



Overview of the Opioid Settlements

Presentation before the Opioid Abatement Advisory Commission

October 25, 2023

Settlements

- Thus far, the District has signed onto nine final settlements:
 - *Johnson & Johnson*
 - *McKesson or “The Distributors’ Settlement”*
 - *McKinsey*
 - *Mallinckrodt*
 - *Teva*
 - *Allergan*
 - *CVS*
 - *Walgreens*
 - *Walmart*

General Terms

- Injunctive and monetary relief
- The monetary relief provisions:
 - Require the defendants to pay a certain amount over a certain number of years; and
 - Require the jurisdictions receiving funds to spend the bulk of the funds on opioid abatement activities.

Funding for Opioid Abatement Activities

- Under the nine final agreements, we expect to receive ~\$80 million by 2039.
- If the tentative bankruptcy settlement with Purdue Pharma is upheld, the District could receive another ~\$30 million; there may also be additional settlements that will bring in more funds.
- The funds generally must be deposited into the Opioid Abatement Fund (OAF).
- Funds in the OAF must be used to support opioid abatement activities.

Funding for Opioid Abatement Activities

- To date, \$13,956,057.81 has been deposited into the OAF.

Defendants	Amount Received
McKinsey	\$990,289.29
McKesson	\$5,976,636.06
Johnson & Johnson	\$6,713,766.91
Mallinckrodt	\$275,365.55
Total	\$13,956,057.81

- We expect several million more will be deposited into the OAF by the end of FY24.

Restrictions on the Funds

- Under the Opioid Litigation Proceeds Act, the OAF may be used for eight specified purposes:
 1. Conducting district-wide needs assessments;
 2. Providing grants to support evidence-based and evidence-informed prevention, treatment, recovery, and harm-reduction programs and services;
 3. Funding infrastructure to support those programs and services;

Restrictions on the Funds

4. Evaluating the effectiveness of the use of the funds;
5. Providing publicly available data interfaces;
6. Funding the activities and operations of the Commission and the Office of Opioid Abatement;
7. Conducting statutorily required audits of the OAF; and
8. Supporting any other activities authorized by a settlement or judgment that results in funds being deposited into the OAF.

Restrictions on the Funds

- Must be used for prospective purposes only;
- Must be used to supplement, not supplant, funds for opioid abatement;
- In making grant recommendations, the Commission must consider, for the area a prospective grantee seeks to serve:
 - the per capita rate of opioid use disorders;
 - the per capita rate of opioid overdose deaths;
 - disparities in access to care and health outcomes; and
 - the infrastructure, programs, and services already available.

Restrictions on the Funds

- Key takeaways regarding applicable settlement terms:
 - The bulk of the funds must be spent on opioid remediation;
 - The agreements vary to some degree, but all give the Commission considerable discretion to decide how to use the funds to best address the District's unique needs in confronting the opioid crisis.

McKesson Agreement as an Example

“Opioid Remediation” is defined broadly to mean:

“Care, treatment, and other programs and expenditures ... designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. ...

Qualifying expenditures may include reasonable related administrative expenses.”

Exhibit E includes a list of approved abatement strategies and “core” strategies that are to be given priority.

Reporting Requirements

- Under the Opioid Litigation Proceeds Act, DBH must submit year-end reports detailing how the funds in the OAF were used during the preceding fiscal year.
- The reports must be made public on the Office of Opioid Abatement's website.
- The first report is due December 31, 2023.

Reporting Requirements

- The reports must include, among other things:
 - An accounting of the OAF's deposits and expenditures;
 - A listing of all grant applications;
 - Information about each grant made;
 - The criteria used to select each grant;
 - Information about the progress towards achieving the purposes of the OAF, Commission, and Office of Opioid Abatement (i.e., improvements in outcomes).

Questions?



LIVE.LONG.DC.

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

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

October 25, 2023

LIVE.LONG.DC (LLDC) is the District of Columbia's blueprint for **mobilizing the community to combat the opioid crisis with urgency and coordinated, sustained strategies** for evidence-based prevention, intervention, harm reduction, treatment and recovery.

- **Rooted in and strengthens the work of community leaders and organizations** working—many for decades—for safe and healthy neighborhoods.
- **Person centered**
- Works through the **lens of cultural competency** and advancing **health equity**.



