



Looking for Clues:

Overdose Fatality Review through a Brain Injury Informed Lens

Maryland's Behavioral Health Administration's Traumatic Brain Injury Partner Project created this resource for Overdose Fatality Review Teams (OFRT) to identify evidence of brain injury in the history of individuals who die by overdose.

Background:

- A history of **brain injury is highly correlated with substance abuse disorders.**
- