. 790, Pub. L. No. 93-198, D.C. Official Code § 1-204.22(11), in accordance with section 5 of the District of Columbia Public Emergency Act of 1980, effective March 5, 1981, D.C. Law 3-149, D.C. Official Code § 7-2304, it is hereby **ORDERED** that:

I. FINDINGS: NATURE AND SCOPE OF EMERGENCIES RELATING TO OPIOIDS AND YOUTH VIOLENCE

- A. As the District of Columbia assesses the lingering effects of the COVID-19 pandemic and plans for and facilitates a strong comeback for our students and residents of every age, our businesses, our neighborhoods, and our cultural lives, two separate issues have persisted and worsened to crisis levels: a deadly opioid epidemic and youth violence.
- B. Although each of these urgent situations is, to some extent, geographically concentrated, the nature of the two emergencies demands citywide responses.

VI. EMERGENCY MEASURES AND REQUIREMENTS FOR BOTH PUBLIC EMERGENCIES

A. Expedited Procurement to Respond to the Public Emergencies

1. District agencies may, without regard to established operating procedures, enter into contracts, incur obligations, employ temporary workers, rent equipment, purchase supplies and materials, and expend and reprogram public funds to respond to the emergencies declared by this Order.
2. Although the requirements of the Procurement Practices Reform Act of 2010, effective April 8, 2011, D.C. Law 18-371, D.C. Official Code §§ 2-351.01 *et seq.*, the Small and Certified Business Enterprise Development Assistance Act of 2005, effective October 20, 2005, D.C. Law 16-33, D.C. Official Code §§ 2-218.01 *et seq.*, and other procurement laws may be suspended or modified as provided by this Order, District agencies should attempt, consistent with effective emergency response, to secure competitive and economic bids and afford opportunities consistent with those laws to certified business enterprises.

B. **Financial Assistance to Support the Public Emergencies Response**

1. Notwithstanding any District law governing procurements, contracts, grants, partnerships, finances, the incurring of obligations, the making of expenditures, or the disbursement of funds, the Chief Financial Officer is authorized to approve disbursement of all appropriations necessary to carry out this Order and to make disbursements consistent with those approvals.
2. The City Administrator is authorized to apply for financial assistance through any federal, private, or nonprofit source, and any other appropriate agencies of the United States government to recoup expenditures incurred, or obtain funding needed to carry out necessary actions, under this Order.

C. **Intragovernmental Support**

1. District agency directors are authorized to activate, implement, and coordinate mutual aid agreements between the District and federal, state, or local jurisdictions, as appropriate to assist in the District's response to both public emergencies.
2. This Order shall apply to all departments, agencies, and instrumentalities of the District Government as necessary or appropriate to implement this Order.
3. The City Administrator is authorized to implement such other measures as may be necessary or appropriate to implement this Order.

Street Sweeps Increase Costs

It is well known that addictions are associated with homelessness and crime related to discrimination, lack of treatment access, and altered mental status resulting in behaviors classified as criminal activity (Latimore, Afshar, et al., 2023; Latimore, Schoyer, et al., 2023)

One study showed 57% of DC unhoused population has a past history of incarceration (Coventry, 2020). Lack of access to health care and housing increases the risk of overdose (Latimore, Afshar, et al., 2023; Latimore, Schoyer, et al., 2023).

It is also recognized that DC residents are concerned with open drug use and public space contamination, often resulting in police encounters and “street sweeps,” resulting in increased incarceration and displacement (Golden, 2024; Iannelli, 2021).

Thus, street sweeps result in increased chronic disease progression, infectious disease transmissions, SUDs, and physical and mental injuries, of which increases overall health care costs (Qi et al., 2022).

Addressing medical and social needs deter people from committing crimes & decrease ER admissions



D.C. officials scramble to spend as emergency order on opioids lapses

The District's deputy mayor overseeing health says Mayor Muriel E. Bowser (D) will relaunch the public health emergency as overdoses continue to reach historic highs

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Narcan kits. Narcan is a medication that can save someone's life by reversing the effects of an opioid overdose. (Michael S. Williamson/The Washington Post)



By Jenna Portnoy

February 18, 2024 at 6:00 a.m. EST

BIG PICTURE - Field Hospital

Steps

- (1) reauthorization opioid crisis w/ housing crisis modification
- (2) Mayor coordinates with federal government to organize field hospital with partnerships from FQHCs and academic health centers
- (3) Deploy and fund FQHC jobs to sustain
- (4) Secure parameters
- (5) Triage medical, legal, and social needs

There is no reason the opioid and housing crisis should be treated differently than other public health emergencies.



Review of the Literature

While there are examples of government and civilian-led initiatives which provide medical services within encampments and field hospitals, there are few published studies documenting its use (K. A. Lynch et al., 2023; Owens et al., 2022; Street Medicine Institute, 2024).

- During the COVID-19 pandemic, the Veterans Administration Greater Los Angeles Healthcare System initiated an innovative medicine program housed within an encampment (Owens et al., 2022).
- The program provided primary care services, 24/7 security, stable tents, 3 meals per day, unlimited water, hygiene stations, face masks, showers, and housing placement services (Owens et al., 2022).
- Residents were assessed and provided with multiple specialty services (e.g. primary care, psychiatry/addiction medicine, dermatology, infectious diseases) which was made available via telehealth technologies, demonstrating successful team collaboration and telehealth integration (Owens et al., 2022).



Stakeholders



MHOHJ

Georgetown-Howard
Center for Medical
Humanities and
Health Justice

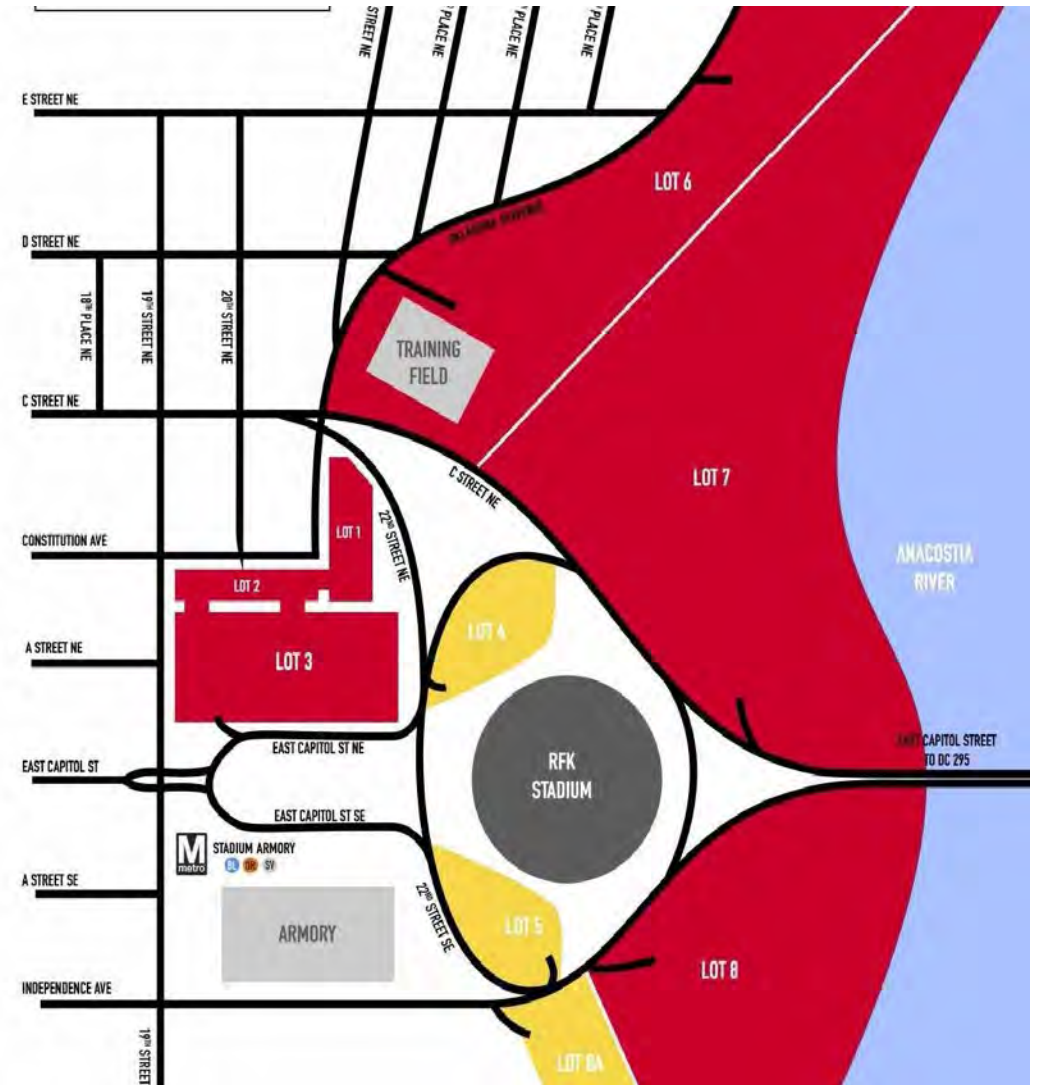
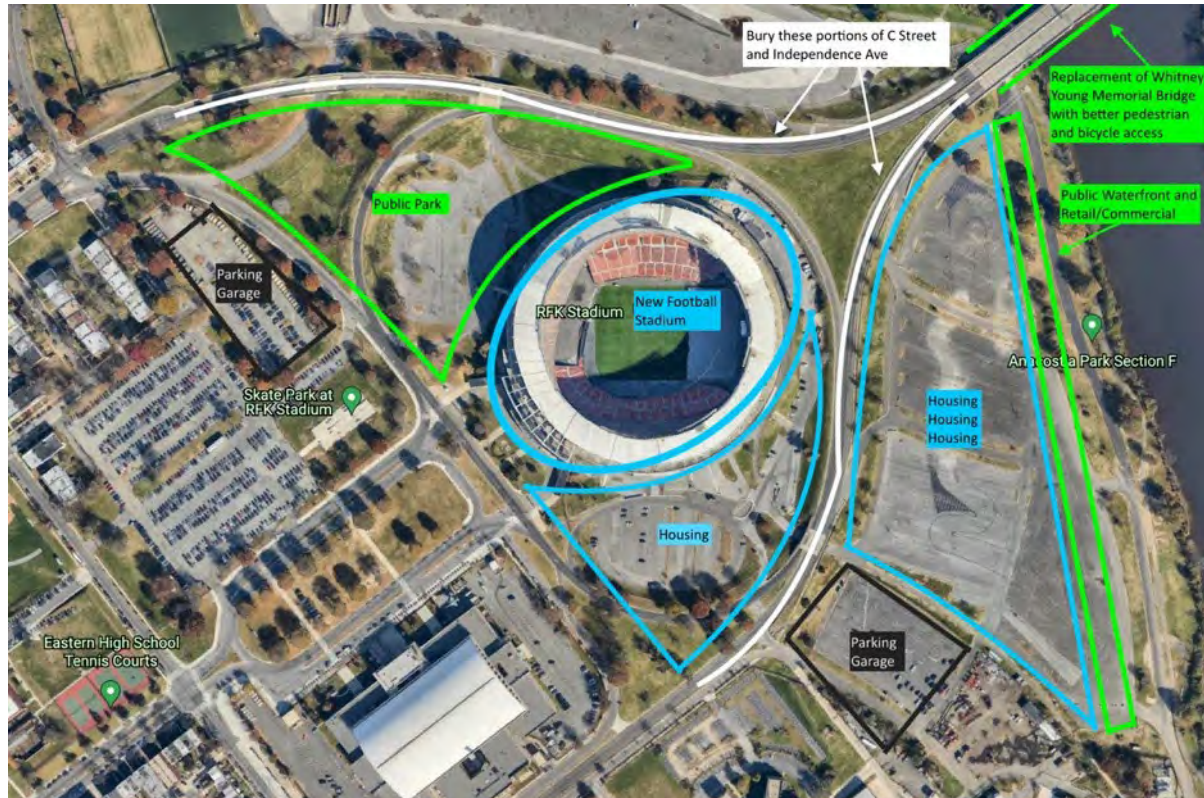


WHITMAN-WALKER



GEORGETOWN UNIVERSITY

Old RFK parking lot



SMALL PICTURE - SOR for jobs

... with WWH, as a stakeholder, for us to take part in greater community initiatives, **we would need more funding towards our SUD department, SMART clinic for RAPID SUBOXONE, and our Moore Program (WWH on wheels, community based)**

We cannot expand SUD department and services due to funding limitations.

Also, medical adherence services cannot be billed, which would an amendment to DC Medicaid and CMS.

JAMA Psychiatry | [Original Investigation](#)

Estimated Number of Children Who Lost a Parent to Drug Overdose in the US From 2011 to 2021

Christopher M. Jones, PharmD, DrPH, MPH; Kun Zhang, PhD; Beth Han, MD, PhD, MPH; Gery P. Guy, PhD, MPH; Jan Losby, PhD; Emily B. Einstein, PhD; Miriam Delphin-Rittmon, PhD; Nora D. Volkow, MD; Wilson M. Compton, MD, MPE

[Supplemental content](#)

IMPORTANCE Parents' overdose death can have a profound short- and long-term impact on their children, yet little is known about the number of children who have lost a parent to drug overdose in the US.

OBJECTIVE To estimate the number and rate of children who have lost a parent to drug overdose from 2011 to 2021 overall and by parental age, sex, and race and ethnicity.

DESIGN, SETTING, AND PARTICIPANTS This was a cross-sectional study of US community-dwelling persons using data from the National Survey on Drug Use and Health (2010-2014 and 2015-2019) and the National Vital Statistics System (2011-2021). Data were analyzed from January to June 2023.

EXPOSURE Parental drug overdose death, stratified by age group, sex, and race and ethnicity.

MAIN OUTCOMES AND MEASURES Numbers, rates, and **average annual percentage change (AAPC)** in rates of children losing a parent aged 18 to 64 years to drug overdose, overall and by age, sex, and race and ethnicity.

RESULTS From 2011 to 2021, 649 599 adults aged 18 to 64 years died from a drug overdose (mean [SD] age, 41.7 [12.0] years; 430 050 [66.2%] male and 219 549 [33.8%] female; 62 606 [9.6%] Hispanic, 6899 [1.1%] non-Hispanic American Indian or Alaska Native, 6133 [0.9%] non-Hispanic Asian or Pacific Islander, 82 313 [12.7%] non-Hispanic Black, 485 623 [74.8%] non-Hispanic White, and 6025 [0.9%] non-Hispanic with more than 1 race). Among these decedents, from 2011 to 2021, an estimated **321 566 (95% CI, 276 592-366 662) community-dwelling children lost a parent aged 18 to 64 years to drug overdose**. The rate of community-dwelling children who lost a parent to drug overdose per 100 000 children increased from 27.0 per 100 000 in 2011 to 63.1 per 100 000 in 2021. The highest rates were found among children of non-Hispanic American Indian or Alaska Native individuals, who had a rate of 187.1 per 100 000 in 2021, more than double the rate among children of non-Hispanic White individuals (76.5 per 100 000) and non-Hispanic Black individuals (73.2 per 100 000). **While rates increased consistently each year for all parental age, sex, and race and ethnicity groups, non-Hispanic Black parents aged 18 to 25 years had the largest AAPC (23.8%; 95% CI, 16.5-31.6)**. Rates increased for both fathers and mothers; however, more children overall lost fathers (estimated 192 459; 95% CI, 164 081-220 838) than mothers (estimated 129 107; 95% CI, 112 510-145 824).