- Cross government action including the OCME, FEMS, MPD, DC Health, and the public schools
- 39+ community-based organizations, hospitals, health clinics, peer-operated centers, providers and faith institutions are implementing LLDC strategies and activities
- Four ward-based Prevention Centers conduct youth-focused education and training.
- Ward-level planning and coordination to focus activities, amplify work, and address any barriers to care
- Regular meetings of LLDC partners in quarterly summits and monthly workgroups

Changing the Landscape

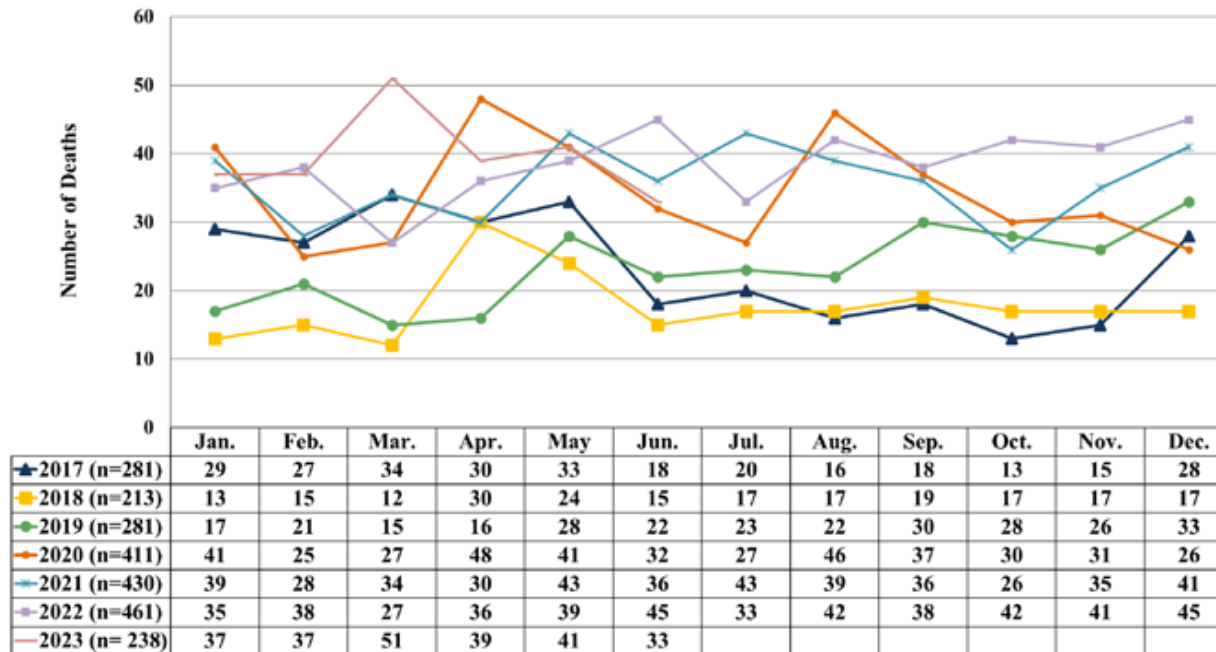


- Rapid access to treatment through multiple ways, i.e., hospital emergency departments, public schools, health clinics, primary care practices, DC Jail
- Expanded access to medication assisted treatment
- An ecosystem of harm reduction is preventing opioid related deaths and mobilizing the community to fight the opioid epidemic.
- A culture of awareness of substance use disorder as a disease and reduced stigma around addiction with growing leadership from the faith-based community.
- New recovery supports
- Peers throughout the system of care
- Robust overdose surveillance allows rapid response and individual engagement
- Access points throughout the criminal justice system

