

Overdose Fatality Review Addendum

Poisoning Death Review Report Montgomery County, 2019



Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

Public Health – Dayton & Montgomery County
Prepared by Epidemiology Section
Published November 10, 2020

Contents

Executive Summary	3
Purpose.....	3
Progress	3
Findings	3
Recommendations	3
Next Steps.....	3
Introduction	4
Poisoning Death Review.....	4
Overdose Fatality Review.....	4
Process.....	4
Family Interviews	5
Introduction	5
Purpose	5
Recruitment	5
Process.....	5
Analysis	5
Childhood	5
Finances	5
Relationships.....	6
Health.....	6
Substance Use.....	6
Events Prior to Overdose Death.....	7
Insight from Loved Ones	7
Key Findings.....	8
Inaugural Meeting.....	8
Black Women	8
Methamphetamine in Toxicology Screens	8
Family Interviews.....	8
Recent Release from Jail/Prison	9
Recommendations.....	10
Focus on Prevention and Promote Resiliency	10
Provide Connections to Support Systemwide	10
Support Individuals who have Experienced Multiple Overdoses	10
Expand Support for People in Recovery.....	10
Provide Support Upon Reentry from Jail or Prison	10
Respond to the Increase in Methamphetamines	10
Address Contamination in the Drug Supply	11
Support Families Following a Fatal Overdose.....	11
Mitigate Effects of COVID-19 Response	11
Next Steps.....	11
Overdose Fatality Review Members	12

Executive Summary

Purpose

The Overdose Fatality Review (OFR) Committee works to identify and champion efforts to help decrease the number of overdose deaths in Montgomery County. The committee develops recommendations using insights from aggregate data and deidentified case narratives. These recommendations are shared with the Community Overdose Action Team for implementation.

Progress

Five OFR meetings were held between January 2019 and July 2020. The first meeting established the team and piloted the case review process. Three meetings focused on specific subpopulations as indicated by changing trends, including Black women, individuals with methamphetamine in their system at the time of death, and individuals released from incarceration within six months of death. One additional meeting reviewed findings from initial family interviews.

Findings

Many individuals who died of a drug overdose experienced unemployment and homelessness throughout their life. They had multiple treatment episodes and, at times, felt confident in their recovery. At other times, they felt they used drugs safely and were not at risk for overdose. Some experienced childhood trauma, and many were diagnosed with ADHD as a child. Many had trouble meeting their basic needs like housing, food, and employment.

The percent of deaths that involved Black women increased between 2017 and 2018. These women were more likely than others to have prior hospital visits or receive mental health treatment. They were less likely to have an extensive criminal record or a prior overdose. In a review of deidentified cases, the women tended to use drugs with or live with family members.

The percent of deaths involving methamphetamine has increased since 2005. Individuals with methamphetamine in their system at the time of death were more likely to have criminal convictions, recent incarceration, or a mental health diagnosis. Cases reviewed had a history of multiple overdoses and traumatic experiences.

One-third of individuals had a release from jail within one year of death. Family members indicated that loved ones were not sufficiently connected to treatment following release from jail or prison and reported needing help accessing available resources.

Recommendations

To date, the OFR committee has developed policy and programmatic recommendations in the following areas:

- Focus on Prevention and Promote Resiliency
- Provide Connections to Support Systemwide
- Support Individuals who have Experienced Multiple Overdoses
- Expand Support for People in Recovery
- Provide Support Upon Reentry from Jail or Prison
- Respond to the Increase in Methamphetamines
- Address Contamination in the Drug Supply
- Support Families Following a Fatal Overdose
- Mitigate Effects of COVID-19 Response

Next Steps

The Montgomery County Overdose Fatality Review committee will continue to incorporate family interviews into the review process, include new members and data as needs arise, and advocate to turn recommendations into actions.

Introduction

Poisoning Death Review

The Poisoning Death Review report uses information from the Montgomery County Coroner's Office, the Ohio Department of Health, the local hospital system, and the criminal justice system to provide the community with an overview of data regarding the life and death of individuals who died of a drug overdose. The Poisoning Death Review Report provides demographic and health characteristics, as well as information on the circumstances of death and substances used for all individuals who died of a drug overdose that occurred in Montgomery County in 2019.

