Oneida County Overdose Fatality Review

CASE #3, OFR REVIEW ON JULY 11, 2023

MEETING REFLECTIONS

Opioid Task Force Chairs:
Anthony J. Picente, Jr., County Executive
Robert M. Maciol, Sheriff
Scott D. McNamara, District Attorney

Overdose Fatality Review

The OFR is a collaborative initiative of the Oneida County Opioid Task Force (OTF) with representatives from more than 30 government, health care, education, treatment and recovery, law enforcement, social service and other community-based organizations. Its mission is to explore the issues and obstacles related to drug overdose fatalities by conducting confidential case reviews of local overdose deaths. The shared understanding that overdose deaths are preventable and addiction is a disease that should be addressed without stigma and shame, guides the entire OFR process.

Participants examine a person's demographics, psychosocial history, treatment history, medical records, crisis system encounters, and other prominent risk factors associated with drug overdoses to identify missed opportunities for intervention to strengthen overdose prevention strategies, improve system-level operations, inform local service providers, public policy, and ultimately to reduce the number of overdose deaths in Oneida County.

Dedication

We recognize that each case reviewed by the Oneida County Overdose Fatality Review Team represents the death of a person whose absence is grieved by friends, family, and community. We dedicate this report to those who have lost their life and to those who have suffered the loss of a loved one to overdose.

Meeting Objective

The mission of the Oneida County OFR is to explore the issues and obstacles related to local drug overdose fatalities. The committee conducts confidential case reviews of overdose deaths that occur within our local jurisdiction. The OFR meeting participants examine a person's demographics, psychosocial history, treatment history, medical records, crisis system encounters, and other prominent risk factors associated with drug overdoses. From this, the OFR team aims to identify missed opportunities for intervention to strengthen overdose prevention strategies, improve system-level operations, inform local service providers, public policy, and ultimately to reduce the number of overdose deaths in Oneida County.

Confidentiality

Agencies that agreed to share data, and participants of the OFR, all completed data-sharing and confidentiality agreements.

Methodology

Representatives from the Oneida County Opioid Task Force selected a drug overdose case for review by the team during our three hour meeting on July 11, 2023. Case criteria included a date of death within the 2023 calendar year, a cause of death attributed to overdose of prescription or illicit drugs, and an accidental or undetermined manner of death.

Preliminary review of demographic data, death data (i.e. location, cause of death, forensic narrative), and case attributes was completed. The following data was collected on this case:

- **Decedent demographic data:** Age, sex, race, county of residence, length of residency, hospitalization history, law enforcement interaction history
- **Circumstances of fatal overdose:** Forensic investigator narrative, first responder reports (i.e. EMS, law enforcement), toxicology report
- **Medical history:** Hospitalization and well visit history
- **Case attributes** (decedent risk factors): DSS history, and other factors
- **Next-of-Kin Interviews.** The decedent's mother was interviewed for her perspective on the decedent, and to learn more about the person, risk factors, and other potential contributing factors. Excerpts from audio recordings were shared during the OFR. The mother does not speak English and was interviewed via a Spanish-language interpreter.

Meeting Reflections

The case of "Jane Doe" was presented in summary and then the meeting was facilitated to encourage participation by all attendees (in-person and virtual). There was an enthusiasm from OFR members to explore the themes related to the decadent's overdose and advocate for system change and standards of care.

MEETING SUCCESSES:

- The data-sharing component of OFR gave our community an opportunity to examine system barriers, to discuss shared challenges and to provide local solutions to prevent future overdose deaths. Members also exchanged information and discussed programmatic successes.
- This case review discussion helped destigmatize substance use disorder by shifting the focus from the individual to the systems and environments that hinder successful treatment and recovery.

Meeting Themes and Strategies

The key themes identified during the group review shed light on the decedent's background, missed opportunities for intervention, potential stressors, medical history, and gaps in public education and service provision. The following are the main findings:

Decedent was unknown to many OFR member organizations. The decedent had no significant interactions with county agencies or community partners. There was no relevant criminal record, history of involvement with the Department of Social Services (DSS), or known drug use history. This lack of prior engagement limited the opportunities for early intervention and support.

