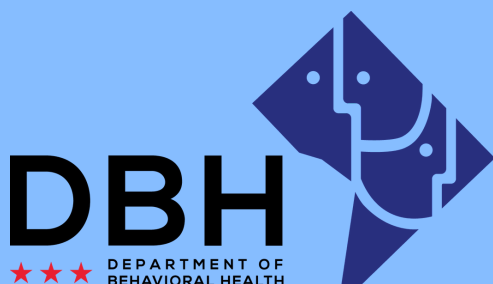




**LIVE. LONG. DC.**

**WASHINGTON, DC'S STRATEGIC  
PLAN TO REDUCE OPIOID USE,  
MISUSE, AND RELATED DEATHS**





## Letter from Mayor

### Muriel Bowser

Too many of our neighbors in Washington, DC lose their lives, or family members and friends to a substance use disorder. Many of these cases involve opioid overdoses. Our interagency, public health approach has yielded progress in saving lives and reducing fatal overdoses, but we have a lot of work left to do.

“LIVE.LONG.DC,” Washington, DC’s Strategic Plan to Reduce Opioid Use, Misuse and Related Deaths, is our blueprint for how best to continue moving forward with urgency and thoughtfulness as we work towards reversing fatal opioid overdoses. The Plan reflects the input of a cross-section of public and private partners, including DC Government agencies, hospital leaders, physicians, substance use disorder treatment providers, community-based services providers, federal partners, and individuals in recovery.

The Plan offers a comprehensive look at prevention, treatment and recovery, detailing our goals and accompanying approaches to end Washington, DC’s opioid epidemic. Together, these elements show how we can ensure Washingtonians are able to thrive and move forward with the supports that they need.

Working together, we will build off early successes, which include:

- Reversing more than 700 overdoses through Naloxone kits, and training residents in Naloxone use;
- Providing treatment to thousands of individuals with opioid use disorder, and ensuring recovery support and care coordination for our residents;

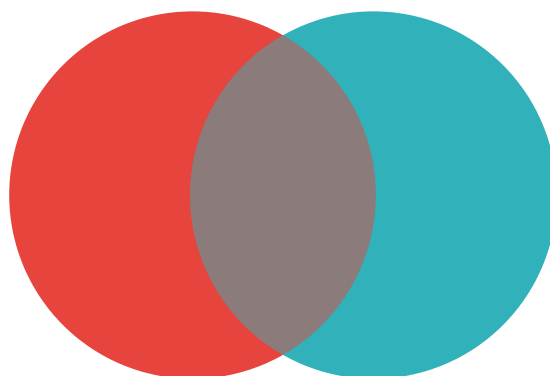
- Actively monitoring trends in opioid use and tailoring responses based on real time data; and
- Creating innovative public education campaigns targeting those who are most likely to overdose on heroin and to educate young people on the dangers of misusing prescription opioids.

We will continue to work collaboratively to develop and implement strategies that help those facing opioid use disorder. We are devoted to tailoring our response in a manner that is specific to Washington, DC, based on our history, demographics, and trends in usage so that we can stem this scourge.

I want to thank all those who contributed to this thoughtful plan, and thank all those going forward for doing your part to reduce fatal overdoses. Together, we will help all Washingtonians live safer and stronger lives.



Muriel Bowser  
Mayor

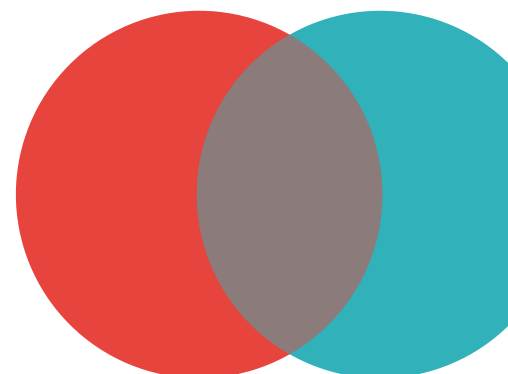


## The Crisis

As opioid related deaths continue to rise across the nation, Washington, DC has also experienced an alarming increase in fatal opioid overdoses. National trends largely reflect new opioid users who are White (non-Hispanic) younger adults who begin their addiction by experimenting with prescription drugs with the potential of progressing to heroin usage. However, Washington, DC's epidemic effects a unique demographic and presents different trends in use.

