



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Combating the Opioid Epidemic in Washington, DC Through Continuing Education for Healthcare Professionals and Consumers

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Disclosures



Presenter(s) has no financial interest to disclose.

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HealthHIV's Core Capabilities/Services



Capacity Building



Health Services
Research & Evaluation



Advocacy



Education & Training



Disclaimer



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This program is funded wholly, or in part, by the Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA).

Learning Objectives



At the conclusion of this session, participants will be able to:

- Compare the opioid and HIV epidemics in Washington, DC with national data
- Discuss facilitators and barriers to opioid use disorder prevention and treatment for people living with HIV
- Describe provider and community educational opportunities to enhance opioid use disorder treatment and to prevent opioid overdoses



Comparing the Opioid and HIV Epidemics in Washington, DC with National Data

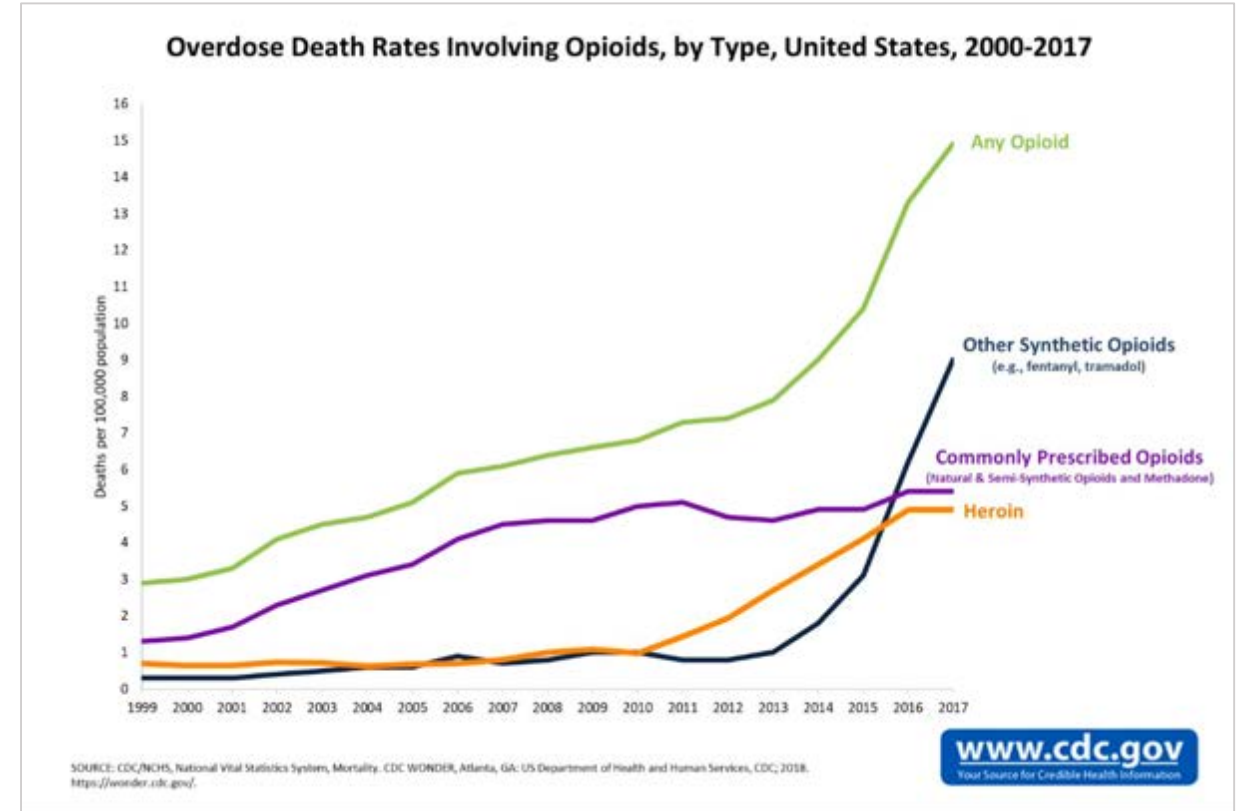
Background



- Washington, DC ranks 3rd in the US for opioid-involved overdose deaths
- DC overdose deaths are characterized by heroin and fentanyl, followed by prescription opioids
- Health professionals often do not receive adequate opioid-specific education
- Opioid use contributes to HIV acquisition and worsened health outcomes for people living with HIV
- Substance use providers inconsistently integrate HIV, HCV, and STI screening, linkage, and treatment services into their practice

History of the Epidemic

- The three waves of the US Opioid Epidemic:¹
 1. 1990s – Prescription Opioids
 2. 2010 – Heroin Overdoses
 3. 2013 – Illicit Manufacturing of Synthetic Opioids (Fentanyl)



The Synthetic Revolution

- Increased synthetic use and cutting/lacing of other drugs with fentanyl, carfentanil, and other synthetic opioids²
 - In 2019, 91% of fatal opioid overdoses in Washington, DC contained fentanyl/fentanyl analogs³
 - In the US, synthetic opioid-involved death rates increased by 10% from 2017 to 2018 (accounting for 67% of opioid-involved deaths in 2018)⁴