Missed Opportunities for Resources and Assistance: The review team identified several instances where opportunities to provide resources and assistance were not capitalized on. There was no follow-up from any agencies after a 941-phone call and arrest, indicating a gap in support and connection to services that could have been beneficial.

Stressors Leading to Fatality: Stressors that may have contributed to the decedent's overdose were identified, including changes in her relationship with her baby's father, lack of reported income, and frequent health-related issues. These stressors could have exacerbated her vulnerability to substance misuse.

Moments of Isolation. During the overdose fatality review, another important theme that emerged was the decedent's potential experience of isolation (as noted by the time gap between likely day and time of death and discovery of the decedent). Isolation refers to the state of being socially disconnected or having limited social interactions with others. This theme is significant because isolation can have profound effects on mental health, particularly increasing the risk of depression, which, in turn, can contribute to accidental overdose. Several factors contribute to this relationship:

- **Lack of Support System:** Isolation often results in a lack of a strong support system, such as family, friends, or social groups. Without a supportive network, individuals may feel overwhelmed by life's challenges and have no one to turn to for emotional assistance or practical help.

- **Emotional Distress and Loneliness:** Isolated individuals are more likely to experience feelings of loneliness, sadness, and emotional distress. These negative emotions can exacerbate mental health issues, including depression, leading to a downward spiral of hopelessness and despair.

- **Coping Mechanisms:** Without a support system, individuals may resort to maladaptive coping mechanisms to deal with their emotional pain and stress. Substance use can become a way to self-medicate and escape from the overwhelming feelings of loneliness and depression.

- **Limited Access to Resources:** Isolated individuals may have limited access to resources, including mental health services and community programs, which could provide support and intervention for depression or substance use issues.

- **Stigma and Shame:** Feelings of isolation can be intensified by the stigma associated with mental health challenges and substance use. This stigma may prevent the decedent from seeking help or confiding in others about their struggles, further exacerbating their feelings of isolation.

- **Heightened Risk-Taking Behavior:** Isolated individuals may be more likely to engage in risky behaviors as a way to seek excitement or connection. This includes experimenting with drugs, which can lead to an accidental overdose, especially if the individual is unaware of the potency or content of the substances they are using.

- **Reduced Access to Protective Factors:** Social connections and support systems serve as protective factors against mental health issues and substance misuse. Isolation removes these protective factors, leaving the individual more vulnerable to depression and accidental overdose.

Episodic Medical History and Lack of Consistent Healthcare Provider: The decedent had a significantly active medical history, but her interactions with healthcare providers were episodic, and she lacked a strong relationship with a single provider. A closer connection with a healthcare professional may have allowed for the observation of potential behaviors that put her at risk for accidental overdose.

Improved Coordination Among Agencies: There is a pressing need to better connect agencies in the County that encounter or provide services to people who use drugs. Sharing certain databases of information could offer better insight into triggers, trends, and escalation in behaviors, thus signaling an increased risk of accidental overdose.

Enhanced Public Education Campaign Targeting: The review team concluded that the County's current public education campaigns might not effectively reach individuals like the decedent. It is recommended to review and modify the campaigns to accurately target key demographics and community neighborhoods.

Exploring Public Education Key Messages to Include Tainted Drug Supply, Access to Harm Reduction Materials, and Isolation: The County could explore messages that educate the public about the tainted drug supply that could help inform the casual and recreational drug user and help prevent an accidental overdose. Addressing the issue of isolation is crucial in preventing accidental overdoses and improving mental health outcomes. Creating opportunities for social connection and community involvement can help combat isolation and reduce the risk of depression. Additionally, incorporating mental health and substance use education into public education campaigns can increase awareness and encourage individuals to seek help when needed. By recognizing and addressing the impact of isolation, the community can take significant steps toward reducing the tragic consequences of accidental overdose.

Campaign messages should use a tone and manner that is not fear-based. Messages should be attention-getting, actionable, and culturally competent.

Enhanced Access to Harm Reduction Materials: The OFR team recommends making naloxone and fentanyl/xylazine test strips more accessible to the community to embrace harm reduction values. As the target population may face barriers in seeking out resources, distributing these items at hospitals, primary care clinics, and other neighborhood community locations is advised.