CONCLUSIONS AND RELEVANCE An estimated 321 566 children lost a parent to drug overdose

Author Affiliations: Substance Use Medicine, Johns Hopkins University, Baltimore, MD

Conclusion

Policy:

1. Reauthorization of the opioid crisis public health emergency law, establish field hospitals
2. DC Medicaid amendment to bill for civil legal services
3. DC Medicaid amendment to bill for medical adherence services
4. Use Abatement / SOR grants to create FQHC jobs and financially support community outreach so our efforts can be sustainable

Practice: Streamline medical and social services to the community to reduce drug demand, overdose deaths, and biohazards.



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- Jen Loken
- Regina LaBelle

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DISTRICT OF COLUMBIA
ONEBOX™ INITIATIVE
RESPONSE, PREVENTION, AND
EDUCATION

DR. SUSAN MARGARET MURPHY
DRUG INTERVENTION INSTITUTE



District of Columbia & Drug Related Overdose (Not “New News”)

- Disproportionately impact men
- Disproportionately impact black men (8 of 10 overdose deaths)
- Only WV outpaced DC in the rate of fatal overdose from all drugs
- More people dying from OD than homicide (three times more)
- Significant increase in non-fatal overdose
- Significant impact in Wards 7 & 8 followed by Wards 6 & 7
- Fentanyl and polysubstance use primarily cause

Sources:

Washington Post, April 11, 2024 available at: <https://www.washingtonpost.com/dc-md-va/2024/04/11/opioids-dc-overdose-record-deaths/>

DC CME Data available at:

https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Opioid%20related%20Overdoses%20Deaths_Jan%202024.pdf



The ONEbox™

- Proximity to where ODs Occur
 - Distribution
 - AEDs/Fire-extinguishers
 - Mounts to the wall
 - Weather resistant
 - Distribution point for naloxone (refillable with your robust program)
- Immediate Training
 - Bi-lingual
 - On-Demand
- Long Form Training
 - Removing Stigma
 - Building a Community of By-Standers and First Responders



Nashville, TN

- Population → 700,000 (Urban)
- Tourists → 14.4M annually
- Overdose Deaths → 700+/Year
- Decrease of 29% in overdose deaths since deploying ONEbox™ and education per the National Metro Police Department
- Used ODMAPs to target placement (downtown bars and live music venues; unhoused populations)
- Funding Streams: Gibson Guitar, Nashville City Council, and Opioid Abatement Funds

