

The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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STRATEGIES TO SAVE A LIFE: HOW TO USE THEM IN INTEGRATED CARE SETTINGS

PRESENTED BY:

Ana Bueno

Shannon Robinson, MD

Sari Frankel, MPH (DC DBH)

Tuesday,

May 3, 2022

12:00pm – 1:00pm EST

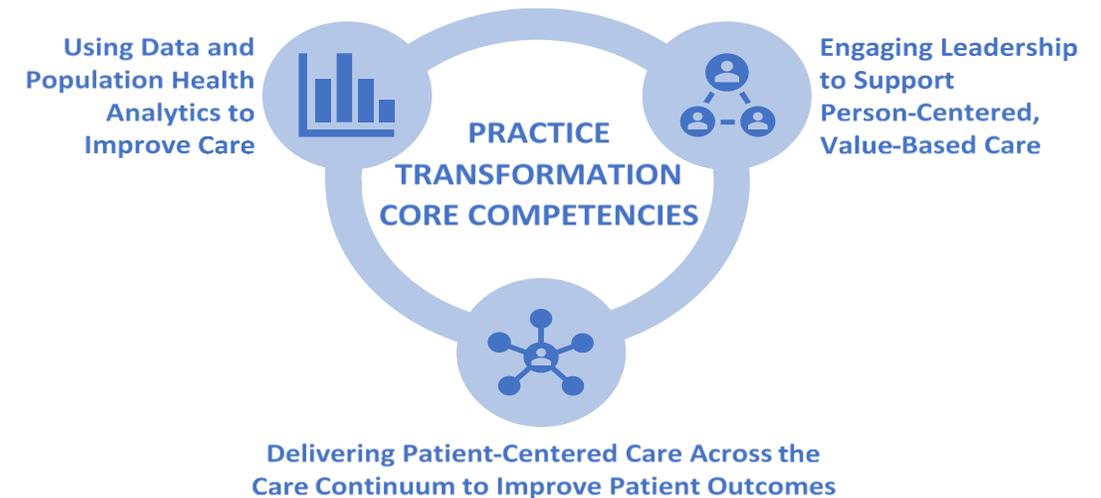
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?



- » Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- » Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



>> Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



>> Got ideas?

Take this short survey to share suggestions and requests for trainings.

<https://www.integratedcaredc.com/survey/>



PRESENTERS



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Company	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

- ❖ Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2022. Social workers completing this course receive 1 continuing education credits. To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation.
- ❖ Application for CME credit has been filed with the American Academy of Family Physicians. *This session is approved by AAFP for up to 1 AMA Level 1 CME credit.*
- ❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

Strategies to save a life & how to use them in Integrated Care Settings

- » Welcome and Program Announcements
- » Overdose Data
- » DC Standing Order and Samaritan Law
- » Overview of opioids and opioid uses
- » Naloxone & action steps to stop an overdose
- » Syringe Services
- » Fentanyl test strips
- » Closing Remarks/Q&A

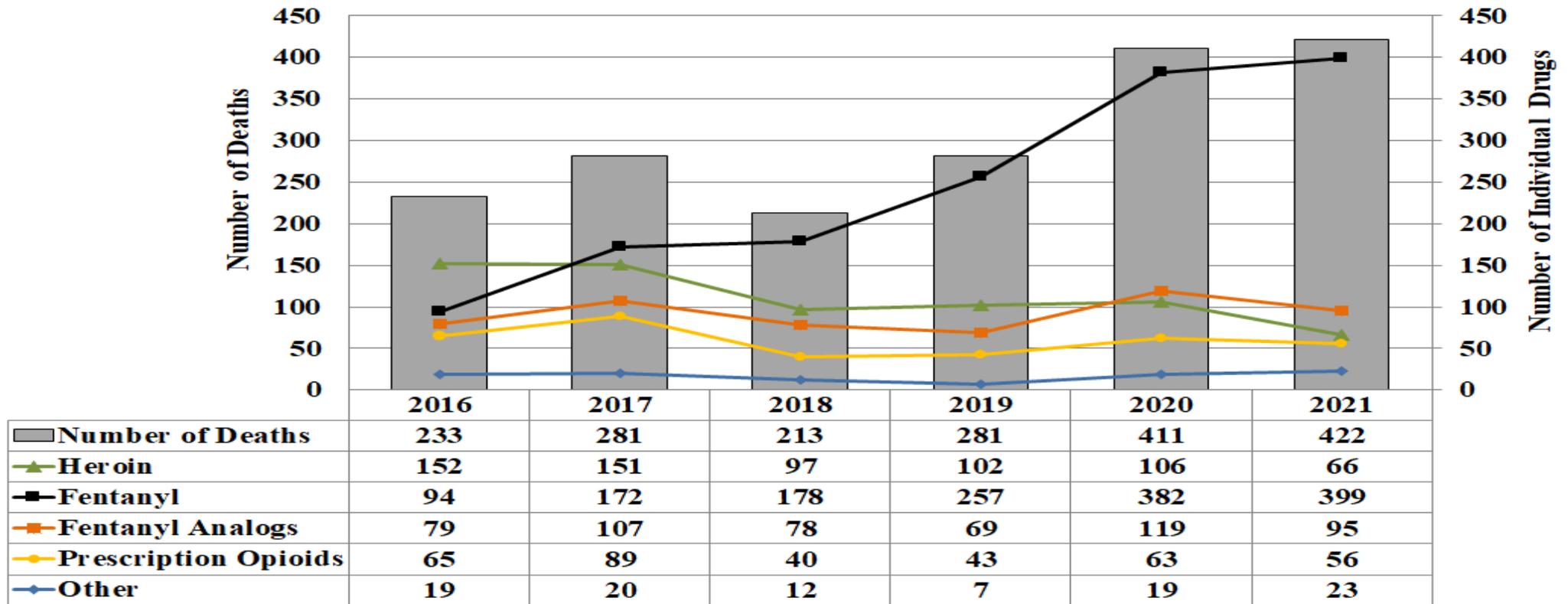
OBJECTIVES

1. Outline the DC Standing Order and Samaritan Law
2. Describe what Naloxone is and how it works
3. Recognize and respond to an opioid overdose
4. Identify where and how individuals can access Naloxone, Syringe Services and Fentanyl Test Strips in DC



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

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

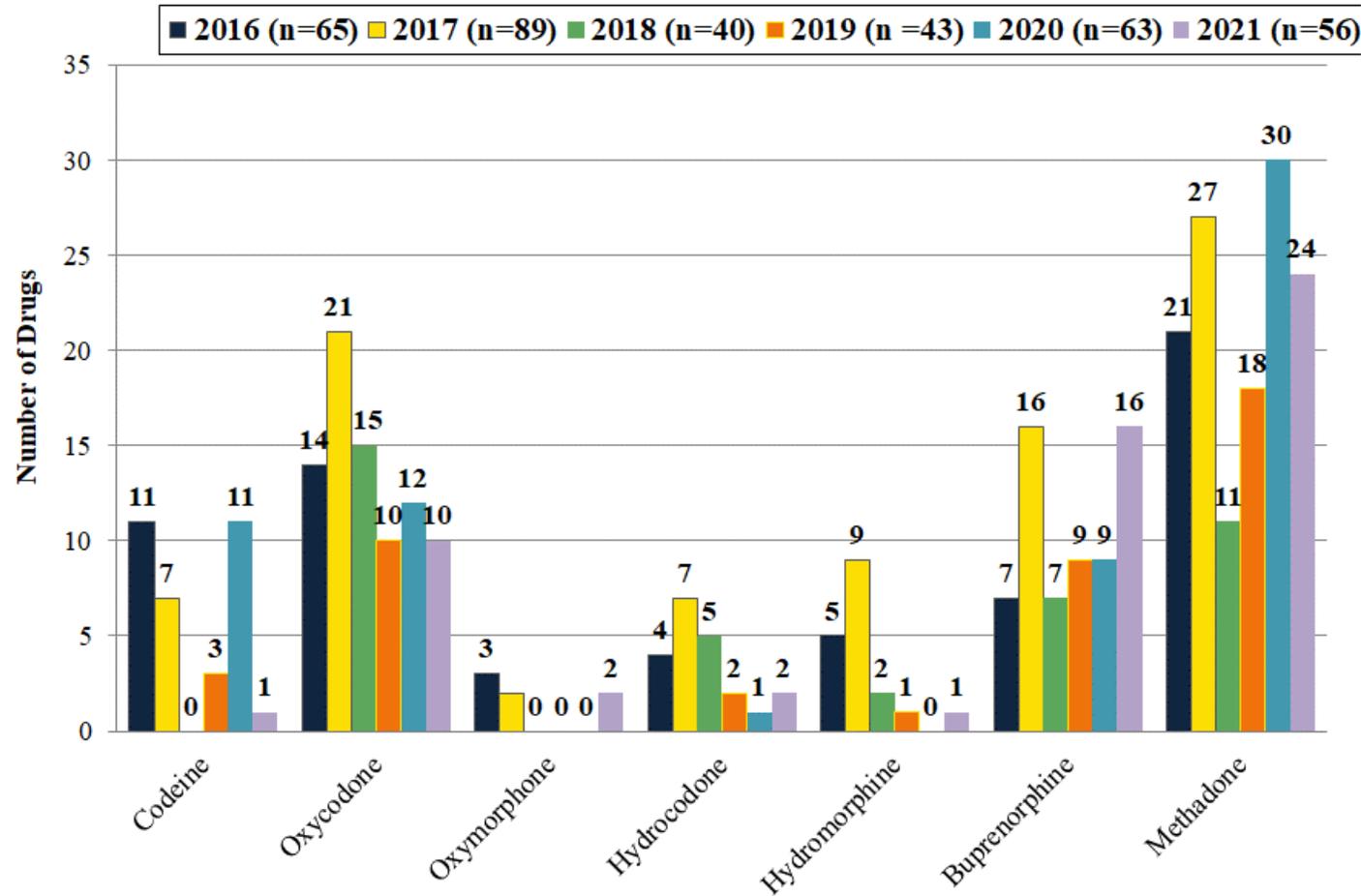


Source: https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Opioid%20related%20Overdoses%20Deaths%204.18.21%20FINAL.pdf

PRESCRIPTION OPIOIDS IN FATAL OD'S



Fig. 4: Number of Prescription Opioids Contributing to Drug Overdoses by Year (n=356)



Source: https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Opioid%20related%20Overdoses%20Deaths%204.18.21%20FINAL.pdf

82% of 2021 fatal opioid overdoses took place within a residence.

73% of those cases were within the decedent's household.