Conclusion

The findings of this overdose fatality review underscore the importance of proactive interven-tions and improved coordination among agencies in identifying and supporting individuals at risk of overdose. By addressing these key themes, Oneida County can work towards reducing overdose fatalities and providing more effective assistance to vulnerable individuals in the community.

Implementation

The recommended strategies will be integrated into the Opioid Task Force as projects as well as promoted to partners for adoption at the organization and/or programmatic level. OTF partners will report on progress of collaborative interventions and highlight ways in which recommendations have been implemented at the system, agency/ sector and/or population-specific level. Subcommittees with neutral conveners and representatives from key partner agencies may be formed to develop strategic implementation workplans.

Acknowledgements

Our sincerest thanks to the organizations participating in this overdose fatality review and sharing data as well as insights, experiences and expertise that fostered an objective, thoughtful and honest evaluation of actions that can help prevent future overdose deaths.

ACR HEALTH
BEACON CENTER
CENTER FOR FAMILY LIFE & RECOVERY, INC.
HELIO HEALTH
MIDSTATE EMS
MOHAWK VALLEY CRIME ANALYSIS CENTER
MOHAWK VALLEY HEALTH SYSTEM
MOHAWK VALLEY HOUSING & HOMELESS COALITION
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS
NY MATTERS
NY/NJ HIGH INTENSITY DRUG TRAFFICKING AREA
NYSDOH OFFICE OF DRUG USER HEALTH
ONEIDA COUNTY DEPARTMENT OF FAMILY & COMMUNITY SERVICES
ONEIDA COUNTY EMERGENCY SERVICES
ONEIDA COUNTY EXECUTIVE'S OFFICE
ONEIDA COUNTY HEALTH DEPARTMENT
ONEIDA COUNTY MENTAL HEALTH DEPARTMENT
ONEIDA COUNTY PLANNING DEPARTMENT
ONEIDA COUNTY PROBATION
ONEIDA COUNTY SHERIFF'S OFFICE
ONEIDA COUNTY LAW DEPARTMENT
ONEIDA HEALTH HOSPITAL
ONONDAGA COUNTY MEDICAL EXAMINER'S OFFICE
PRIMEAU-FAHEY STUDIOS
ROME CITY SCHOOL
SALVATION ARMY
UPSTATE FAMILY HEALTH CENTER
UTICA POLICE DEPARTMENT

Appendix A—Recommendation Workplan (To Be Developed)

Recommendation Type	Recommendation	Activity/Action Steps	Lead Agency & Supporting Agencies	Timeline
Systemic	**Peer support/advocate.** Peer support services (including home visits) by people with lived experience can offer support with coping habits, managing recovery, and navigating services. Maximize awareness and usage of tools that provide linkage to peer support in various community settings (i.e., NY MATTERS Program). (*Examples of settings including but not limited to corrections, hospitals, primary care, shelters, etc.)*			
Agency/Sector-specific	**Expanded harm reduction promotion.**			
	¨ Increase awareness of resources such as Naloxone and Fentanyl Test Strips including campaigns that destigmatize need to carry these tools and increasing knowledge of risks associated with illicit fentanyl and stimulants (i.e., cocaine, methamphetamine).			
	¨ Increase awareness and promotion of Never Use Alone Hotline.			
	¨ Increase public education on recognition of signs of overdose.			
Population-specific	**Family loss program.** Post overdose follow up program supporting families experiencing grief and loss due to overdose death.			
Agency/Sector-specific	**Law enforcement high-risk referrals.** Law enforcement referral for process for intervention prior to overdose, arrest and/or crisis situations.			
Systemic	**Holistic treatment.** Consider programs that go beyond the patient and support the entire family with education about substance use disorder, mental health, and services in the community, and how to access them.			
Systemic	**User-friendly centralized and coordinated resources.** Strategies that facilitated a more coordinated and centralized system of care and/or additional training about referral sources may help (i.e., regular trainings provided to local healthcare providers on behavioral health trends and community resources).			

ONEIDA COUNTY
OPIOID TASK FORCE

PREVENTION • SURVEILLANCE • RECOVERY • TREATMENT • HARM REDUCTION

Using Data, Collaboration & Innovation to Save Lives

ocopioidtaskforce.org