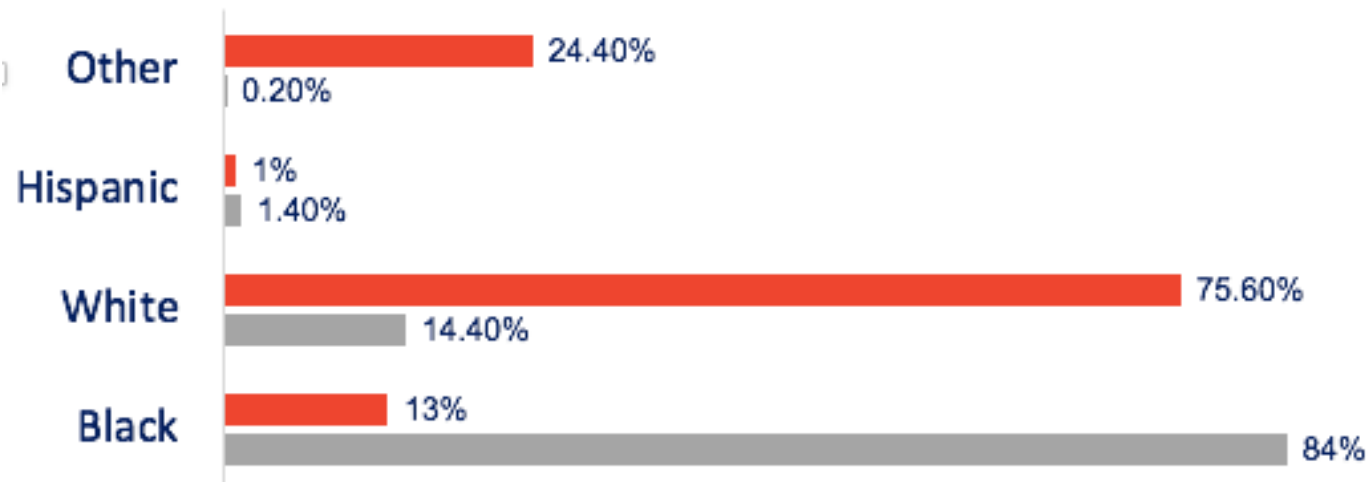


Image courtesy of the Kensington Police Service

Comparing Opioid Epidemic in DC and the US⁵

Fatal Opioid Overdoses 2018 (the US and Washington, DC)

■ % of Fatal Opioid Overdoses in the US, 2018
■ % of Fatal Opioid Overdoses in Washington, DC 2018



- The US and Washington, DC opioid overdose epidemics victims vary greatly
- DC's epidemic is characterized by historic heroin use among older African American men
- The US epidemic is⁶ characterized by a history of prescription drug use, leading to heroin use among older White men⁷

Opioid Overdose Deaths



- Opioid-involved overdoses account for the majority of drug overdose deaths⁸
 - In the US, Opioids were involved in 46,802 overdose deaths in 2018 (69.5% of all drug overdose deaths)⁹
 - In the District of Columbia, approximately, 70% of all drug overdoses in the are opioid related¹⁰
- Existing need for chronic pain treatment and mental health services

Intersection of HIV & Opioid Epidemics



- Drug use, especially injection drug use, can increase HIV acquisition
- In 2018, people who inject drugs accounted for 7% of HIV diagnoses in the US
- Significant decrease in the number of newly diagnosed HIV cases attributable IDU due to the scale up of DC's syringe exchange program
- Number of men newly diagnosed with HIV attributable IDU increased for the first time in 10 years from 2 in 2017 to 7 in 2018¹¹

1,193

Number of PWID in DC known to be living with HIV in 2018

9

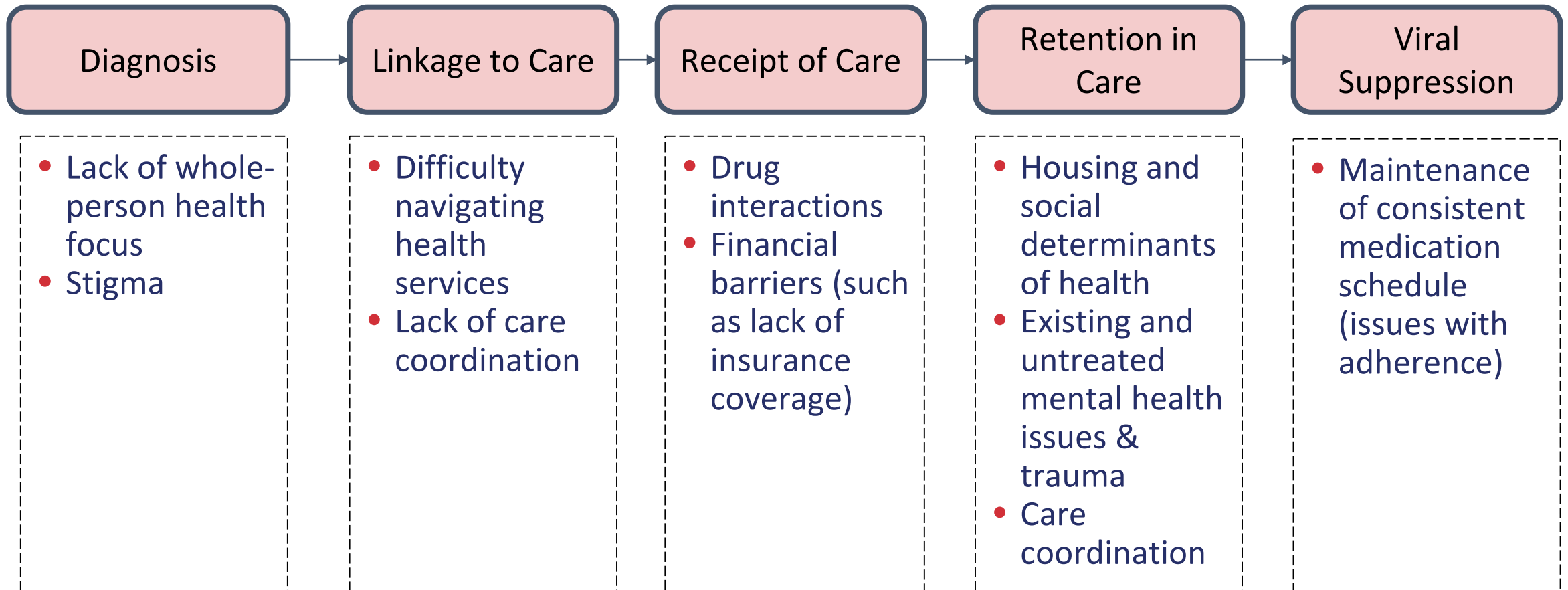
Number of new HIV diagnoses in DC in 2018