Location of Injury of Fatal Opioid Overdoses (2021)	
Residence	344
Decedents residence	250
Family members residence	7
Friend/acquaintance residence	39
Hospital/Nursing Home	1
Hotel/Motel	16
Unspecified residence	12
Shelter/Halfway house	14
Vacant residence	5
Non-Residence*	71
Unknown	7
* non-residence includes street, bus stop, outside, park, alley/rear of buildings, place of work, restaurant/shop, jail	

Location of Injury of Fatal Opioid Overdoses (2021)	
Residence	82%
Decedents residence	73%
Family members residence	2%
Friend/aquaintance residence	11%
Hospital/Nursing Home	0%
Hotel/Motel	5%
Unspecified residence	3%
Shelter/Halfway house	4%
Vacant residence	1%
Non-Residence*	17%
Unknown	2%
* non-residence includes street, bus stop, outside, park, alley/rear of buildings, place of work, restaurant/shop, jail	

Source: Opioid Response Symposium 2022 Dr. Stephen Rosa, Deputy Chief Toxicologist, Forensic Toxicology Department Office of Chief Medical Examiner District of Columbia

<https://ocme.dc.gov/publication/epidemiology-and-surveillance-reports>



» Are you familiar with DC Standing Order and/or DC Samaritan Law?

COMMUNITY-BASED NALOXONE ACCESS PROGRAM STANDING ORDER



District of Columbia
Naloxone Standing Order
For Use by **Organization Name**

Purpose:

The purpose of the standing order is to ensure residents of the District of Columbia who are at risk of experiencing opioid related overdose or family members, friends or other persons at risk are able to obtain naloxone. This order is only to be used by members of **Organization Name** under the purview of the **Physician Name**. Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intra-nasally with the use of a mucosal atomizer device or intramuscularly.

Source: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Naloxone%20Standing%20Order_1.pdf

The *Good Samaritan Overdose Prevention Amendment Act of 2012* (#A19-564), which was passed by the D.C. Council in 2012 and took effect on March 19, 2013, provides limited legal protection from arrest, charge and prosecution for those who witness or experience a [drug overdose](#) and summon medical assistance.

The *Good Samaritan Overdose Prevention Amendment Act of 2012* (#A19-564) specifies that:

- Law enforcement officers who observe possession amounts of illegal drugs or paraphernalia at the scene of an overdose should not consider these drug law violations to be crimes for the individual experiencing the overdose and the witness who sought emergency medical services.
- A minor is provided limited protection from criminal charges for underage possession of alcohol if they experience an overdose or seek emergency medical services for a peer.
- A person who is 25 years of age or younger is given limited protection from criminal charges for providing alcohol to a minor who is 16 years of age or older if they seek emergency medical services for the minor in need.
- The possession of naloxone – a medication that rapidly reverses opiate overdoses – and its use by laypersons on individuals experiencing an opiate overdose is not a criminal offense.

(1) <https://code.dccouncil.us/us/dc/council/laws/21-186#:~:text=To%20amend%20An%20Act%20To,of%20experiencing%20an%20opioid%2Drelated>

Which of the following are or contain opioids?

- Butrans®
- Duragesic®
- MS Contin®
- Opana®
- Opium
- Soma®
- Sufenta®
- Tramadol
- Tussionex®
- Tylenol#3®



Which of the following are or contain opioids?

- Butrans® - trade name of buprenorphine patch
- Duragesic® - trade name of fentanyl patch
- MS Contin® - trade name morphine sulfate extended release
- Opana® - trade name of extended release oxymorphone
- Opium- precursor of heroin
- Soma® - no, a muscle relaxer
- Sufenta® - trade name for a strong fentanyl derivative
- Tramadol- generic name for Ultram, an opioid
- Tussionex® - trade name of a cough medicine that contain opioid
- Tylenol#3® - trade name for a combination of acetaminophen and codeine



OPIOID USES: IMPORTANT TO TALK TO CLIENTS ABOUT USES

» In the U.S., opioids are indicated for the following uses:

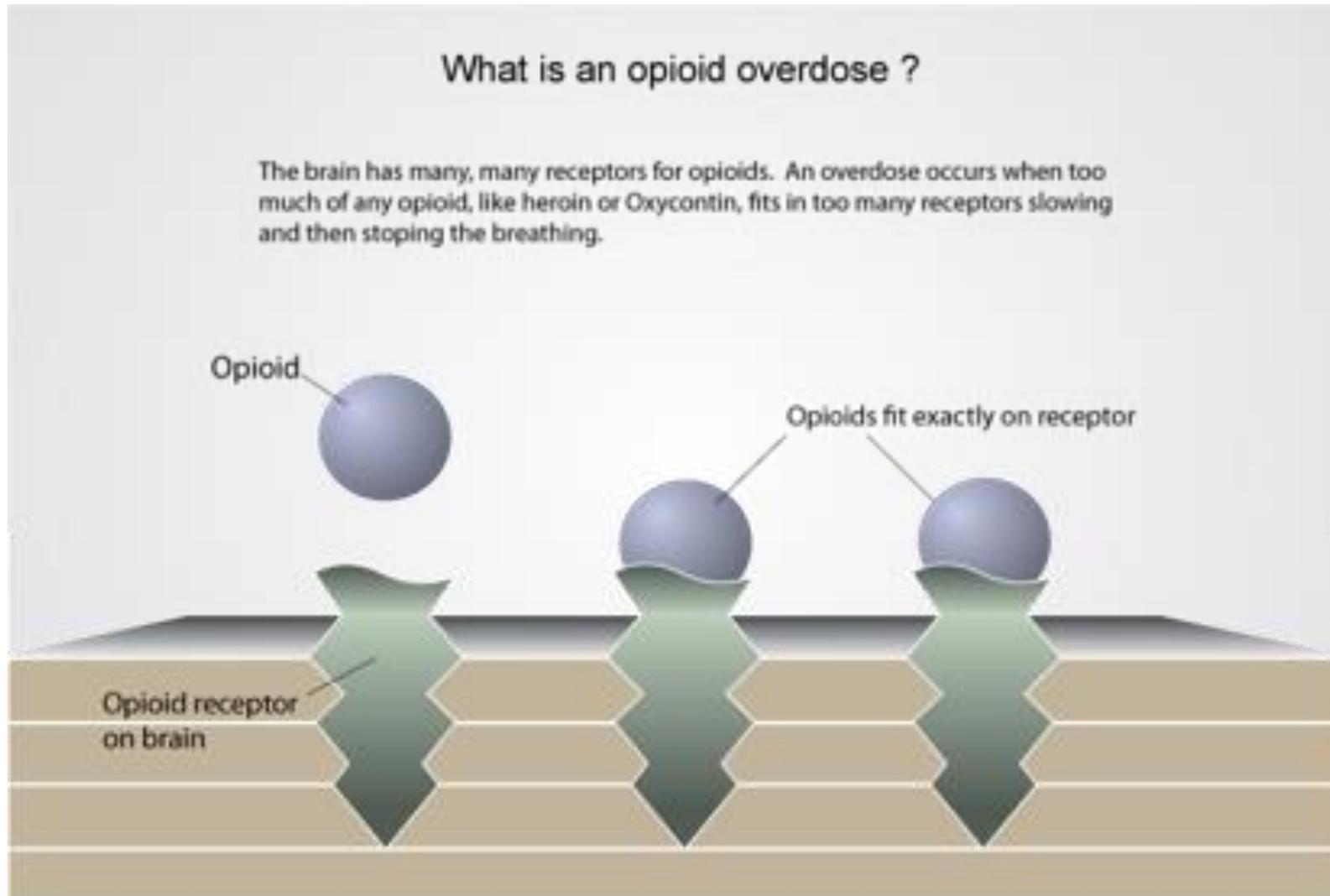
- Analgesic to combat pain (morphine, hydrocodone, oxymorphone, etc.)
- Cough suppressant (dextromethorphan)
- Diarrhea (loperamide)
- Withdrawal Management and Medication-Assisted Treatment (MAT)



- » The following increase the risk of overdose:
- Tolerance shifts (after treatment/detox)
 - Mixing drugs
 - Poor physical health
 - Varying composition and drug strength
 - Changing routes (snorting, smoking, injecting)
 - Using alone



WHAT IS AN OPIOID OVERDOSE?