Wilson County, NC

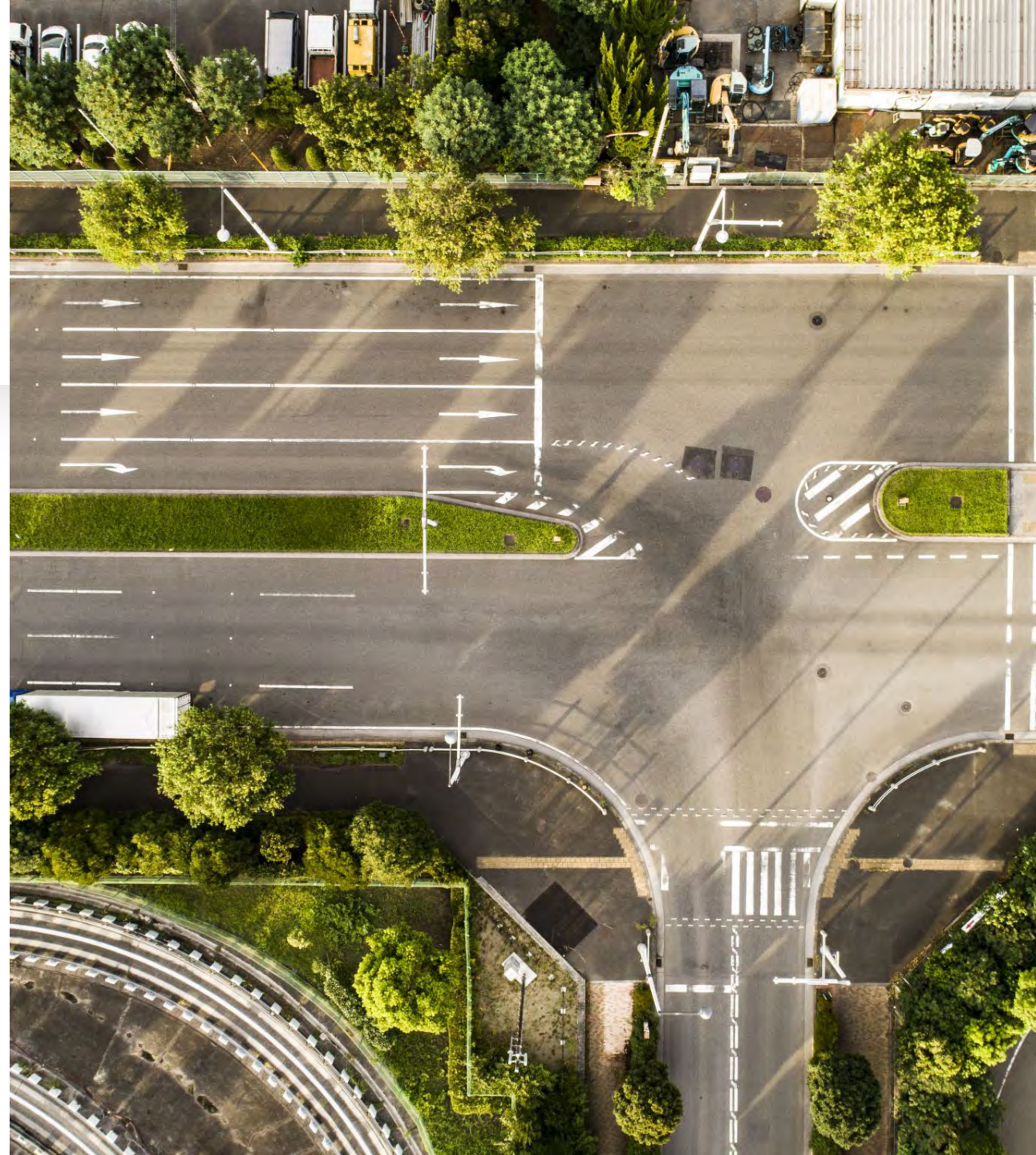
- Population → 79,000 (Rural)
- Tourists → 30-50K annually
- Overdose Deaths → 40+/Year
- Decrease of 27.8% in overdose deaths since deploying ONEbox™ in Wilson County while State of North Carolina increased 25.6% per NCDHHS
- Comprehensive community placement
- Funding Streams: State Opioid Response funding & HRSA
- Now expanding to five additional counties

District of Columbia

-
- Population → 672,000 (Urban)
 - Tourists → 25.9M annually
 - Overdose Deaths → 500+/Year
 - Increased estimate of overdose deaths for 2024 per CDC data (nationwide it's trending down 10%)
 - 72% increase of non-fatal overdoses May – June 2024 (per CDC)
 - Comprehensive community placement based on trends and ODMAPS
 - Funding Streams: State Opioid Response/Settlement

DC Deployment Proposed Plan

- 2,500 ONEboxes™
- Locations
 - K-12 Schools
 - Public Libraries
 - METRO stations, buses, & transit hubs
 - Community centers, recreation facilities, and parks
 - Bars and restaurants (**U Street Corridor, Adams Morgan, Dupont Circle, 14th Street and H Street NE**)
 - Hotels & Tourist Locations
 - Shelters, social service agencies, and MAT locations
- Neighborhoods- **Anacostia, Wards 7 & 8, Columbia Heights, Downtown, Northwest DC (Adams Morgan, U Street Corridor), Dupont Circle & Capitol Hill**





QUESTIONS & DISCUSSION



PUBLIC COMMENTS

The logo features a white circle on a dark blue background. Inside the circle, the text "OPIOID ABATEMENT" is written in a bold, blue, sans-serif font. Below it, "Advisory Commission" is written in a smaller, black, sans-serif font. A thin horizontal line is positioned below the text.

**OPIOID
ABATEMENT**
Advisory Commission

THANK YOU!

**LET'S WORK
TOGETHER AND SAVE
LIVES!**