31%

Proportion of HIV/HCV co-occurrence among PWID in DC in 2018

OUD & the HIV Care Continuum

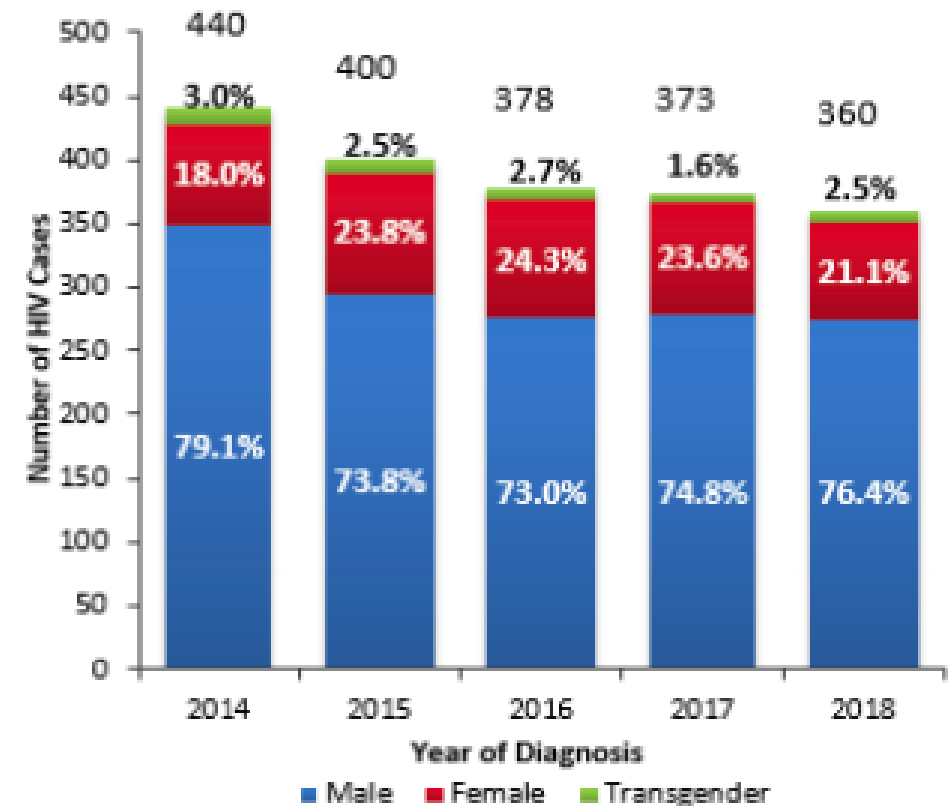
Barriers to HIV Care Across the Care Continuum for People with OUD^{12,13}



HIV Epidemic in Washington, DC

- 1.8% of DC's population is living with HIV (2019)¹¹
- Newly diagnosed cases decreased to 360 in 2018 from 1,374 in 2007¹¹
- More than half of people living with HIV in DC are older than 50 years old (2019)¹¹
- Sexual contact is the leading mode of transmission reported among newly diagnosed and identified HIV cases¹¹

Newly Diagnosed HIV Cases by Year of Diagnosis and Gender Identity, District of Columbia, 2014-2018



DC's Opioid Dashboard



- Dashboard provides data on:
 - Overdose deaths
 - Emergency department opioid visits
 - Naloxone administration
- Leverage data to target:
 - Naloxone distribution
 - OUD prevention messaging
 - OUD treatment efforts

District of Columbia Opioid Data Dashboard			
This dashboard displays data related to opioid use indicators in DC, such as overdose deaths, ED visits, naloxone administration, new cases of hepatitis C and HIV, and PDMP information. Data from the most recent calendar year is subject to change based on further investigation of manner and cause of deaths. Use the 'Year' and 'Ward' filters to change the displays of the tables and charts. Click the left and right arrows at the above to view additional data.			
		Ward (All) ▾	Year 2017 ▾
Opioid Overdose Deaths	Opioid Overdose Deaths (DC Residents)	Emergency Department Opioid Visits	Emergency Department Opioid Visits (DC Residents)
279	213	1,261	1034
Opioid Overdose Mortality Rate	Opioid Overdose Deaths Mortality Rate (DC Residents)	Emergency Department Opioid Visit Rate	Emergency Department Opioid Visit Rate (DC Residents)
33.07	31.61	349.2	363.6
EMS Naloxone Administrations	Hep C Reported New Cases	HIV Reported New Cases	
1556	1,268	365	
	Hep C Reported New Cases Rate	HIV Reported New Cases Rate	
	117.8	50.97	

When selecting multiple ward views, the rates are an average of all wards selected * Rate per 100,000



Facilitators and Barriers to Opioid Use Disorder Prevention and Treatment for People With HIV

Barriers to OUD Prevention & Treatment^{14,15,16}



Patient

- Stigma
- Social determinants of health (e.g. poverty, unemployment, low educational status, and isolation)
- Lack of private health insurance coverage

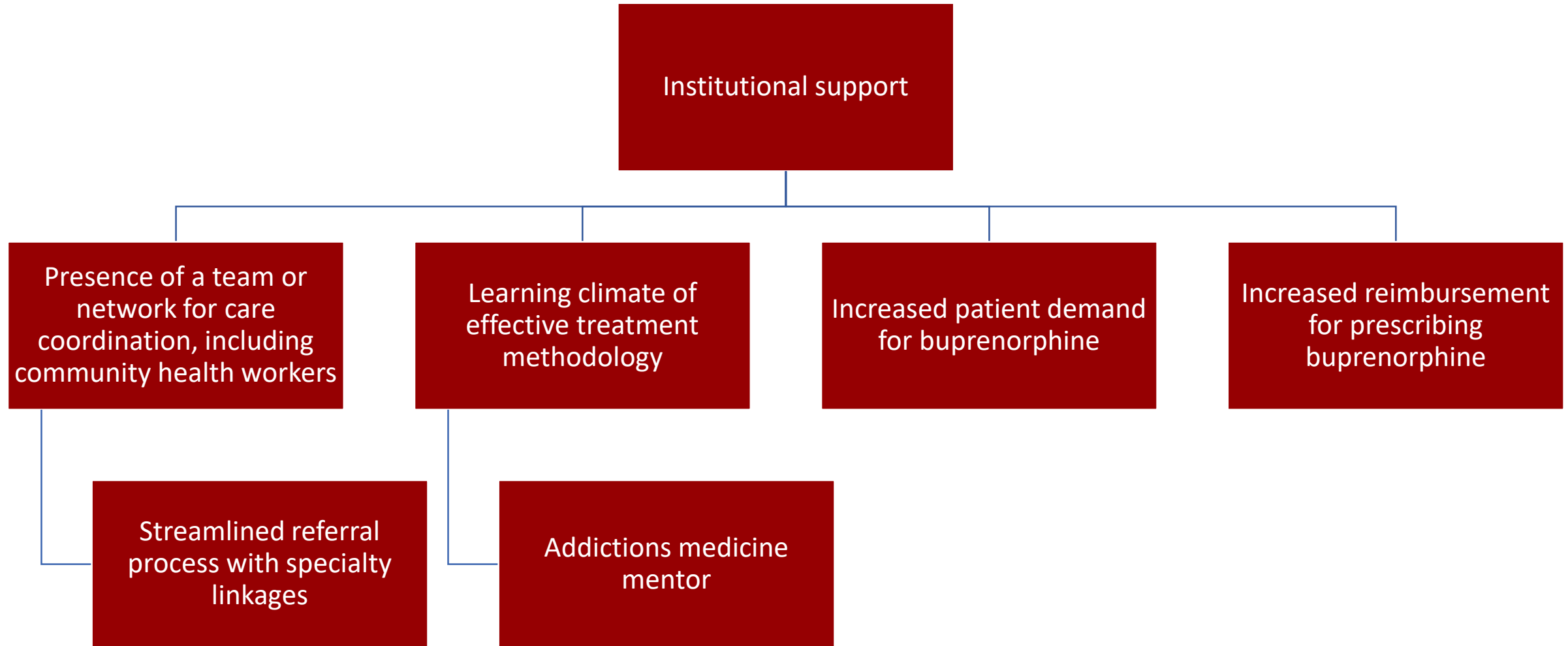
Provider

- Stigma
- Inadequate provider education
- Hesitation with prescribing buprenorphine
- Provider beliefs around people who use drugs (PWUD)/people who inject drugs (PWID)

Policy/Structural

- Stigma
- Reimbursement and payment policies that do not incentivize the provision of high-value care for OUD
- Health systems coordination
- Limited Naloxone Availability

Facilitators to OUD Prevention & Treatment^{17,18,19}





Educational Opportunities to Enhance Opioid Use Disorder Treatment and to Prevent Opioid Overdoses

Need for Program



- Focused opioid-specific education for providers
- Reach interdisciplinary prevention & treatment teams
- Accredited modules to increase participation
- Interactive, comprehensive, online adult learning

Program Goals

- ✓ Support the identification of people with OUD
- ✓ Mitigate risk of opioid use
- ✓ Expand treatment modalities and the availability of OUD treatment services

Opioid Learning Institute (OLI)



- Comprehensive educational program
- Educates prescribers and other health care professionals on safe and effective opioid prescribing practices
- Self-paced accredited curriculum
- Topics include:
 - Evidence-based opioid use treatment options
 - Safe opioid prescribing
 - Reduction of risks of opioid misuse
 - Effective communication strategies with patients about opioid misuse
 - Overdose prevention



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Program Components



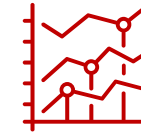
Stakeholder Engagement

Advisory Committee &
SME Engagement
Key Informant Interviews
Focus Groups



eLearning Development

Provider eLearning Modules
Community eLearning Module
Grand Rounds Case Reviews &
Webinars



Monitoring & Evaluation

Monthly Monitoring
Continuous Quality
Improvement (CQI)
Knowledge, Skill, & Behavioral
Change Evaluations



Stakeholder Engagement

Advisory Committee & SME Engagement



- Engaged 12 local and national experts in pain management, OUD prevention and treatment, and harm reduction services
 - Clinicians, researchers, subject matter experts, nonclinical staff
- Participated in Key Informant Interviews
- Reviewed eLearning module content and applicability
- Provided cases for Case Review sessions

KII Recommendations



Providers

- Participate in **trainings and peer-to-peer mentoring** once DATA-Waived
- Address **stigma and medical mistrust** when treating people with OUD
- Consider **health literacy** as a factor for successful integration and implementation of harm reduction techniques into practice
- All clinics should have **at least one DATA Waived** prescribing provider in their practice
- Providers should maintain resources that detail **harm-reduction techniques** for patients