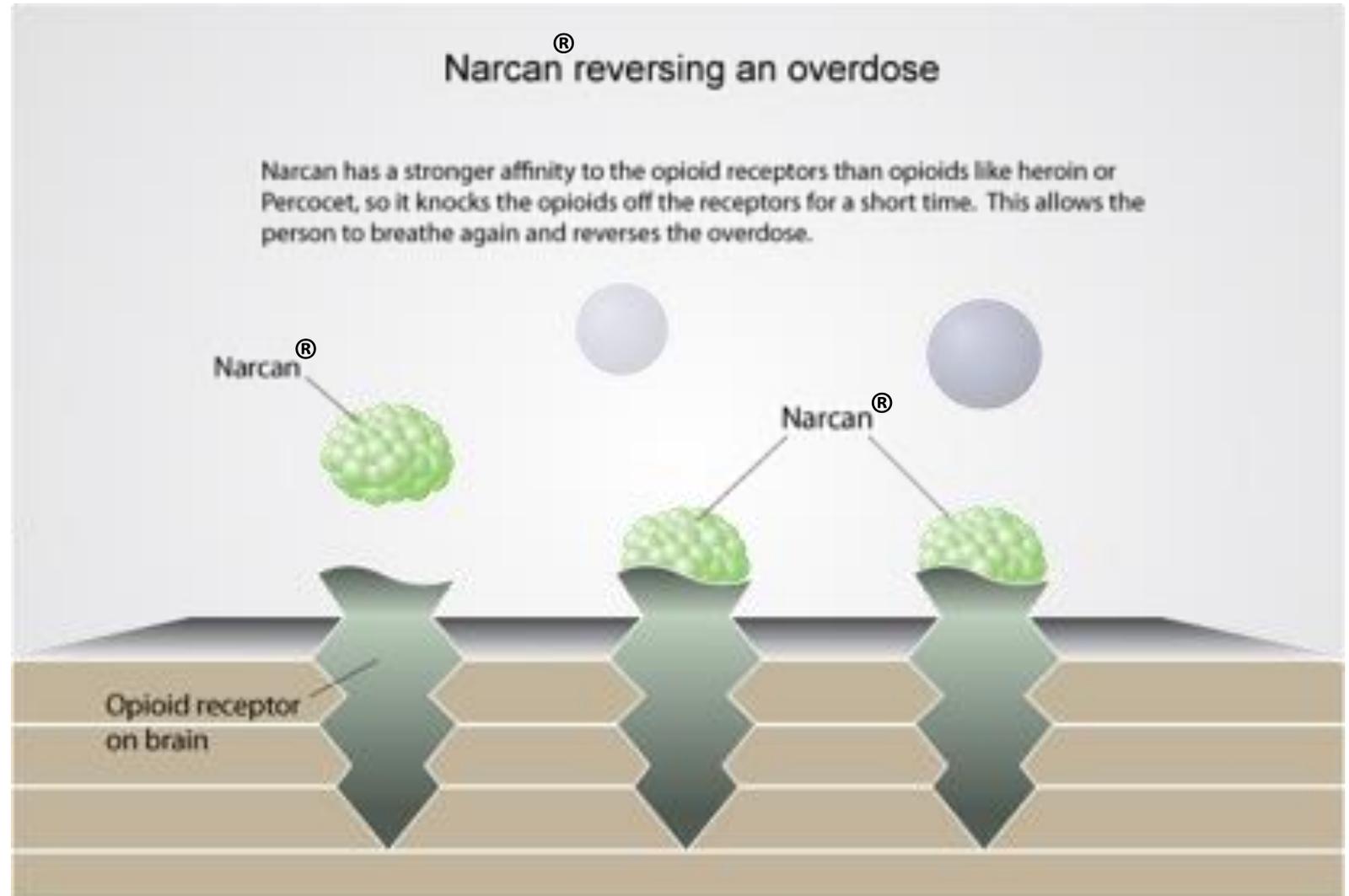


Indications:

Naloxone is used to reverse respiratory and central nervous system depression caused by opioids (i.e., morphine and heroin).

Onset/Duration:

Following administration, the onset of naloxone action is usually 3-5 minutes (but can take up to 8 minutes) and lasts for approximately 60 minutes.



**BUSTING
MYTHS**

MYTH:

»» Naloxone encourages opioid users to take more drugs.

FACT:

- »» Research has shown that naloxone does not lead to more or riskier drug use.¹
- »» In fact, some studies have shown that naloxone use results in a decrease in opioid use.²

(1) Jones JD, Campbell A, Metz VE, Comer SD. No evidence of compensatory drug use risk behavior among heroin users after receiving take-home naloxone. *Addictive Behaviors*. 2017;71:104-106. doi:10.1016/j.addbeh.2017.03.008.

(2) Wagner KD, Valente TW, Casanova M, et al. Evaluation of an overdose prevention and response training programme for injection drug users in the Skid Row area of Los Angeles, CA. *International Journal of Drug Policy*. 2010;21(3):186-193. doi:10.1016/j.drugpo.2009.01.003.

MYTH:

»» Naloxone use prevents substance users from seeking treatment.

FACT:

- »» There is no evidence to support the belief that the use of naloxone prevents opioid users from entering treatment.
- »» In fact, sometimes the near-death experience can motivate an individual to seek treatment.

MYTH:

» Naloxone makes people violent.

FACT:

- » It is rare for someone to wake up from an overdose and become combative.¹
- » Dosing and process is designed to minimize hypoxic brain injury and allow the patient to breathe, but not be in total opioid withdrawal.

(1) Fisher R, Odonnell D, Ray B, Rusyniak D. Police Officers Can Safely and Effectively Administer Intranasal Naloxone. *Prehospital Emergency Care*. 2016;20(6):675-680. doi:10.1080/10903127.2016.1182605.

» Naloxone is harmful if given to an individual who is not actually experiencing an overdose.

- Yes
- No
- I don't know

MYTH:

- » Naloxone is harmful if given to an individual who is not actually experiencing an overdose.

FACT:

- » Naloxone is a medicine that rapidly reverses an opioid overdose. It is an opioid antagonist. This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids. However, naloxone has no effect on someone who does not have opioids in their system and is not harmful if you accidentally give it to someone who is not experiencing an overdose.

Step 1: Identify an Overdose

- » Recognize signs and symptoms of an overdose

Step 2: Call 9-1-1

- » Call for help and dial 9-1-1

Step 3: Give Naloxone

- » Administer naloxone to restore normal breathing
- » If not breathing, or shallow breathing start rescue breathing

Step 4: Rescue Breathing

- » If not breathing, perform rescue breathing to provide oxygen

Step 5: Stay until help arrives

- » If there is no change in 2-3 minutes, administer another dose of naloxone
- » Stay with the person until help (medical professional) arrives

RECOGNIZE SIGNS AND SYMPTOMS OF OPIOID OVERDOSE



Very Intoxicated/High	Overdosed
Muscles are relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Looks sleepy	Deep snoring or gurgling (“death rattle”)
Responsive to shouting, ear lobe pinch, or sternal rub	Unresponsive to any stimuli (sternal rub)
Normal heart rate and/or pulse	Slowed or no heart rate and/or pulse
Normal skin tone	Blue lips and/or fingertips

CALL FOR HELP
DIAL 9-1-1



Source: <https://www.istockphoto.com/photos/call-911>

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Tell the dispatcher that someone is not breathing!

- Describe exactly where you are with as much information as possible so they can more easily find you (i.e., 3rd floor, or in the bathroom).
- Describe what you see: “Not breathing, turning blue, unconscious, non-responsive, etc.”
- When EMS arrives, tell them what you know about what drugs the person may have been using—as much information as possible.

Source: <https://opioidhealth.org/dc-free-naloxone/>

Administration of Naloxone

• Intranasal NARCAN® Nasal Spray

1 PEEL back the package to remove the device.

2 PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

3 PRESS the plunger firmly to release the dose into the patient's nose.

Caution: do not prime the device as most or all of the medication will be dispensed



<http://www.narcannasalspray.com/nns-4-mg-dose/how-to-use-nns/>

- » Peel the package back to remove the device
- » Place the tip of the nozzle until your fingers touch the bottom of the patient's nose
- » Press the plunger firmly to release the dose into the patient's nose

RESCUE BREATHING

- » Place the person on their back
- » Check to see if there is anything in their mouth blocking the airway (such as gum, toothpick, undissolved pills, syringe cap, cheeked fentanyl patch). If so, remove it.
- » Tilt their chin up to open the airway.
- » Plug their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.
- » Breathe again. Give two breaths every 5 seconds.