Overdose Deaths in DC

Demographics of Opioid Overdose Deaths

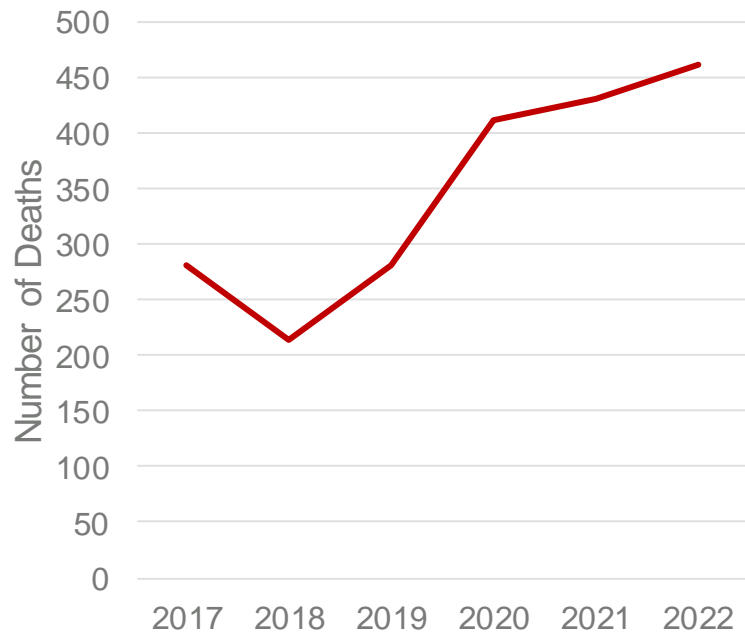
Fig. 1(b): Number of Drug Overdoses due to Opioid Use by Month and Year (N=2315)



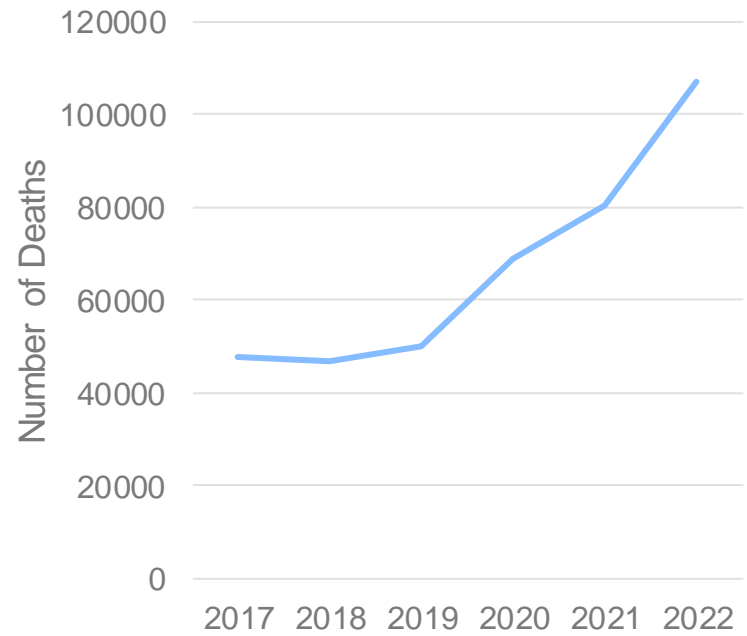
85% Black
72% ages 40-69
76% male
14% unhoused
17% lived in other states/residence unknown

DC Overdose Deaths Compared to US Deaths

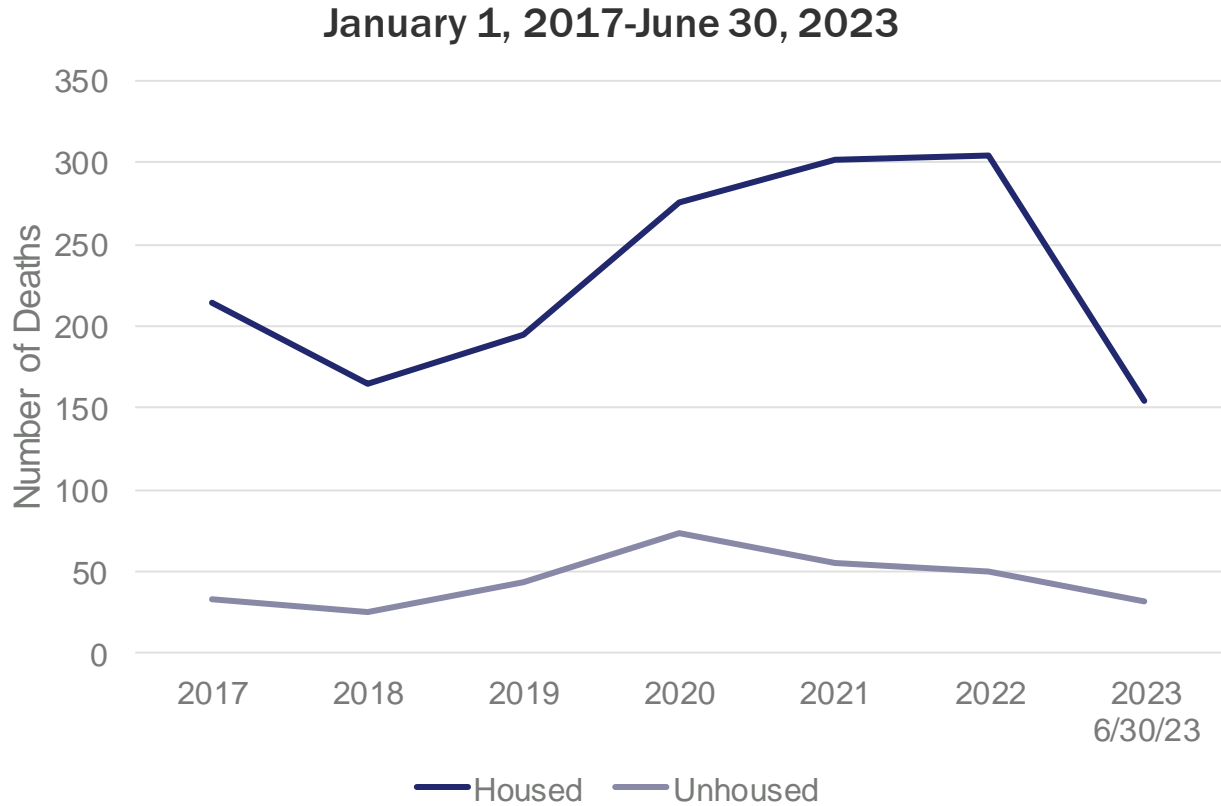
DC Opioid Overdose Deaths



US Opioid Overdose Deaths



Opioid Overdose Deaths: DC Residents Only



Saving and Changing Lives

Reported Naloxone Suspected Overdose Reversals

***5,267**

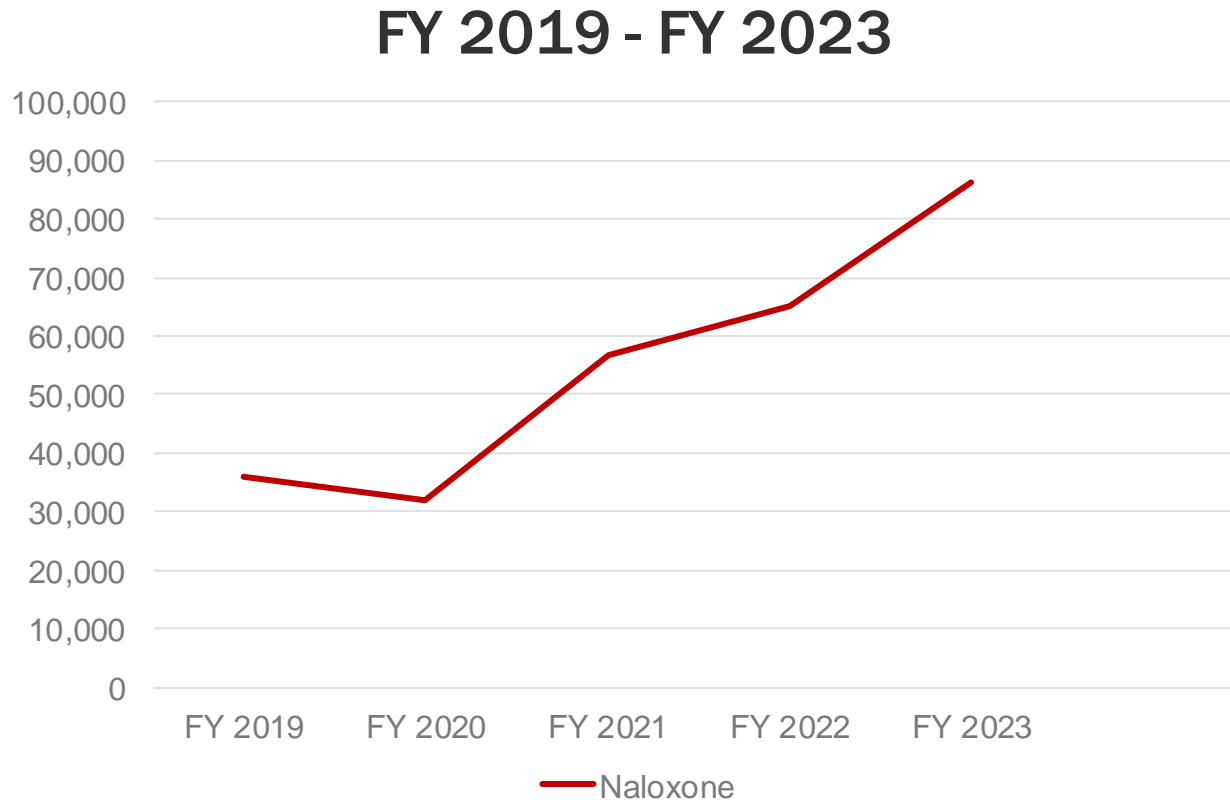
*MPD & community partners data from 10/1/2019-7/31/23
FEMS data from 3/28/22-7/31/23 only