### *Washington, DC's Epidemic in a Snapshot:*

- There were 83 opioid related deaths in 2014, 114 in 2015, 231 in 2016, and **279** in 2017.
- There was a **178%** increase in fatal overdoses due to opioid use from 2014 to 2016.
- In 2016, **62%** of cases involved fentanyl or a fentanyl analog.
- In 2017, **71%** of cases involved fentanyl or fentanyl analogs.
- Approximately **80%** of all overdoses due to opioid drug use happened among adults between the ages of **40-69**, and such deaths were most prevalent among people ages **50- 59**.
- Overall, **81%** of all deaths were among African-Americans. This trend has remained consistent across years.
- Fatal overdoses due to opioid drug use were more common among males (**74%** of deaths were males).
- From 2014 to 2017, opioid-related fatal overdoses were most prevalent in Wards 7 and 8.
- **89%** of DC opioid users are over 40 years old and **58%** are more than 50 years old.
- **22%** have been using heroin (primary used opioid in Washington, DC) for more than **40 years**, **59%** for more than **25 years**, and **88%** for more than **10 years**.



## The Approach

To comprehensively address the unique opioid epidemic in Washington, DC, localized and coordinated public-private partners must work together. This kind of partnership yields expertise in creating agile, cross-discipline, public-private leadership coalitions, rapidly aligning on targets and coordinated actions, and maintaining accountability on outcomes that will cause short- and long-term impacts.

In October 2017, a group of 40 stakeholders, representing both the public and private sectors, convened for a summit focused on how to jointly address Washington, DC's opioid epidemic. Out of the summit, the Strategic Planning Working Group was created. In late November 2017, the work group members began to conduct stakeholder engagement sessions to assess what was needed regarding prevention and early intervention, harm reduction, acute treatment, sustained recovery, and criminal justice. The information from these sessions and the feedback from work group members was used to create a draft plan. The draft plan was finalized at the end of February 2018.

In March 2018, the working group was re-convened for a 90-day follow-up session. The group formulated membership for the seven Opioid Strategy Groups (OSGs) that would each map out the implementation of the goal and associate strategies in the Strategic Plan. Leadership and membership of the OSGs were finalized in April 2018.

These groups have been actively working on the goals and related strategies since April 2018. In May 2018, a data sharing session was held with all OSGs to present existing data relevant to the Strategic Plan and discuss what data would be needed to move the Plan forward. The OSGs meet at least monthly and have participated in the quarterly summits held since April 2018. The next summit is scheduled for the end of January 2019. There are 103 individuals involved with the OSGs.

## Opioid Strategic Groups Include:

- DC Government Agencies
- Hospital Leaders
- Physicians
- Substance Use Disorder Treatment Providers
- Community-Based Service Providers
- Harm Reduction Advocates
- Federal Partners
- Washington DC Councilmembers
- Individuals in Recovery from Substance Use Disorder

## The Plan

Under the leadership of Mayor Bowser, the public-private Strategic Planning Working Group created a comprehensive strategic plan aimed at reducing opioid use, misuse and related deaths by 50% by 2020. As a result, Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths was developed by the group to accomplish this goal.

The Plan covers the full array of prevention, treatment and recovery supports. It consists of seven (7) goals with multiple supporting strategies. These goals include:

**Goal 1:** Reduce legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

**Goal 2:** Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

**Goal 3:** Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

**Goal 4:** Support the awareness and availability of, and access to, harm reduction services in Washington, DC.

**Goal 5:** Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

**Goal 6:** Develop and implement a shared vision between Washington, DC's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to develop a culture of empathy for residents and their families.

**Goal 7:** Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.



## Reduce legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

**Strategy 1:** Establish an Fatality Review Board to review all opioid related deaths that occur in Washington, DC.

**Strategy 2:** Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication assisted treatment (MAT), in particular buprenorphine/naloxone (Suboxone®), which are in conflict with proposed initiatives in Washington, DC, and promote improved access to MAT for individuals on Medicare with part D coverage.

**Strategy 3:** Coordinate with federal regulators to reverse policies and practices that restrict access to MAT to District residents while in the custody of the Federal Bureau of Prisons.

**Strategy 4:** Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of population with opioid use disorder by maximizing technology to reduce the burden on providers.

**Strategy 5:** Establish payment incentives for providers and organizations that implement models that improve patient outcomes, improve the patient experience, and decrease healthcare cost.