Two fingers under the chin and one hand on the forehead.



Tilt the head back gently and open the mouth.



Pinch the nose and create a seal with your mouth around the other person's mouth.



Give the person 2 SMALL breaths first. Then, continue by giving one breath every 5 seconds.

STAY WITH THE PERSON UNTIL HELP (MEDICAL PROFESSIONAL) ARRIVES



» If the person starts breathing or if we must leave for any reasons, we put people in the recovery position.

- Type in the chat
- Why do we put people in this position?



<https://harmreduction.org/?s=recovery+position>

- » If you need to leave the patient for any reason (for example, to call 911) place the patient in the **recovery position**.
- » Lay the person slightly on their side, their body supported by a bent knee, with their face turned to the side.
- » This will help to keep their airway clear and prevent them from choking on their own vomit if they begin to throw-up.



<https://harmreduction.org/?s=recovery+position>

IF THE PERSON STILL DOES NOT RESPOND USE THE SECOND DOSE

- Please give another dose of Naloxone and continue rescue breathing.
- Stay with the person until help arrives.
- Do not forget to place the person in recovery position.

Administration of Naloxone

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Caution: do not prime the device as most or all of the medication will be dispensed



<http://www.narcannasalspray.com/nns-4-mg-dose/how-to-use-nns/>

- » Naloxone's effects last about 30-90 minutes.
 - Many opioids last longer than this so if the naloxone wears off, it is possible that the person may go into overdose again.
- » It is essential that the person be seen by a medical professional after an overdose (for example, EMT or a paramedic).



<https://blog.credit.com/2013/10/consumer-rage-ambulance-ride-69734/>

>> Do you have naloxone at your place of business?

- Yes
- No
- I don't know

>> Do you carry naloxone with you at all times?

- Yes
- No

WHERE TO GET NARCAN IN DC

DC residents may request to receive free naloxone by mail from the Opioid Learning Institute. Here: <https://opioidhealth.org/dc-free-naloxone/>

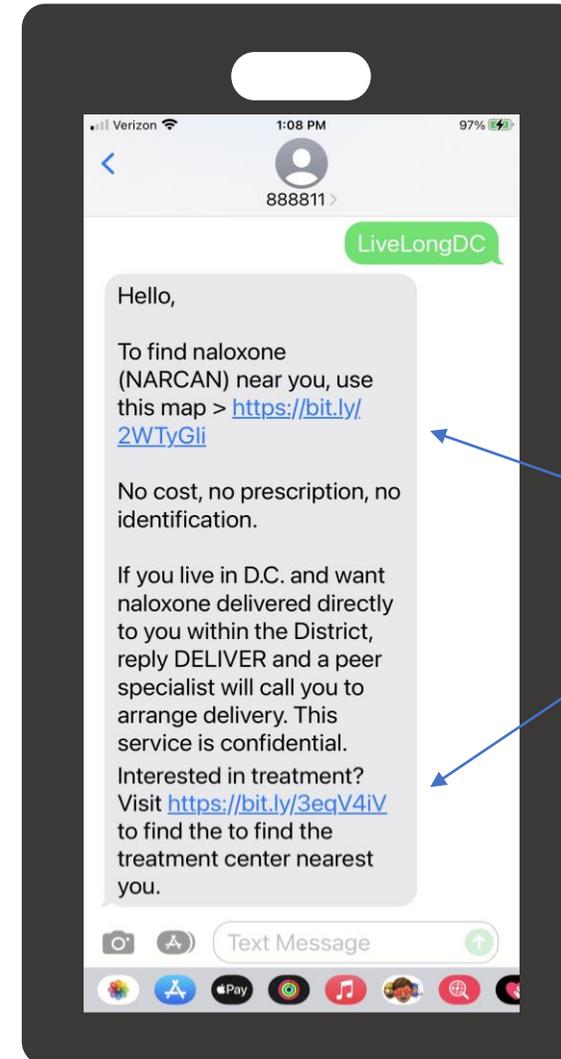
>> **How to Order Naloxone By Mail:**

- Step 1: Watch the eight-minute Opioid Learning Institute Naloxone Training video below.
- Step 2: After watching the video, click the “DC Free Naloxone” link in the video screen.
- Step 3: Fill out the form and you’re all set!
- Please note that the Opioid Learning Institute is only able to fill one order per person and ship to addresses within Washington, DC.

TEXT Live Long DC!

