

As Overdose Fatality Review (OFR) Circle Widens, Ripple Effects Intersect in Pennsylvania County

Team Recommendation Prompts Action on Fentanyl Testing

Catching Up With COSSAP, October 2021

The evolution of overdose fatality review (OFR) teams—public health and public safety officials who conduct death reviews in order to identify overdose prevention and intervention strategies—as a positive force for change in the nationwide battle against substance use took a quantum leap forward this year, if the new team in Lackawanna County, Pennsylvania, is any indication.

Addicted in PA | One team in Lackawanna County actively works to prevent overdose deaths

by FOX56 NEWSROOM | Monday, March 8th 2021



[View video at Addicted in PA | One team in Lackawanna County actively works to prevent overdose deaths | WOLF \(fox56.com\).](#)

By prompting the county's district attorney and the mayor of its largest city to [call for the decriminalization of test strips](#) to counter skyrocketing use of fentanyl, the OFR team showed itself to be the go-to vehicle for real-time, data-driven action in response to drug use trends in Lackawanna County.

In so doing, the OFR team's recommendations not only stood to save lives, but also presented a template for community responses everywhere. By leveraging collaborations with OFR partners nationwide—in this case, Philadelphia, Pennsylvania's OFR team and the [Overdose Response Strategy](#) (ORS)—and sharing current data and evidence-based practices with public health and public safety stakeholders in the jurisdiction, the team synthesized Lackawanna County's efforts behind an approach that was proactive instead of reactive, which meant it was more likely to be effective.

Beginnings

When program manager Carina Havenstrite (below) set about establishing Lackawanna County's OFR team in early 2020 [after receiving a COSSAP grant](#), "It was a challenge," she said. "There weren't nearly the resources then that OFR teams have now—no [toolkit](#), no [message exchange](#)."

"So, it was very much about me reaching out to OFR teams that already existed," she said. "I spoke to Indiana's OFR team, where they'd had great results, and [following a request for training and technical assistance through COSSAP] to Philadelphia and the ORS, picking up pieces of this and that, deciding what worked best for us, sharing agreements and policies. The support was pretty amazing."

Ms. Havenstrite's outreach paid great dividends. Lackawanna County served as a mentee under Indiana's OFR team through COSSAP's peer mentorship program, and from COSSAP's new OFR toolkit, she and the data analyst assigned



Carina Havenstrite, Lackawanna County OFR Team Program Manager

to the Lackawanna team, in partnership with the University of Pittsburgh Program Evaluation and Research Unit (PERU), prepared data collection guidance sheets and an Excel database for her team members, based on the [OFR Data Research Electronic Data Capture \(REDCap\) System](#) developed by the Bureau of Justice Assistance (BJA), the Centers for Disease Control and Prevention (CDC), and the Institute for Intergovernmental Research.

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After a COVID-related delay, the Lackawanna County OFR team conducted its first case review in October 2020. Currently, its 15 members meet for two hours on the first Wednesday of every month.

Ms. Havenstrite and the Lackawanna team were struck by the growing presence of fentanyl in Lackawanna County, a trend confirmed by data she received from the county coroner's office, the University of Pittsburgh, and the ORS, as well as observations from team members ranging from police detectives to probation and parole service personnel.

As the county considered its response, a discussion during one OFR team meeting about harm reduction strategies yielded a proposal to decriminalize fentanyl test strips, which can detect the presence of fentanyl in unregulated drugs. Currently, they are considered drug paraphernalia under state law.

For Ms. Havenstrite, it seemed the logical answer—"It didn't make sense *not* to do it," she said—and one made more feasible by the fact that she worked in the district attorney's office. District Attorney Mark Powell became an early and consistent champion of the idea.

"He is very invested in the opioid response," Ms. Havenstrite said of District Attorney Powell. "He sits in on all the OFR team meetings and took the initiative to reach out to Mayor [Paige] Cagnetti regarding the legalization of fentanyl testing strips with the city of Scranton. He recognized that we need to do this *now*."



At a September [press conference](#) announcing the decriminalization proposal, District Attorney Powell (above) noted that overdose deaths from pure fentanyl had doubled in Lackawanna County since 2020 and that drug dealers were mixing fentanyl into marijuana, cocaine,

and heroin. "This is new, this is terrifying, and this is deadly," he said.

As a response, the fentanyl test strips "are easy to use, can be purchased online, and will save lives," Powell said.

Philadelphia Story Redux

As it turned out, Scranton was only the *third* city in Pennsylvania to propose decriminalizing test strips. The first was Philadelphia, whose mayor, Jim Kenney, [signed an executive order](#) in August making it city policy not to arrest individuals for possessing or distributing strips, following similar announcements by the Philadelphia District Attorney and the Pennsylvania Attorney General.

That Lackawanna County and Philadelphia had settled on the same proposal was not a coincidence: the issue came up in Ms. Havenstrite's subsequent conversations with Zoe Soslow, the central administrator for Philadelphia's OFR team, known as OD Stat. Ms. Soslow has since provided Ms. Havenstrite with several resources that are being utilized by Philadelphia to raise awareness about the dangers of fentanyl and to promote the test strips as a harm reduction strategy.

OD Stat itself is only two years old, and although it boasts 65 members in comparison to Lackawanna County's 15, the evolution of Philadelphia's OFR team described by Ms. Soslow—particularly the central importance of collaboration and producing actionable recommendations—bears striking resemblance to its smaller counterpart.