Health Departments

- Consider developing **legal safe injection sites** to lower rates of overdose
- Provide a resource that details all **available harm reduction services** locally available
- Implement an **awareness campaign** to educate the community about the dangers of Fentanyl
- **Increase prescription drug disposal and take-back days**, and this information should be marketed to the public

Focus Groups



- Four virtual focus groups (due to COVID-19):
 - Community members with lived experience
 - Community Health Workers
 - Non-DATA Waived providers
 - DATA Waived Providers
- DC Health IRB approved



Module Development

Module Design



- Pre/Post-Test to measure knowledge attainment and satisfaction
- 30 & 90-day evaluations to measure skill development & implementation
- Available credits: AMA, AAPA, ANCC, NASW, ACP, NAADAC, CPH, CHES

Module Topics



Introductory Courses

- Epidemiology of OUD: the US and the District
- Implementing the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain
- Development and implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients

Non-pharmacological Pain Management

- Cognitive Behavioral Therapy (CBT) & Mind-Body Techniques in Addressing Pain
- Harm Reduction Approaches for Providers Addressing Opioid Use
- Nutrition for Pain Management
- Acupuncture, Massage, and Self Care in Addressing Pain

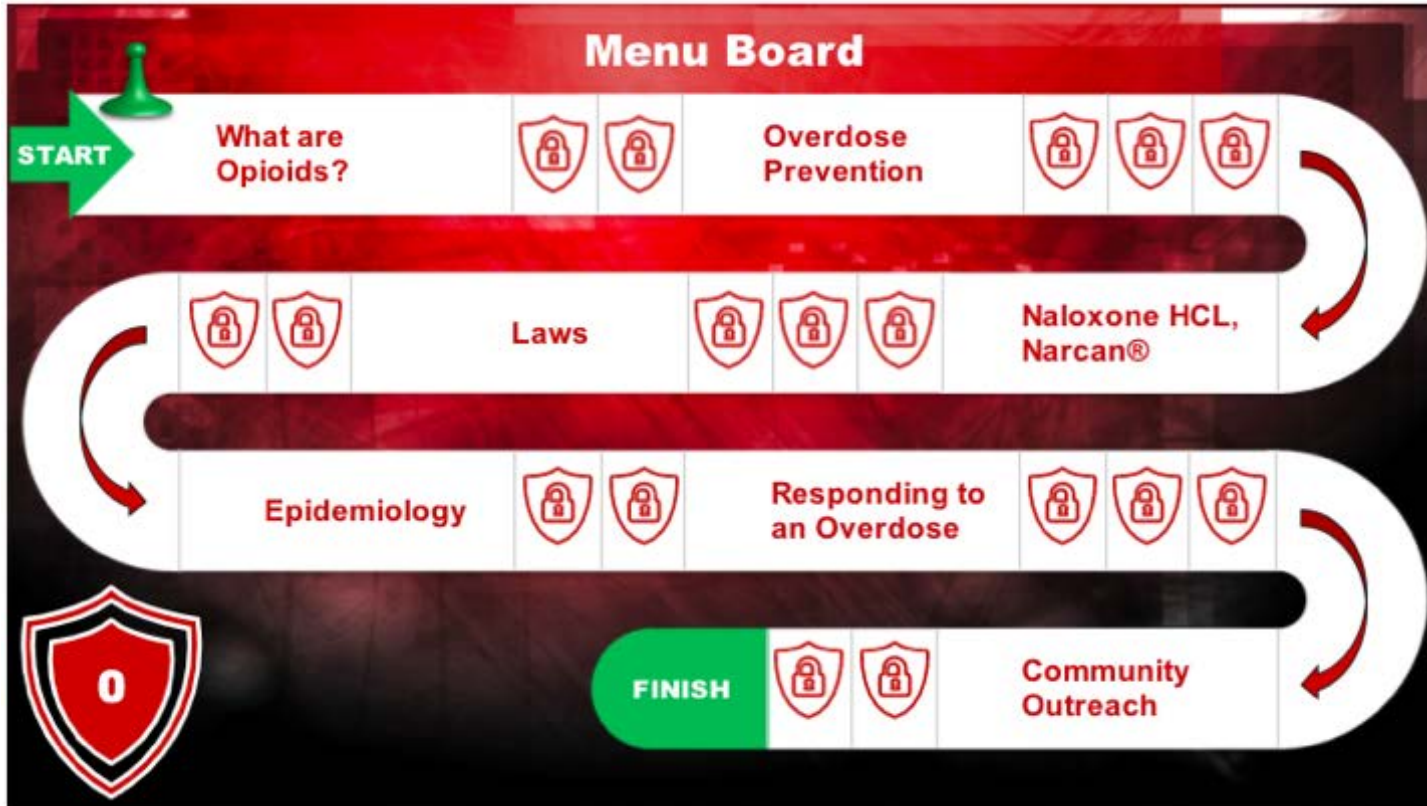
Pain Management

- Treating Acute Pain to Improve Outcomes and Reduce Opioids
- Opioid Overdose Prevention & Naloxone Education
- Patient-Provider Relationship in Addressing Addiction

OUD Treatment

- Treating Opioid Use Disorder: Primer for Clinicians
- After the Waiver: Translating Training Into Practice, Advanced Topics in Buprenorphine

Interactive Module Experience



Earn Your Shields!

Visit each topic to unlock it's questions. Answer questions correctly to receive shields. Visited topics may be reviewed from this menu board or from the table of contents.



Locked



Unlocked



Correct



Incorrect

Continue

What is the lethal dose for carfentanil?
Click on your choice.

- 3 Milliliters
- 30 Micrograms
- 20 Micrograms
- 30 Milliliters



Correct. You have earned a shield!