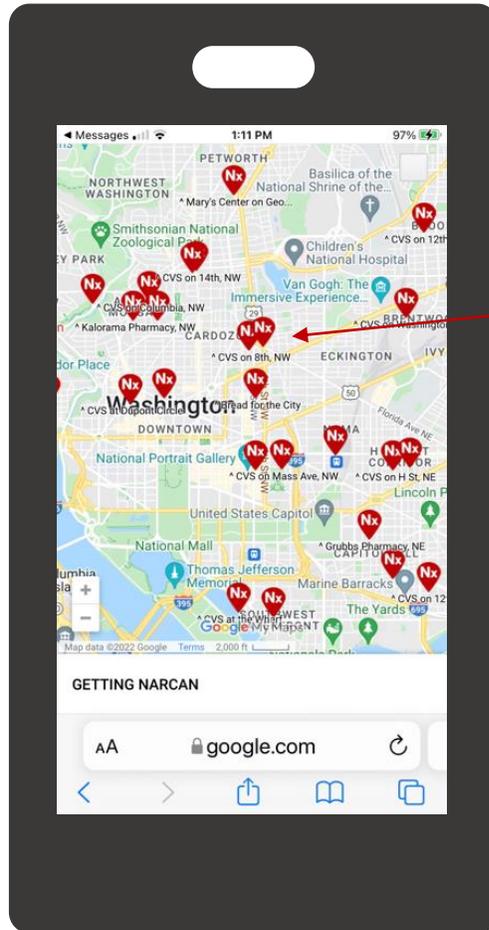
Number to Text: 888811

Message to Send: LiveLongDC



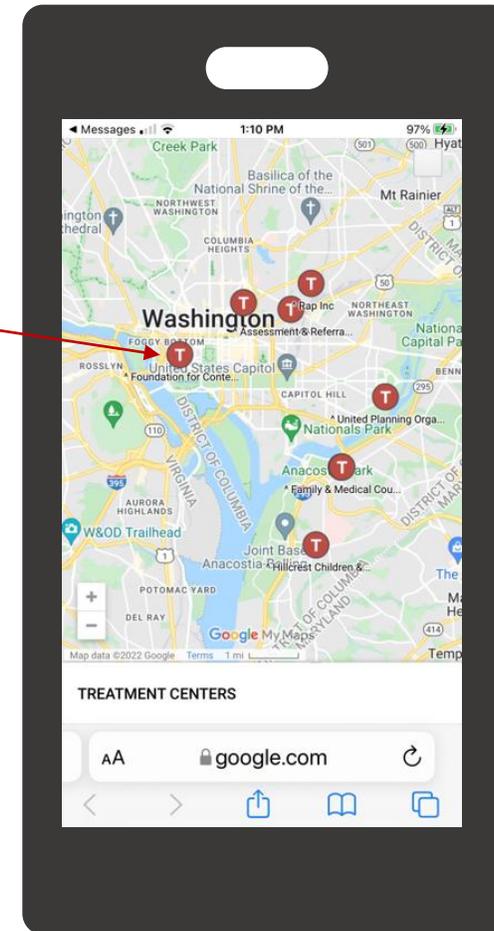
*See the maps
on the next
slide.*

1) Link to Naloxone distribution map



Click on a red dot for more information about the location, including address, hours, and contact information.

2) Link to treatment site map



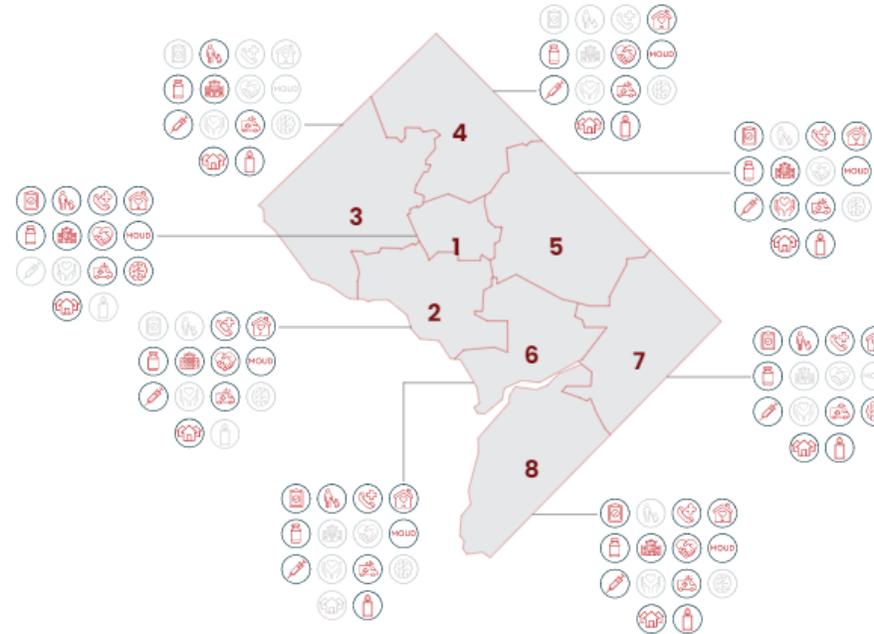
ADDICTION-RELATED RESOURCES IN DC



This interactive map provides information about Addiction-related resources and services available in the District. Click on a ward to see a detailed listing of Resource locations.



Services By Ward



Legend	
Federally Qualified Health Centers (FQHCs)	Homeless Shelters
Naloxone (Narcan)	Hospital with ED MOUD
Peer-Operated Centers	Treatment Centers
Safe Syringe Exchange (Mobile)	Harm Reduction
Community Response Team City Wide: (202) 673-6495	Comprehensive Psychiatric Emergency Program (CPEP)
Oxford Houses	Faith-Based Organizations

For more information visit: <https://myrecoverydc.org/services-by-ward/>

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- » Be sure to store naloxone in a place that is easily accessible:
- First Aid Kit or with an AED
 - Medicine cabinet, TV stand
 - In your handbag or backpack (kept at room temperature)



Source: <https://www.amazon.com/First-Aid-Kit-emergency-situations/dp/B00W4WDRRU>