"What I talked about with Carina initially was how to get basic information to get started and the challenges specific to Pennsylvania," Soslow said. "The message was around how to get buy-in from your team members, expressing the need for an OFR team, and the benefits that are important."

As for recommendations, "In the beginning, we were reviewing cases in a simplistic manner and our recommendations were very straightforward. Now they're both more complex," Ms. Soslow said. "We've moved from reviewing individuals' histories to realizing that overdose risk is more complex than we imagined. Now we're looking further back in the data, at childhood relationships and, as a result, to primary prevention efforts. We're looking more holistically at the social determinants of health."

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Philadelphia's OFR recommendations evolved, too. A work group within the team has finalized 40 recommendations, with 6 more to come following the most recent team meeting. Beyond the decriminalization of fentanyl test strips, Ms. Soslow singled out other recommendations as particularly significant:

- Providing greater access to harm reduction services, particularly to address the rise in drug-related overdoses among Black and Hispanic Philadelphians.
- Expanding individuals' access to medication-assisted treatment.
- Extending Medicaid coverage for postpartum women from 60 days to 12 months.
- Tracking buprenorphine inductions and naloxone administrations in the city.

Mapping the next steps in OFR growth statewide, Ms. Soslow is serving as a policy advisor in an effort to draft legislation mandating the establishment of OFR teams in all of Pennsylvania's 67 counties—"It has bipartisan support," she said—and is looking into creating state and/or regional OFR bodies.

"Here in Philadelphia, we've seen a huge evolution in team members' level of comfort," Ms. Soslow concluded. "They've gone from a certain level of defensiveness to recognizing that if they're facing a particular issue in one place, it's totally likely to be an issue someplace else. Now they see the value of this type of review, and it's informing their own strategies."

Overdose Response Strategy

From Ms. Havenstrite's perspective, one other collaboration proved equally instrumental to the evolution of Lackawanna County's OFR team—a collaboration with the ORS, a public health-public safety partnership between the CDC Foundation and the High Intensity Drug Trafficking Areas (HIDTA) program. Designed to help communities reduce overdoses, ORS leverages the expertise of more than 30 CDC-funded public health analysts and 50 Office of National Drug Control Policy-funded drug intelligence officers (many of whom are former U.S. Drug Enforcement Administration and Federal Bureau of Investigation agents and state police officers).

Compared to her discussion with Ms. Soslow, Ms. Havenstrite's conversations with ORS program coordinator Nava Bastola were more data oriented.

"Carina asked about the trends of people using fentanyl and heroin that she was seeing in Lackawanna County: heroin overdoses were going down, but the fentanyl overdose rate was going way up," Ms. Bastola said. "She wanted to know if there were similar surges in other states; if so, she wanted to raise awareness of fentanyl overdoses."

The data that Ms. Bastola provided Lackawanna County confirmed Ms. Havenstrite's suspicion: based on information that ORS had received from medical examiners in New Jersey, heroin-related deaths in that state had declined since 2017, but those involving fentanyl had skyrocketed—the latter was present in 96 percent of cases. ORS partners in Tennessee and West Virginia confirmed similar trends in their states.

"Carina found the data *extremely* helpful," Ms. Bastola said.

Looking back at the development of OFRs in New Jersey, Ms. Bastola echoed the observations and challenges of both Ms. Havenstrite and Ms. Soslow. Working off the model of pioneering OFR teams in Maryland, New Jersey launched its first teams in Monmouth and Ocean Counties in 2017. Now all 21 counties in the state have teams, and legislation is pending to make them mandatory across New Jersey.

"Prior to the development of OFR teams in New Jersey, just three or four years ago, some of the agencies represented on them *never* talked to each other," Ms. Bastola said. "It's incredible now to see people coming together to take action; plus, we're getting so many calls from different states to share successes and best practices. I'm just so thankful to see such a change in the work environment."

Looking Ahead in Lackawanna County

The fentanyl strip proposal was a gratifying victory for Ms. Havenstrite and the young OFR team and easily the most high-profile recommendation made by Lackawanna County to date. But it was by no means the only. Other recommendations in the offing include:

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- Development of a one-page public outreach/educational document about the dangers of fentanyl, to be provided to OFR stakeholders and community organizations.
- Development of a local grief resources pamphlet, for distribution to next of kin following interviews conducted by the OFR team, as well as to relevant community partners.
- Expansion of access to naloxone throughout Lackawanna County through the development of a naloxone-by-mail initiative, an emergency medical services (EMS) naloxone leave-behind program, and naloxone distribution in hospital emergency rooms.
- Access to medication-assisted treatment within the Lackawanna County Prison.

Charting next steps for the county's OFR team, Ms. Havenstrite noted that high adverse childhood experience scores in the county are present in almost every case reviewed by the team. She expects the team will be focusing on the impacts of childhood trauma on early onset drug and alcohol abuse, by enhancing resources available to schools and an opioid-affected youth program in the county.

"We have a much better handle on the opioid problem in Lackawanna County now as a result of the OFR team," Ms. Havenstrite said. "Simply put, we've been trying to use what we're seeing to implement real change. The progress we'd been making during 2018–2019 was interrupted by COVID, but that's true for everyone. I can tell you that without the OFR team, the situation here would be a lot worse."

OFR Resources

[OFR page on COSSAP Resource Center website](#)

[Overdose Fatality Review: A Practitioner's Guide to Implementation](#)

[Public Health and Safety Team \(PHAST\) Toolkit](#)