Harm Reduction



- Free naloxone and fentanyl and xylazine test strips
- Mobile van conducts screenings, assessments, and referrals
- Outreach teams
- Syringe services
- Vending machines
- New DC Stabilization Center opening in the next few weeks

276,000 Naloxone Kits Distributed



276,071 naloxone kits distributed 134 distribution partners—community organizations, pharmacies, and individuals. Plus, delivery or mail by text request.

Treatment and Recovery

Once I was given the
OPPORTUNITY TO GET CLEAN,
I knew that I could stay clean.

TREATMENT WORKS. RECOVERY IS POSSIBLE.

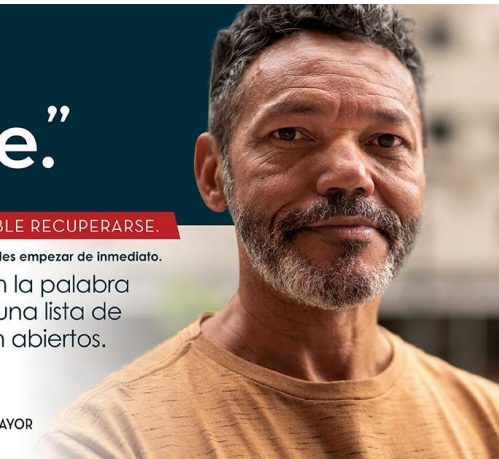
**“This time, it’s
different.”**



**“Esta vez es
diferente.”**

EL TRATAMIENTO FUNCIONA. ES POSIBLE RECUPERARSE.

Cuanto estés listo o lista para intentarlo de nuevo, puedes empezar de inmediato.
Envía un mensaje de texto con la palabra
READY al **888-811** para recibir una lista de
sitios de tratamiento que están abiertos.



- 2,000+ DC residents are managing their opioid use disorder with medication and counseling
- 16% increase in FY 22 driven by increased buprenorphine treatment by primary care practices
- 882,738 screenings in hospital emergency departments since 2019
- 24/7 access to treatment
- 24/7 access to crisis counselors and crisis beds
- Treatment units in the DC Jail
- Four Peer-Operated Centers offer peer and social supports to maintain recovery
- 500 individuals including 25 returning citizens live in recovery housing
- 104 individuals linked to job support
- Care management for individuals with co-occurring mental health and substance use disorders and complex physical health needs

FENTANYL
DRUGS

IS IN YOUR
meth
cocaine
pills
heroin

**BE
READY**

Text **LiveLongDC** to **888-811** to find naloxone and fentanyl test strips near you.