Overdose Fatality Review

Public Health – Dayton & Montgomery County (PHDMC) formed an Overdose Fatality Review Committee, modeled after Child Fatality Review Committees already in existence, to better inform prevention efforts. Such teams are in practice in many counties in Ohio and across the country. They can identify and champion efforts to help decrease the number of overdose deaths in Montgomery County. Using aggregate data and deidentified case narratives, the committee develops recommendations to reduce the incidence of overdose deaths that are shared with the Community Overdose Action Team for implementation.

Process

Montgomery County's Overdose Fatality Review (OFR) held its first quarterly meeting in January 2019. Development began in 2018, with the Epidemiologist researching current practices, developing a framework for case review, creating a data tool, recruiting members, and preparing data.

Because there are no statutory protections in Ohio that allow for open sharing of case information for OFR, information is shared in two ways: aggregate data and de-identified case profiles. To guide the discussion, some meetings have focused on groups that have increased as a percent of all overdose deaths. Public Health has partnered with Eastway Behavioral Healthcare to conduct forensic interviews with friends and family members of individuals who died of a drug overdose. These interviews add key insights to case profiles.

OFR members represent a cross-section of agencies and provide data and share insight regarding individuals who die of a drug overdose. Representatives include Public Health, the Coroner's Office, Alcohol Drug and Mental Health Services (ADAMHS), a behavioral health agency, fire/EMS, law enforcement, criminal justice, the area hospital association, and an emergency room physician/researcher and the local task force. Data sources include mortality data, Coroner investigations, treatment information, criminal justice involvement, police reports, and hospital visits.

Family Interviews

Introduction

Purpose

To prevent future overdose deaths, the Overdose Fatality Review (OFR) Committee identified the need to supplement Coroner and criminal justice records with additional information. Interviews with family and friends of individuals who died of an overdose were initiated to learn more about the individuals' lives, evaluate the needs of those with substance use disorder, and identify gaps in resources and services in the community.

Recruitment

Initial interviewees were primarily identified through criminal justice records; phone numbers are available for visitors to the Montgomery County Jail and emergency contacts for incarcerated. The Coroner's Office also provides the next of kin contact information.

Process

Through Eastway Behavioral Healthcare, a psychologist trained in forensic interviewing contacts identified friends and family members to request an interview. Interviews are typically conducted over the phone and last approximately 1 to 2 hours. Open-ended questions were developed using the OFR data collection form created by the Ohio Department of Health (ODH). Additional questions were identified to fill gaps in data identified in Montgomery County.

Analysis

Prior to Overdose Fatality Review meetings, a topic is identified from aggregate data trends, and cases are selected that reflect that topic. Information from interviews is combined with data from the autopsy, death certificate, criminal justice records, health records, and police reports. Cases are presented in a de-identified manner to the committee. Information from the 13 cases available at the time of this report are presented below. All reports were reviewed, and common experiences were identified.

Childhood

Finances

Half of families struggled financially when individuals were children; others ranged between working class and wealthy. Of those who struggled, several began having financial difficulty after a change in family circumstances, such as separation or divorce, injury, or a death in the family.

Parents

Nearly all had parents who divorced or separated at some point during their lives, the majority when they were still living at home. One father was never around when the decedent was growing up while another passed away when the decedent was young.

Trauma

Many experienced childhood trauma. These include physical and sexual abuse, witnessing domestic violence, violent deaths of loved ones, and accidental injuries.

Education

Most, but not all, dropped out of school before finishing high school. Of those who dropped out, half left because of a lack of interest or motivation, or because of learning difficulties relating to ADHD. Others left due to behavioral difficulties related to ADHD or to drug use that impacted attendance. In total, three in four individuals had a diagnosis of ADHD as a child.