Module Interactivity

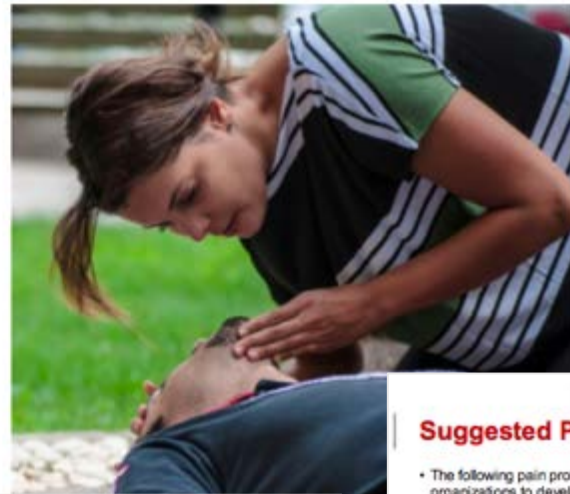


Signs and Symptoms of an Opioid Overdose

Select each button to learn more.

High

Overdose

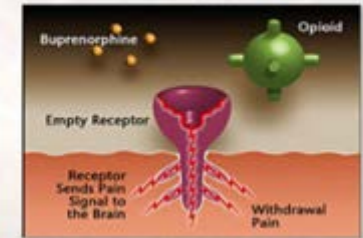


How Do Opioids Work?

Opioids attach to and activate receptors found on nerve cells in the brain, spinal cord, gastrointestinal tract, and other organs in the body to produce physiological effects.

Effects produced include:

- Analgesia (inability to feel pain)
- Euphoria (intense happiness/excitement)
- Respiratory depression
- Miosis (pinpoint pupils)
- Sedation (calm/sleep)



Suggested Pain Protocols

- The following pain protocols are suggestions based on science and are meant to be a starting point for health organizations to develop their own pain protocols
- All medical treatment should be based on the individual patient, their current medico-psycho-social situation, and the judgment of the medical provider

Click each button to learn more.

Outpatient Pain

Children and Adults

Elderly

Hospital Opioid Use

DSM-5 Criteria for Substance Use Disorder⁷

2-3 Mild, 4-5 Moderate, >5 Severe

- ✓ Recurrent use resulting in failure to fulfill major roles or obligations at work, home, or school (**Roles**)
- ✓ Recurrent use in hazardous situations (**Risks**)
- ✓ Recurrent continued use despite social or interpersonal problems caused or exacerbated by drugs (**Relationships**)
- ✓ Persistent desire or efforts to cut down (**Repeated Attempts**)
- ✓ Tolerance
- ✓ Withdrawal
- ✓ Use of more than intended or for longer than intended (**Loss of Control**)
- ✓ Craving (**Craving**)
- ✓ Important activities given up or reduced due to substance use (**Compulsion**)
- ✓ A great deal of time getting or using the substance, or recovering from use
- ✓ Continued use despite knowledge of physical or psychological problems (**Consequences**)

Guideline #3

Discuss Risks and Benefits

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy (recommendation category: A, evidence type: 3).

- Opioid Overdose Prevention & Naloxone Education
 - For community members, e.g. public library staff, probation officers, outreach workers
 - Covers epidemiology of OUD and opioid overdose in DC
 - Training lay persons to respond to an opioid overdose

What Are Some Myths You've Heard About Reversing An Opioid Overdose?

Do NOT put the individual in a bath. They could drown.

Do NOT induce vomiting or give the individual something to drink. They could choke.

Do NOT put the person in an ice bath or put ice in their clothing or in any bodily orifices. Cooling down the core temperature of an individual who is experiencing an overdose is dangerous because it can further depress their heart rate.

Do NOT try to stimulate the person in a way that could cause harm.

Do NOT inject them with any foreign substance (e.g., salt water or milk) or any other drugs, or force them to eat anything.

Naloxone Administration Video

- Identified community need for how to administer Naloxone
- Representative of DC's opioid epidemic
- Engaged local actors
- Culturally & linguistically appropriate
- Real-world overdose scenario



See [Naloxone Administration Video](#)

Case Review Sessions

- DATA Waived case review panelists
- Cases submitted by providers and panelists
- 1-hr accredited sessions
- Open discussion of:
 - Latest literature and advances in treatment
 - OUD treatment plans, challenges, and successes
 - Barriers to care in DC

	Description
Non-Identifiable Patient Information	63 y/o male on Suboxone; HCV +
Problem Statement Regarding Patient	Patient has been difficult to get stable on MAT; one driving factor for him was he needed MAT to get HCV therapy, so he re-entered clinic 3 months ago for this purpose
History of Present Illness	Stable on Suboxone 8-2 bid x 3 months
Past Drug Use History	Daily heroin use, ivdu, 1g/daily
Past Medical History	HCV +
Current Medications / Allergies	Suboxone
Barriers to Care	Transportation, finances – he has worked during our clinic hours, and has been averse to missing work
Treatment Plan	Trying to treat his HCV, through his fibrosure F0 (no fibrosis)
Treatment Plan Challenges	His insurance won't cover his HCV medications as he's Fibrosure F0, and he's frustrated as HCV treatment was his goal and one of the reasons he got on MAT