LIVE LONG DC
Saving lives from the opioid epidemic

DBH

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

- Training of youth and adult peer educators
- Education and prevention initiatives in public schools
- Screening in all community hospitals
- Social Marketing campaigns: Be Ready; This Time It's Different, Fentanyl Is In Your Drugs and My Recovery
- Hundreds of community events & special initiatives (International Overdose Awareness Day; Recovery Month; Drug Take Back
- Free naloxone training and education on legal protections
- DC Prevention Centers Youth Leadership Prevention Corps

Challenges and Opportunities



61% of people receiving substance use disorder treatment in FY 2022 were treated for co-occurring mental illness and have complex physical health issues

66% died in their own homes or the homes of family or friends in 2022

Fentanyl is driving overdose deaths

Impact of poverty and structural racism

Maintaining treatment and recovery for a chronic illness (35% of people who died in 2022 had a history of treatment)

Fatal overdose with no record of a prior non-fatal overdose (71% of the people who died in 2022)

17% of the people lived outside DC limiting engagement in treatment opportunities

Limited visibility into opioid use by residents who are not served by the public system

Workforce shortages

Opportunities

1. Target non-fatal overdose survivors
 - 29% of the people who died in CY22 had a non-fatal overdose prior to their fatal overdose.
 - 23% received treatment services at least once during the year
2. Identify and focus on occupations at high risk of opioid use and related death including construction and night life workers
3. Initiate medication for opioid use disorder at all levels of substance use disorder services, for example in residential facilities, to get and keep people in treatment

Gap/Needs Assessment

Gap/Needs Assessment

Prevention

- Invest in infrastructure for youth services
- Increase prevention and wellness promotion

Harm Reduction

- Expand overdose survivor outreach teams
- Expand drug-checking technology and drug supply surveillance

Treatment

- Expand 24/7 capacity for treatment services
- Create a substance use disorder unit in a skilled nursing facility
- Care coordination

Recovery

- Expand recovery housing
- Establish a peer warm line
- Integrate forensic peers throughout the criminal justice system
- Build collaboratives between behavioral health providers and community and faith-based organizations

Appendix A. Data Dashboards

Data Resources

- Multi-Agency Opioid Dashboard includes data on fatal and suspected non-fatal opioid overdose with the following factors:
 1. Demographics (age and gender)
 2. Incarceration
 3. History of substance use disorder treatment
 4. Time between overdose and prior treatment, prior substance use disorder treatment and incarceration
- DC Health Opioid Surveillance data (ODMAP)
- Department of Forensic Sciences Drug Supply and Use Trends Report
- DC Office of the Chief Medical Examiner Opioid-related Fatal Overdoses Report

Appendix B. Grantees

Grantees

Organization	Purpose
NCCPUD, Sasha Bruce, Latin American Youth Center, BRIC	Ward prevention centers
CAP, Centerpoint, East of the River, Good Success, Holy Comforter, Masjid Muhammad, New Bethel Baptist Church	Faith based outreach and engagement
Us Helping Us, Family Medical Counseling Services (FMCS), HIPS	Syringe services, outreach, harm reduction tools distribution, engagement
HIPS, Whitman-Walker Health, FMCS, Mary's Center, Leadership Council for Healthy Communities, Unity Health Care	Support expanded access/retention of treatment in health clinics
DC Hospital Association	Screening and overdose survivor referrals in emergency departments
United Planning Organization	Wellness program

Grantees

Organization	Purpose
Life's Potential Services, Mary's Center, Howard University, MBI, Hillcrest, A Little More Support, RAP	Care management for individuals at high risk of overdose
MBI	CAC interns
Catholic Charities	CAC training
Community Bridges	Stabilization Center
Howard University	Hospital-based crisis stabilization
RAP, Inc.	Community-based crisis stabilization
Oxford House	Recovery housing
Community Family Life Services, Ardan Community Living, LLC	Targeted recovery housing

Grantees

Organization	Purpose
DC Recovery Community Alliance, Dreamers and Achievers, Total Family Care Coalition, Volunteers of America	Four peer-operated centers
Community Family Life Services (Office of Victim Services and Justice Grants)	Housing for returning citizens
Unity Health Care (Department of Corrections)	Treatment and supports in the DC Jail
Bell Consulting Group, Walton & Green Consultants (Department of Corrections)	Workforce development
FEMS	Overdose survivor engagement
Yellow Cab (Department for Hire Vehicles)	Free transportation to treatment
DHCF	Training for integrated care