Finances

Employment

All individuals had difficulty maintaining steady employment. Most separated from their jobs for drug-related absences. Other reasons for leaving employment include mental health concerns, a lack of motivation, and a natural disaster destroying the place of employment.

Economic Stability

All individuals experienced economic hardship as adults. About one in three received an economic windfall at one point in their life, either in the form of an inheritance or settlement. One family member reported that their loved one was not motivated to work due to this windfall, while another reported that a spouse took advantage of their loved one for money. All individuals received SNAP and/or Medicaid. Several also received Social Security Disability or Survivor's benefits.

Housing

All but two individuals had periods of homelessness or had otherwise unstable housing. Several family members reported that their loved ones were never homeless because they always had a place to stay but indicated that they did not have a long-term home of their own. Those who experienced homelessness were known to sleep in shelters, vehicles, garages, and outdoors. Those who experienced housing instability moved often between the homes of friends and relatives, and at times stayed in motels.

Relationships

Significant Others

About two in three individuals had long-term romantic relationships during their lifetime. Most individuals used drugs with at least some of their partners. Relationships ended for various reasons; these include incarceration, physical abuse, and partners opposing drug use.

Children

Approximately half of the individuals had between 1 and 5 children. Most of those who had children did not have custody at the time of death; either the other parent or a relative had custody or their children were adults.

Health

Mental

Two individuals had severe mental health concerns for which they received treatment. About half had signs of depression and/or excessive anger but never received a mental health diagnosis or treatment.

Physical

Nearly all of the individuals had a health problem; about half had a prior injury with vehicular accidents most common. Other injuries included a fall, fights, an animal bite, and a small firearm injury. Other health conditions included congenital conditions, infections, and complications of drug use.

Prescriptions

Most individuals had a prior prescription for stimulants and/or opioids for diagnosed ADHD, surgery, or an injury. Stimulant prescriptions were most common; two in three individuals had a stimulant prescription in their childhood.

Substance Use

Initiation

Individuals began using substances during junior high and high school. The most common first substance used was marijuana. Others reported initiating use with alcohol, inhalants, mushrooms, or methamphetamines.

Signs of Use

Family members described patterns of sobriety, relapse, treatment, and recovery; they also described the signs that their loved one was using again. Common signs include disappearing from the home for a time, personality changes, slurred speech, weight loss, increased sleep, and glassy eyes. Other signs include being unsteady on their feet, paranoia, blacking out, nervous tics, alcohol abuse, and sweating.

Treatment

Most individuals had at least some history of treatment for substance use disorder, often as required by the courts. Experiences ranged from being invested in the program and hopeful about recovery to "scamming" court-mandated treatment to avoid jail. Some attended treatment to avoid jail and generally liked their program but did not continue when mandates ended. Others had barriers to treatment, including feeling stigmatized, mistrust of the medical community, untreated mental health problems, and wanting to attend to loved ones outside of the program.

Events Prior to Overdose Death

Living Situation

Prior to their death, half of individuals were living with an acquaintance, friend, or family member; these included both short- and long-term arrangements. One in four were living in their own apartment, though some of these were acquired for the decedent by others. An equal number of individuals were homeless, living in a vehicle or a vacant home.

Recent Sobriety/Incarceration

Individuals are more at risk of overdose following a period of sobriety. Family members report that approximately half of the individuals were recently released from prison, jail, or a halfway house. One in three had received treatment and were believed to have been sober in the period just prior to their death, and two had attempted to enter treatment several weeks prior to their death but did not enroll.

Triggers

Half of individuals had an identifiable traumatic event shortly prior to their death. These included incarceration, loss of job or problems at work, possible eviction, a natural disaster, loss of custody, fight with a partner or end of a relationship, and the traumatic death of a friend.

Insight from Loved Ones

Barriers to Treatment

According to their loved ones, individuals faced a variety of barriers to treatment. The most common were lacking a personal drive to enter recovery and wanting to avoid relying on others for help. Others did not believe their drug use was a problem or were able to feign participation in court-ordered treatment without fully engaging. Some reported practical concerns such as their insurance not being accepted or problems with distance and transportation. Others reported feeling stigmatized when receiving treatment, not wanting to leave children behind, a mistrust of physicians, and being discharged from treatment too early.

Opinion of Legal System

Interviewees often shared their opinion of the legal system and its impact on their loved ones. Some argued that consequences for drug use weren't harsh enough, their loved ones were "let off easy," treatment should have been mandated, and probation supervision should have been intensified. On the other hand, some thought that the system was too harsh, treating people with an illness "as violent criminals," and some alleged mistreatment by police or corrections officers.

Underlying both stances is the belief that substance use disorder is an illness that requires appropriate treatment. Several individuals mentioned appreciating the efforts of probation officers and wishing that their caseloads were smaller, so they could devote more time to each individual. Others indicated a wish for families to be more involved in the legal process, a need for better transition plans upon release from jail, and an opinion that individuals must be prepared to "let [the drug court] be helpful."

Suggestions to Prevent Future Fatalities

Family members offer a unique perspective for suggesting changes that could prevent future fatalities. A major theme in the discussion of their experiences was a desire for better communication with the systems their loved ones were involved with; they wanted law enforcement, the legal system, and treatment providers to let them know when their loved one was struggling and how they could help. They also hoped for better communication after their loved one passed away.

They also made suggestions for improvements in the treatment of substance use disorder: families need more assistance securing open spots in programs that accept their insurance, individuals need to be admitted more quickly, treatment programs should last longer, and individuals should be assisted in finding new surroundings when they leave inpatient treatment. Family members also expressed a desire to mandate treatment for substance use disorder, through the courts or by treating substance use as a mental health concern and overdoses as a form of self-harm. Others indicated the need for additional housing for individuals with substance use disorder and criminal convictions and more effective halfway houses.

Other suggestions include providing counseling to children following traumatic events, providing mental health treatment for adults, prosecuting dealers to provide individuals with tainted drugs, and assessing whether the use of Narcan® leads to risky drug use.

Key Findings

Five OFR meetings were held between January 2019 and July 2020. The first meeting established the team and piloted the case review process. Three meetings focused on specific subpopulations as indicated by changing trends, including Black women, individuals with methamphetamine in their system at the time of death, and those who were released from incarceration within six months of death. One additional meeting reviewed findings from initial family interviews. Key findings from each meeting are below.

Inaugural Meeting

January 2019

Between January and August of 2018, the top occupations were labor, service, and healthcare. Two-thirds of individuals paid for their last hospital visit with Medicaid. Within one year of death, one half had contact with the criminal justice system, one quarter was on probation, and one quarter had treatment for substance use disorder. Ninety-five percent were known to have struggled with substance abuse, and one-third had a prior hospital visit for a drug overdose.

Black Women

April 2019

The percent of deaths that involved Black women increased between 2017 and 2018. While the rate of overdose deaths decreased for other groups, it remained stable for Black women, indicating that interventions that were working for other groups were not sufficient for this population. These women were more likely than others to have cocaine, marijuana, and alcohol in their systems at the time of death. They were also more likely to have prior hospital visits and to pay for their treatment with Medicaid, but less likely to have an extensive criminal record or to have had recent contact with the criminal justice system. They were also less likely to have a prior overdose or treatment for substance use disorder, though they were more likely to receive treatment for a mental health condition. A review of five de-identified cases revealed that the women tended to use and/or live with family members. Some had children in the home at the time of death.

Methamphetamine in Toxicology Screens

October 2019

The percent of deaths involving methamphetamine has increased since 2005. Individuals with methamphetamine in their system at the time of death were more likely than others to have fentanyl or heroin in their systems as well. They were more likely to have criminal convictions, drug charges, and recent contact with the criminal justice system; they were more than twice as likely as others to have been booked into jail within one year of death. They were also more likely to have a mental health diagnosis, particularly for psychosis or anxiety. Reviewed cases revealed repeat overdoses, a history of violent crime, experiences of trauma, and unmet basic needs such as housing, food, and employment.