**Strategy 6:** Explore amendments to the Department of Behavioral Health (DBH) regulations and policies to include the option of treatment on demand services and intake/assessment and referral via multiple points of entry into the system of care for substance use disorder treatment services.

**Strategy 7:** Build the capacity of substance use treatment providers by maximizing the use of Medicaid funds to support prevention, treatment and sustained recovery and seeking the alignment of payment policies between Department of Health Care Finance (DHCF) and other local agencies.



**Strategy 8:** Expand opportunities for drug take back programs that are continually available at the Metropolitan Police Department (MPD) and Fire and Emergency Medical Services (FEMS) locations.

**Strategy 9:** Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.

**Strategy 10:** Work with commercial health insurance plan providers to reduce barriers to coverage for MAT and other treatment services.



## **Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.**

**Strategy 1:** Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in school and community settings.

**Strategy 2:** Provide age-appropriate, evidence-based, culturally competent education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.

**Strategy 3:** Provide parents, educators, school staff, and childcare providers with access to trainings on how to communicate effectively regarding substance use disorders.

**Strategy 4:** Conduct outreach to schools, after school programs, summer camps, churches, and community centers to educate these groups on ways to engage/support friends and families who may need confidential access to treatment services.

**Strategy 5:** Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (i.e., youth and young adults, current users) to increase awareness about opioid use, treatment and recovery.

**Strategy 6:** Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.

**Strategy 7:** Educate and promote the Good Samaritan Law (laws offering legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated) for community and law enforcement.

**Strategy 8:** Develop educational and motivational programs for individuals in the custody of the Department of Corrections (DOC) with a history of substance use to encourage treatment and recovery.



## Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

**Strategy 1:** Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies who conduct intake assessments.

**Strategy 2:** Create 24-hour intake and crisis intervention sites throughout Washington, DC.

**Strategy 3:** Provide education to patients receiving opioid medications regarding the risk of addiction and misuse.

**Strategy 4:** Mandate that all licensed providers in Washington, DC who are permitted to prescribe and/or dispense controlled substances be required to register with the Prescription Drug Monitoring Program and to identify a morphine milligram equivalent threshold alert.

**Strategy 5:** Require all prescriptions for controlled substances be submitted electronically to reduce the risk of forged prescriptions.

**Strategy 6:** Increase the use of physician-pharmacist collaborative practice agreements to provide appropriate pain management to patients with chronic pain as well as palliative care patients.

**Strategy 7:** Increase family reunification efforts during and after treatment to enhance support for residents striving to gain sobriety and/or maintain recovery.

**Strategy 8:** Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.

**Strategy 9:** Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce with an emphasis on peer recovery specialists.

**Strategy 11:** Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based/best practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy and SBIRT through the DC Center for Rational Prescribing and other resources.

**Strategy 12:** Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of medication-assisted treatment (MAT), with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.

**Strategy 13:** Encourage provider continuing education on increasing prescription of naloxone for persons identified with opioid use disorder or at risk and family or friends.



## Support the awareness and availability of, and access to, harm reduction services in Washington, DC.

**Strategy 1:** Increase access to harm reduction education to families and communities, including naloxone distribution for those most affected.

**Strategy 2:** Make naloxone available in public spaces where automated external defibrillators (AEDs) are available in partnership with a community-wide training initiative.

**Strategy 3:** Consider safe injection sites with the following issues to be addressed: medical supervision, the definition of a site, location of a site, requirements for other services, and understanding with local law enforcement.

**Strategy 4:** Continue needle exchange program in combination with other harm reduction services (such as naloxone distribution) and continuous assessment for site selection including the development of community pharmacy based needle exchange and safe disposal sites.

**Strategy 5:** Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.

**Strategy 6:** Use peers with lived experience to engage individuals with SUD in harm reduction programs and services.



## Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

### ***Sub Goal 5.1: Treatment and Referral***

**Strategy 1:** Conduct a comprehensive assessment of the availability of treatment services beds per American Society of Addiction Medicine (ASAM) criteria for patients by age, gender, and payor in Washington, DC for adequacy and develop a plan for building capacity as may be required.

**Strategy 2:** Assess the efficiency and effectiveness of Washington, DC's referral system from acute detox to long-term, intensive outpatient and/or residential treatment facilities (as defined by ASAM criteria) and develop protocols (including training) that are patient-centered and practical for both the referring and receiving facility.

