

Cobb DA OFR Project
Review of Six Jurisdictional OFR Reports
Summary of Findings and Recommendations
Kevin Baldwin, Ph.D.
Applied Research Services, Inc.
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Introduction

Six separate reports of findings from Opioid Fatality Review panels were reviewed, from West Virginia (2017), Arizona (2017), Kentucky (2017), Maryland (2018), Vermont (2018) and Delaware (2019). The findings from each report were collected and qualitatively analyzed in an effort to find common themes/factors across the six jurisdictions. The following findings are grouped according to the common themes/factors.

Findings by Theme/Factor

Gender

- Males were more likely to overdose than females
- Females were likely than males to utilize health systems
- Females were more likely to have multiple drugs in system at time of death

System Interactions

- The majority of decedents interacted with at least one health system
- Decedents were more likely to have Medicaid than general population
- Decedents were likely to have used Emergency services in the year prior to death
- Emergency services had the most opportunity for intervention, followed by PDMP and Corrections
- For a sizable minority of decedents (40% in one jurisdiction), there was only one opportunity for intervention based on system interactions
- About one-quarter of decedents had a previous history of mental health treatment
- About one-quarter of decedents had been involved with law enforcement within three months of death
- About one-quarter of decedents were engaged in pain-management treatment

Age-related findings

- Younger decedents were more likely to die from heroin and/or fentanyl
- Older decedents were as likely to die from heroin/fentanyl as from controlled substances (CS)
- Most common age range was between 35 and 54 years of age
 - Larger group between 35 to 44 than 45 to 54
- Those 25 to 34 years of age are also at high risk of fatal overdose

Controlled Substances/PDMP

- One-third of decedents were positive for a CS but had no valid prescription at the time of death
- Ninety-one percent of decedents had a history documented in the PDMP
- 50% of females and 36% of males had filled a CS prescription in the month prior to death
- Opioids and benzodiazepines were the most common CS at the time of death
- Decedents were much more likely than the overall PDMP population to have 4 or more prescribers
- 55% of decedents used at least one prescription opioid
- 25% of decedents involved prescription opioids and no other drugs
- Prescription opioids were present in 28% of decedents
- Only 31% had documented Naloxone administration in their EMS records

Incarceration

- Fifty-six percent of decedents in one jurisdiction and 30% in another had incarceration histories
- In the jurisdiction where 30% had incarceration histories, half of those released overdosed within three months of release and 75% died within 12 months of release

Demographics

- Those decedents who never married were at higher risk
- Those with high school education or less, as well as blue-collar males, were at greatest risk
- The majority of decedents were White, non-Hispanic

Prior overdose

- Half of decedents had at least one prior, non-fatal overdose for which they were seen in the ER
- About one-quarter of decedents in another jurisdiction had a previous overdose

Co-occurring disorders

- One-quarter of decedents had a previous history of mental health crisis intervention
- Ninety-two percent of decedents had a pre-existing medical/mental health diagnosis
- Mental health diagnosis and/or treatment was observed in 40% of decedents
- Chronic somatic health conditions observed in 28% of decedents
- Almost one-in-five decedents had a documented prior suicide attempt/ideation

References

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