Family Interviews

January 2020

Initial family interviews in 2019 reveal a history of substance use in families as well as numerous family members and friends lost to overdose. Individuals had patterns of job loss related to drug use and experienced homelessness throughout their final years; family members refused to house them in an effort not to enable their continued drug use. They had multiple treatment episodes and, at times, felt confident in their recovery. They also told their family members that they felt safe in their drug use and did not worry about overdosing; they trusted their source of drugs and were confident that they knew what they can take without overdosing. Some experienced childhood trauma, lacked coping mechanisms, had an ADHD diagnosis as a child and had academic and/or behavioral difficulty at school.

Recent Release from Jail/Prison

July 2020

Over half (56%) of individuals who died of a drug overdose between January 1st and June 11th, 2020 had contact with the criminal justice system within one year of death; 35% had a release from jail within one year of death. Interviews with family members of individuals with a recent release from incarceration provide information about the impact of incarceration on individuals, opportunities for improved social support, and key features of individuals at risk for an overdose. Family members described their loved ones as inadequately connected to mental health or substance abuse treatment following release from jail or prison; others said that the structured daily life of prison helped some individuals but was unavailable upon release. Loved ones also reported needing additional knowledge of or assistance accessing resources to support their loved ones struggling with mental illness or substance use; at times, well-meaning loved ones' enabling behavior may have unintentionally caused harm to individuals in recovery or active use. Finally, family members indicated that their loved ones had trouble meeting their basic needs of housing, shelter, medicine, etc. These individuals were at risk for drug use and misuse, relapse, and overdose, and many did not have sufficient skills to cope with these adverse experiences apart from drug use.

Recommendations

To date, the OFR Committee has developed the following policy and programmatic recommendations:

Focus on Prevention and Promote Resiliency

- Help meet the basic needs of individuals in the community.
- Promote resiliency through targeted programming. Examples include ADAMHS programs in schools, Handle with Care, etc.
 - Cultivate resiliency in children and youth; assist them in developing coping skills early in life to provide an alternative to drug use.
 - Target prevention programs in elementary schools that serve affected populations.
- Encourage more schools to implement the OHYES survey to identify at-risk students.
- Enhance the use of Mental Health and Substance Use screenings to identify at-risk individuals.

Provide Connections to Support Systemwide

- Increase assessments for substance use disorder among those with a mental health diagnosis.
- Encourage other agencies to provide outreach to Black women:
 - Hospitals can provide brief screening to all patients, county Outreach teams can follow-up and provide services.
 - The Job Center can provide education and outreach when individuals apply for benefits.
 - Diversify peer support among outreach teams.
 - Black churches can provide additional outreach.

Support Individuals who have Experienced Multiple Overdoses

- Provide additional interventions to the population who have multiple overdoses.
 - Identify possible interventions through Ascend's risk stratification project.
 - Services can include Quick Response Teams, peer support, wraparound services, food, housing, etc.

Expand Support for People in Recovery

- Ensure better transition to aftercare, including starting Vivitrol before discharging from treatment
- Encourage appropriate social support from individuals who are in recovery.
- Engage families in groups that model appropriate support for individuals who use drugs (e.g. Families of Addicts).
- Educate families regarding signs of mental illness and substance use as well as available resources (Vivitrol shots, inpatient treatment, harm reduction, etc.).
- Increasing capacity of peer supporters to provide continuous outreach and follow-up to clients.
- Encourage a sponsor model of peer support.

Provide Support Upon Reentry from Jail or Prison

- As part of Montgomery County's Reentry program, encourage individuals with substance use disorder to develop a care plan at a rate similar to those with other mental health concerns.
- Increase utilization of resources when transitioning out of jail, including initiating Vivitrol and making connections to counseling prior to release.
- Assist individuals recently released from prison in following care plans arranged prior to release.
- Connect individuals to existing programs and develop additional options that provide structure and routine (ex: Career Alliance Academy).