**Strategy 3:** Evaluate the effectiveness of programs providing MAT to identify opportunities for enhancing treatment and recovery.

**Strategy 4:** Explore ways to increase the length of stay in residential inpatient treatment programs for the clinically appropriate amount of time.

### ***Sub Goal 5.2: Coordination of Care***

**Strategy 5:** Develop and implement a model for initiating MAT in emergency departments, ensuring direct path to ongoing care depending on level of need that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.

a) Eliminate barriers to accessing MAT (e.g., buprenorphine/naloxone (Suboxone®) including prior authorization. Establish an on-call 24-hour consultation service for physicians prescribing MAT.

b) Assess pharmaceutical protocols to support the use of pharmacogenomics as a tool for determining appropriate therapy.

c) Educate patients on the risks and benefits of each type of therapy and switching from one MAT to another to allow for informed decision making.

**Strategy 6:** To ensure warm handoffs and to provide direct links to treatment and social support services (as a follow up to MAT initiation) and create a workforce of care coordinators, preferably peer care coordinators with lived experiences to be stationed in emergency departments in acute care facilities with a high volume of opioid-related overdoses.

**Strategy 7:** Incorporate an emphasis on physical health (including intensive health screenings) and mental well-being in substance use treatment and programming.

**Strategy 8:** Increase the use of physician-pharmacist collaborative practice agreements to integrate pharmacist in to methadone and buprenorphine/naloxone (Suboxone®) treatment programs.

### ***Sub Goal 5.3: Expansion of Peer Support Services***

**Strategy 9:** Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24-hour wellness centers, sober houses) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.

**Strategy 10:** Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care and housing) that are available to individuals in recovery.

**Strategy 11:** Use peers with lived experience to engage individuals in recovery residing in the community or detention facilities in programs and services that assist them in sustaining their recovery.



**Develop and implement a shared vision between Washington, DC’s justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to promote a culture of empathy for their families and residents.**

**Strategy 1:** Expand drug court for diversion of individuals with substance use disorder (SUD) who are arrested.

**Strategy 2:** Conduct targeted education and awareness campaigns focused on reducing the use of incarceration as a means of accessing SUD treatment.

**Strategy 3:** Identify opportunities with judges, prosecutors and defense attorneys on accepting MAT as a treatment option for offenders.

**Strategy 4:** Ensure individuals incarcerated with Department of Correction (DOC) continue to receive MAT as prescribed at the time of arrest.

**Strategy 5:** Coordinate with DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency, the Bureau of Prisons and other relevant stakeholders, to develop an approach to reintegrating individuals with SUD and a history of MAT in to the community upon release.

**Strategy 6:** Explore strategies for including an individual’s community supports as he or she intersects with the criminal justice system.

**Strategy 7:** Explore developing forums or mechanisms for people to discuss their road to recovery with individuals with substance use disorder, the community, and criminal justice stakeholders.

**Strategy 8:** Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.



## Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

**Strategy 1:** Identify current joint agency (local, state, federal) task forces/working groups working to determine and characterize status of the regional supply of illegal drugs to ensure availability of sufficient data.

**Strategy 2:** Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.

**Strategy 3:** Identify any legislative gaps that may exist preventing or hampering law enforcement “best practices” to reduce the supply of illegal opioids. Create/sponsor legislation that addresses those gaps.

**Strategy 4:** Coordinate investigative efforts with the United States Attorney’s Office and Drug Enforcement Administration to utilize federal laws in cases involving individuals who sell opioids (heroin/fentanyl) that cause the death or injury of another.

**Strategy 5:** Identify existing federal task force assets and ensure efforts are in place to investigate and disrupt the flow of illegal opioids into Washington, DC.

**Strategy 6:** Coordinate MPD efforts to identify locations where opioids are illegally sold (street level trafficking) as well as individuals who traffic opioids to direct enforcement efforts toward these targets.

**Strategy 7:** Coordinate with federal law enforcement agencies including the Department of Homeland Security Customs Enforcement and United States Postal Inspector to target opioid trafficking through the United States Postal Service and other parcel shipping companies.



## Budget Investments & Timeline Overview

### Goal 1: \$2,121,120

Reduce legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

#### *Within six months:*

Through Mayoral Order, establish an Opioid-Related Death Review Board to review all opioid related deaths that occur in Washington, DC.