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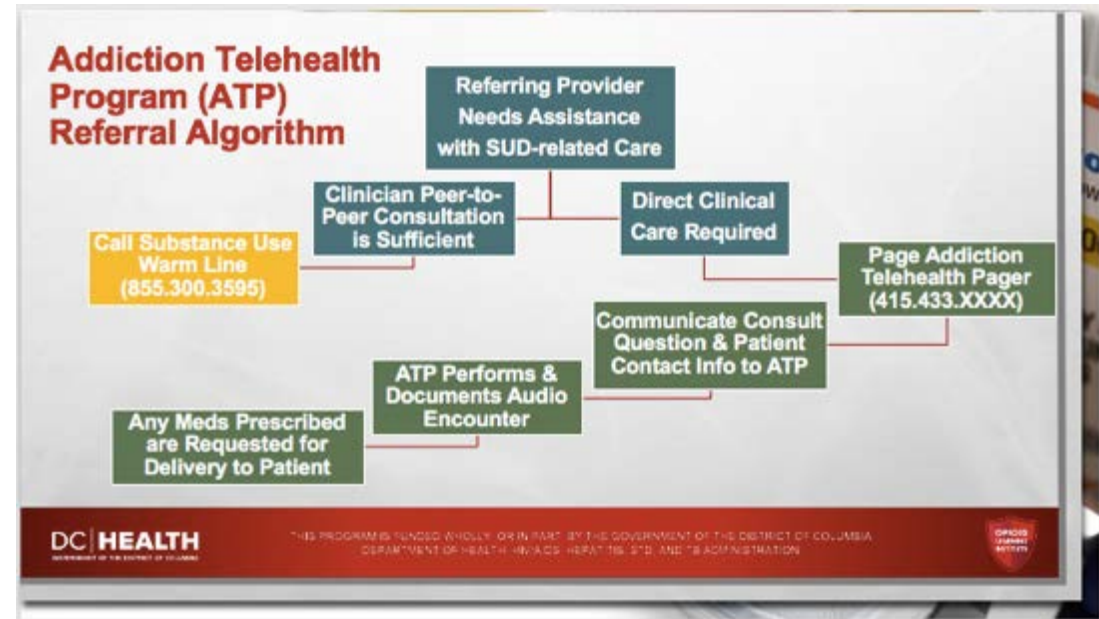
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ADMINISTRATION

Sounds like he has some barriers to his care transportation.

OPHO2
Opioid Use Disorder

Sample Case

- Telehealth and the Treatment of OUD during COVID-19
 - Discussed unique challenges of prescribing MOUD in current era
 - Reviewed legal changes affecting practice on a national scale
 - Discussed development of two Addiction Telehealth Programs (ATP)
 - Reviewed recent telehealth cases
 - Identified best practices in treatment of OUD via telehealth



Monitoring & Evaluation



- Monthly Monitoring
- Continuous Quality Improvement (CQI)
- Satisfaction Surveys
- Knowledge, Skill, and Behavioral Change Evaluations

OPIOID LEARNING INSTITUTE ENGAGEMENT HIGHLIGHTS

From October 1, 2019 to May 31, 2020...

For the Provider Curricula, the modules with the highest engagement of Active Learners are:

- CE/CME - Opioid Overdose Prevention & Naloxone Education** (174 persons)
- Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain** (97 persons)
- Epidemiology of Opioid Use: In the US and the District** (74 persons)
- Cognitive Behavioral Therapy & Mind-body Techniques in Addressing Pain** (64 persons)



**892 PERSONS
ARE REGISTERED**

for Opioid Learning Institute
eLearning offerings
(661 for the Provider Curricula plus
231 for the Community Curricula)

270 PERSONS

completed the *Opioid Overdose
Prevention & Naloxone Education*
module (both Provider &
Community), and there are



**629
TOTAL MODULE
COMPLETIONS**

(completion rate of 69%)

For the Provider Curricula,
the credit type most claimed was

PHYSICIAN



followed by

'OTHER'

(Physician: 128 persons,
Other: 102 persons)

At least

**ONE STAFF
MEMBER FROM
7 OF THE 8**

HAHSTA-funded MAT Program
organizations became a
Registered User of the
Opioid Learning Institute's
Provider Curricula



Upcoming Modules



- Effective Opioid Tapering
- Assessing Opioid Use Disorder: Selecting Appropriate Tools
- Understanding Pain and Assessing Opioid Risk
- Treatment Considerations for Co-Occurring Stimulant and Opioid Use
- Clinician and practice transformation: Integration of OUD treatment into clinical practice and organizational workflow
- Intersection of OUD and infectious diseases (HIV, Hep C, and other bacterial/fungal infections)

Technical Assistance Needs



- Promoting/marketing pain management and OUD treatment services in the primary care setting
- Progressive and innovative treatments and support services
- Stigma reduction and integration of harm reduction approaches
- Removal of stringent DATA Waiver training requirements
- Medication first models for OUD treatment
- Training and support for prescribing buprenorphine

Lessons Learned



- Interdisciplinary medical education and training is essential for identifying, treating OUD, and engaging patients in care
- Multidisciplinary treatment teams
- Increase number of DATA Waived providers
- Short and focused modules to support knowledge transfer
- Multimedia eLearning allows for better provider engagement, particularly peer-to-peer learning



HealthHIV Resources & Technical Assistance

Opioid Learning Institute



- eLearning for healthcare professionals on safe and effective opioid practices
- Offers online, self-paced curriculum and resources
- Feature 12 free accredited eLearning courses, case reviews, and webinars
- Provides clinical decision support skills to immediately apply to practice



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Syncing Innovative Approaches with Successful Outcomes
An Initiative of HealthHIV



HIV Prevention Technical Assistance



Transforming from HIV Prevention Practice to Prevention Innovation



ASO/CBO Capacity Building



Medication Therapy Management



ASO/CBO Leadership Initiative



Fiscal Health Professional Services



The BLT: Board Leadership Training



Telehealth: Building HIV Retention in Care Among Minority Communities

Visit www.HealthHIV.org/cba-center



- Provides capacity building assistance to health departments, community-based organizations, AIDS service organizations, and health organizations to develop, implement, or expand HIV prevention and care telehealth services