Respond to the Increase in Methamphetamines

- Determine what services would be beneficial to individuals addicted to methamphetamines. Possibilities include basic needs and wraparound services.
- Educate methamphetamine users about the risks of repeat overdoses. Determine what beliefs exist about combining methamphetamine with fentanyl and how those beliefs impact use patterns.
- Target individuals being treated with Vivitrol for methamphetamine-related outreach.

- Clarify when substance use diagnoses/codes are used for methamphetamine use throughout the system.
- Determine how meth-induced psychosis is being coded in the hospital so that it can be included in alert systems.
- Provide information regarding methamphetamine-induced psychosis to first responders. What to look for, how to respond, etc.
- Consider the drug of choice when creating treatment plans in drug courts.

Address Contamination in the Drug Supply

- Determine what drugs individuals intend to take and whether they are unintentionally buying products laced with fentanyl.
- Educate cocaine users regarding possible contamination of drug supply and encourage them to use fentanyl test kits.
- Include fentanyl in all drug testing.
- Increase communication between Coroner's Office, Public Health, and the community about drugs found in overdose deaths prior to transmission of final data.

Support Families Following a Fatal Overdose

- Provide aftercare to children present, including trauma-informed care, crisis response teams, and linkage to services and resources.
- Follow-up with families after an overdose death.
- Improve communication between families and agencies following a fatal overdose.

Mitigate Effects of COVID-19 Response

- Increase the availability of NA/AA meetings and other resources while maintaining social distancing.
- Develop outreach and supportive tools for individuals who have been in long term recovery and experience an overdose.
- Continue to meet treatment needs during the COVID-19 pandemic; providers may need additional funding or support to provide treatment while social distancing.

Next Steps

The Montgomery County Overdose Fatality Review committee will continue to incorporate family interviews into the review process, include new members and data as needs arise, and advocate to turn recommendations into actions.

Overdose Fatality Review Members

Overdose Fatality Review members provide valuable insight in their review of data and cases and development of recommendations to reduce the incidence of fatal overdoses. Between January 2019 and July 2020, the following individuals were members of the OFR committee:

Agency	Name
Public Health – Dayton & Montgomery County	Susan Herzfeld, <i>Epidemiologist and OFR Coordinator</i> Barbara Marsh, <i>Assistant to the Health Commissioner</i> Michael Dohn, <i>Medical Director</i>
Community Overdose Action Team	Casey Smith, <i>COAT Project Manager</i>
Dayton Fire Department	Jeff Lykins, <i>Director and Chief</i> Robert Lotz, <i>Firefighter and Paramedic</i>
Dayton Police Department	Brian Johns, <i>Division Commander</i> Tara Shafner, <i>Senior Crime Analyst</i>
Eastway Behavioral Healthcare	Christine Norris, <i>Psychologist</i> Kara Marciani, <i>Psychologist</i>
Greater Dayton Area Hospital Association	Marty Larson, <i>Executive Vice President</i>
Miami Valley Hospital & Wright State University	Dennis Mann, <i>Assistant Professor of Emergency Medicine</i>
Montgomery County Alcohol Drug Addiction and Mental Health Services	Andrew Sokolnicki, <i>Program Coordinator</i>
Montgomery County Coroner's Office	Brooke Ehlers, <i>Director</i> Kent Harshbarger, <i>Coroner</i>
Montgomery County Criminal Justice Council	Joe Spitler, <i>Executive Director</i>
Montgomery County Sheriff's Department	Shelly Diaz, <i>Assistant to Chief Daryl Wilson</i> Teresa Russell, <i>Director of Criminal Justice Outreach</i>



Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

THIS REPORT WAS PRODUCED BY
PUBLIC HEALTH – DAYTON & MONTGOMERY COUNTY EPIDEMIOLOGY
REIBOLD BUILDING • 117 SOUTH MAIN STREET
DAYTON, OH 45422-1280

FOR MORE INFORMATION, CALL
(937) 225-5700. TO DOWNLOAD
OR VIEW THIS REPORT ONLINE,
VISIT WWW.PHDMC.ORG
SEARCH FOR: OVERDOSE FATALITY REVIEW