Launch a data dashboard that will present the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of population with opioid use disorder. Dashboard will include surveillance data from multiple District government agencies including DC Health, OCME and FEMS.

Explore amendments to the DBH regulations and policies to include the option of treatment on demand services and intake/assessment and referral via multiple points of entry into the system of care for substance use disorder treatment services.

#### *Within one year:*

Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available to provide services in multiple care settings (e.g., align DHCF payment policies to support peer recovery specialists).

### Goal 2: \$4,175,000

Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

#### *Within six months:*

Create an online listing of resources available to DC residents in order to better navigate support services.

Create a pool of trained peer educators to conduct education and outreach activities in school and community settings.

Launch social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment and recovery.

## Budget Investments & Timeline Overview

### ***Within one year:***

Implement a plan for having education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.

Implement community trainings on how to communicate effectively regarding substance use disorders.

Implement educational and motivational programs for individuals in the custody of DOC with a history of substance use to encourage treatment and recovery.

### **Goal 3: \$4,906,400**

Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

### ***Within six months:***

Offer SBIRT trainings to providers.

Identify health events at which to provide education and awareness around opioids.

Establish system of support for provider continuing education through distance learning on evidence-based guidelines for the appropriate prescribing of MAT.

### ***Within one year:***

Have high compliance with providers registering with PDMP.

Create 24-hour intake and crisis intervention site.

Integrate PDMP into electronic health records (EHR), health information exchange (HIE), and pharmacy systems.

Work with the University of the District of Columbia to develop a workforce development strategy to strengthen the behavioral health workforce.

Exponentially increase the prescribing of naloxone for persons identified with opioid use disorder or at risk.

## Budget Investments & Timeline Overview

### Goal 4: \$1,828,000

Support the awareness and availability of, and access to, harm reduction services in Washington, DC.

#### ***Within six months:***

Exponentially increase supply of Naloxone kits in communities and encourage families and community members trained on its administration.

Extend emergency legislation to make testing kits legal.

Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.

Have community conversations about harm reduction vs. abstinence, as well as other opioid-related topics, in all eight wards.

#### ***Within one year:***

Develop a plan for DBH to have peer certified specialists focused on harm reduction.

### Goal 5: \$9,394,948

Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

#### ***Within six months:***

Have ED MAT induction operating in three hospitals.

Create a workforce of care coordinators, preferably peer care coordinators with lived experiences, to be stationed in emergency departments in acute care facilities with a high volume of opioid-related overdoses.

#### ***Within one year:***

Begin planning for additional hospitals to begin ED MAT induction.

Increase the number of consumers using MAT options, including counseling.

## Budget Investments & Timeline Overview

Expand recovery housing options.

Establish a system that provides real-time treatment program availability, evidence-based therapy offerings, two-way digital provider communication (electronic referrals), and data aggregate and analytics.

Increase the presence of peers and peer support groups/programs throughout the community and detention centers for people in recovery and monitor the quality and effectiveness of programming.

### Goal 6: \$399,600

Develop and implement a shared vision between Washington, DC's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to promote a culture of empathy for their families and residents.

#### ***Within six months:***

Expand drug court – involving prosecutors, judges, defense attorneys, AG's office, USOAG office, etc.

Develop and deliver trainings for judges to see MAT as a viable option.

Schedule trainings with prosecutors and defense attorneys focused on reducing the use of incarceration as a means of accessing SUD treatment.

Ensure individuals incarcerated with DOC continue to receive MAT as prescribed at the time of arrest, have all forms of MAT, including Vivitrol, available for initiation. Have a seamless plan with providers in community upon release.

## Budget Investments & Timeline Overview

### Goal 7: \$1,070,314

Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, D.C.

#### ***Within six months:***

Have the ability to better characterize the supply of illegal opioids through testing.

**Overall Total: \$23,895,700.00**

*\*\*All goals will be implemented through September 2020.\*\**

## Next Steps

Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths serves as a roadmap for reversing Washington, DC's opioid epidemic. The Plan offers a number of strategies, not all of which can be immediately funded or implemented by all the various agencies, commissions and actors involved, but that taken together, the group is confident that these are practical, achievable steps that will work to accomplish the seven goals and decrease the death toll caused by opioids in Washington, DC.

The public-private group will continue to meet quarterly through 2020 to work together on each specific goal, track progress and to ensure the Plan's successful implementation.