CAPACITY
BUILDING



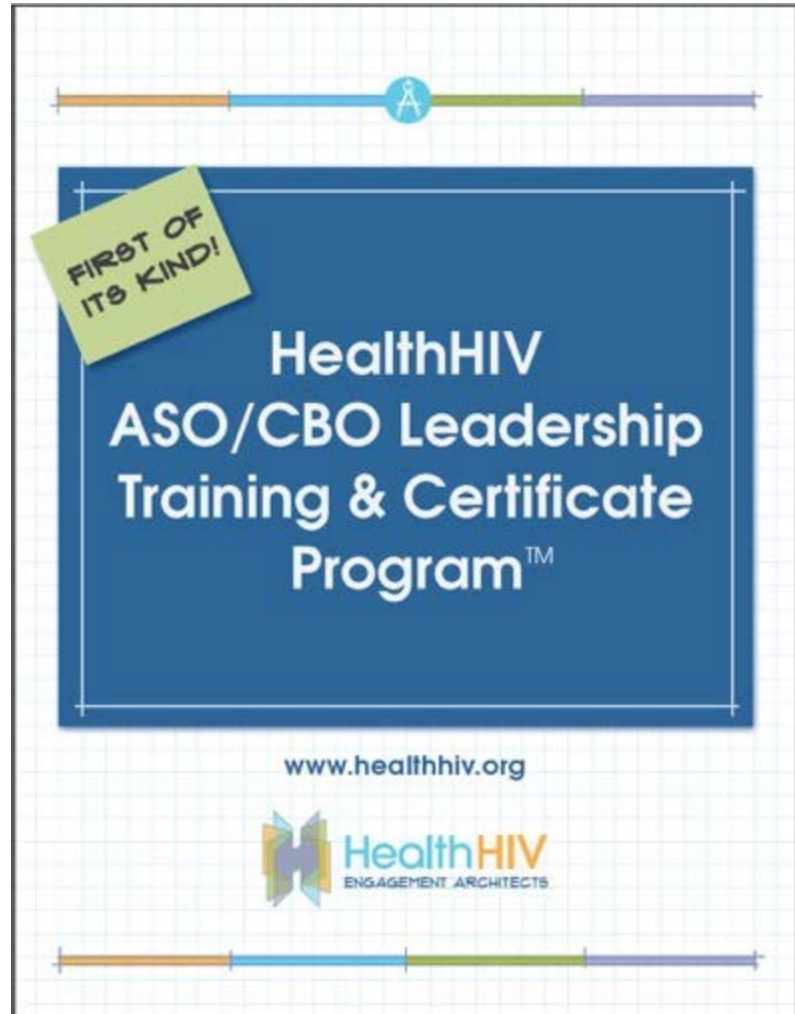
WEBINARS



RESOURCES

Visit www.HealthHIV.org/TeleHealthHIV

HealthHIV's ASO/CBO Leadership Training and Certificate Program™



- First-of-its-kind online training & certificate program for ASO/CBO leaders and emerging leaders
- Includes six, self-paced, one-hour modules that address strategic planning, change management, biomedical and strategic advances in HIV/AIDS, funding diversification, impact of Medicaid and health care exchanges, and partnerships, mergers, and acquisitions
- Participants receive a Certificate of Proficiency in ASO/CBO Leadership upon completion

The Board Leadership Training (BLT)TM



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Online training program for ASO/CBO Board of Directors with self-paced courses:

- Nonprofit Board Basics: Roles, Recruitment and Routines
- Board Membership: Identification, Recruitment and Engagement
- Governance and Management: Who Are We and What Are We Accomplishing?
- Strategic Thinking: Developing Strategies to Ensure Organizational Relevance and Program Sustainability
- Understanding Finances and Planning for Fiscal Sustainability
- Community Engagement for Resource Development: Fundraising Best Practices

HealthHIV's Fiscal Health Professional Services™



HealthHIV's Fiscal Health Professional Services™ helps Ryan White programs build fiscal management capacity, improve organizational sustainability, and maintain compliance with federal guidelines. Content areas include:

- Managing 340B Pharmacy Programs
- Budgeting and Projecting Program Income
- Understanding Uniform Guidance for Federal Grants
- Budgeting for the Non-Financial Manager
- Responding to Audit/Site Visit Findings
- Implementing Sliding Fee Scales and Caps on Charges
- Complying with HRSA/HAB Fiscal Monitoring Standards
- Diversifying Income
- Maximizing Third-Party Billing
- Overseeing Federal Grants

Contact Michael D. Shankle, MPH, Michael@HealthHIV.org, 202-232-6749

HealthHIV's HIV Primary Care Training & Certificate Program



- Online, self-paced, staged CME curriculum
- Features five courses on:
 - HIV Management in Primary Care - Foundations Course
 - Core Skills for HIV Management in the Primary Care Setting
 - Assessment and Treatment Decisions in HIV-HCV Co-infection
 - Considerations in the Management of HIV in Older Adults
 - Improving Communication in the Clinical Setting
- Based on a proven model of HIV primary care integration
- For MDs, DOs, NPs, and/or PAs interested in and/or care for patients infected with, or at-risk for, HIV
- Offers a certificate of proficiency in HIV primary care

Register at <https://healthhiv.org/certificate-programs/healthhiv-hiv-primary-care-training-and-certificate-program/>

HealthHIV's Prevention Certified Provider (PCP) Certificate Program™



www.HIVPCPcertification.org

- Online, self-paced CME curriculum and certification
- Five core HIV prevention modules detailing the pertinent clinical and practice information
- Engages clinical providers to deliver effective, comprehensive, culturally competent HIV prevention interventions
- Earn a certificate recognizing participate as an HIV Prevention Certified Provider and receive listing in national online directory of HIV PCPs



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September 8 - 11, 2020

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