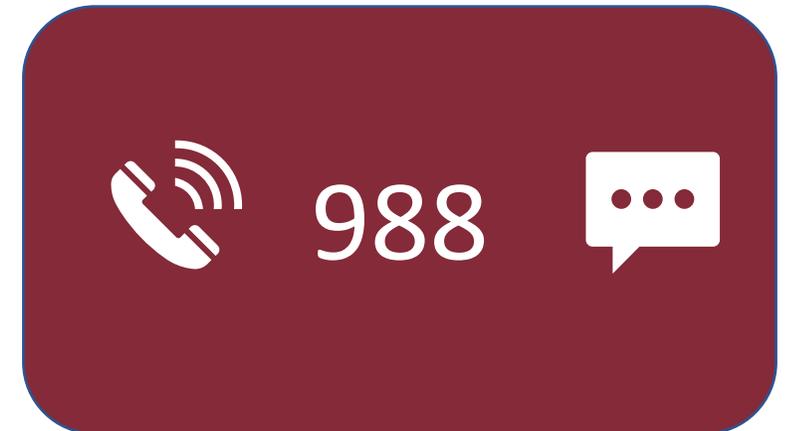


Source: <https://www.istockphoto.com/photos/first-aid-kit-wall>



Source: <https://www.pinterest.com/pin/574068283733820284/>

- 988 is the new National Suicide Prevention Lifeline
- Starting July 16, 2022 everyone across the U.S. will be able to dial 988
- When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network



The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.

FENTANYL TEST STRIPS (FTS)

- » Fentanyl test strips (FTS) are a simple, inexpensive, and evidence-based method of averting drug overdose.
- » Receiving a positive test was associated with positive change in OD risk behavior.
- » Federal funds can be used to purchase FTS.



Sources: <https://www.healthaffairs.org/doi/10.1377/hblog20210601.974263/full/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6701177/>

<https://www.samhsa.gov/newsroom/press-announcements/202104070200>

Source: <https://www.technologynetworks.com/applied-sciences/news/fentanyl-test-strips-help-to-prevent-overdoses-310792>

» At the end of December 2020, D.C. Mayor Muriel Bowser allowed the [Opioid Overdose Prevention Act of 2019 \(B23-0054\)](#) to become law. This bill removes the criminal penalties for possession of drug paraphernalia for personal use. The bill will allow organizations like HIPS to distribute harm reduction supplies such as safer smoking kits, safer snorting kits, and other infectious disease prevention harm reduction materials previously criminalized under DC law.

Fentanyl Test Strips

1. Add sterile water to your **empty** baggie or the **cooker you just prepped** – mix well!
**Load your shot FIRST! Only test your rinse water!
2. **Dip the test strip** in the water, in up to the first line & **hold for 15 seconds**
3. **Place test strip** on sterile surface or across top of cooker.



One line POSITIVE



Two lines NEGATIVE



Positive Negative





What are you looking for today?



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DC Health



Office Hours

Processing Center: M-F: 9 am-1 pm,
W: 9 am-3:30 pm; Office Hours M-F:
8:15 am-4:45 pm

Connect With Us

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Washington, DC 20002
Phone: (202) 442-5955
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Needle Exchange - NEX

Providers and locations in the District of Columbia that provide needle exchange and harm reduction services:

- [Bread for the City](#)
Bread for the City provides harm reduction activities and needle exchange services for those in need at its headquarters located at 1525 Seventh Street, NW only. Call Bread for the City for more information.
- Northwest Center**
[1525 Seventh Street, NW](#)
[Washington, DC 20001](#)
(202) 386-7020
Monday-Thursday: 8:30am-5:00pm
Friday: 8:30am-12:00pm
- Southeast Center**
[1700 Good Hope Road SE,](#)
[Washington DC 20020](#)
202-265-2400
Monday-Thursday: 8:30am-5:00pm
Friday: 8:30am-12:00pm

DC Health Telephone Directory



Use our [DC Health Service Telephone Directory](#) to view the telephone numbers for various DC Health services.

STD Testing



Q&A

FOR NALOXONE QUESTIONS- NALOXONE@DC.GOV

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As a result of
this webinar, I
understand:

- a. List 3 opioids and their uses
- b. State what naloxone is and how it works
- c. Recognize and respond to an opioid overdose
- d. Understand where and how individuals can access Naloxone in DC

REFERENCE LIST



- >> <https://www.sandstonecare.com/blog/how-good-samaritan-laws-prevent-drug-overdose-in-the-dc-maryland-virginia-area>
- >> <https://drugpolicy.org/news/2014/06/dc-police-chief-orders-no-drug-or-alcohol-related-arrests-people-protected-dc-overdose-#:~:text=The%20Good%20Samaritan%20Overdose%20Prevention,overdose%20and%20summon%20medical%20assistance> .
- >> https://lims.dccouncil.us/downloads/LIMS/26510/Signed_Act/B19-0754-SignedAct.pdf
- >> Harm Reduction International <https://www.hri.global/>
- >> Krieger, M. S., Goedel, W. C., Buxton, J. A., Lysyshyn, M., Bernstein, E., Sherman, S. G., Rich, J. D., Hadland, S. E., Green, T. C., & Marshall, B. (2018). Use of rapid fentanyl test strips among young adults who use drugs. *The International journal on drug policy*, 61, 52–58. <https://doi.org/10.1016/j.drugpo.2018.09.009>
- >> <https://opioidhealth.org/dc-free-naloxone/>
- >> <https://www.samhsa.gov/newsroom/press-announcements/202104070200>
- >> <https://livelong.dc.gov/node/1368541#harmreduction>
- >> https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Naloxone%20Standing%20Order_1.pdf
- >> <https://suicidepreventionlifeline.org/current-events/the-lifeline-and-988>
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- » Please complete the online evaluation! **If you would like to receive CME or CE credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

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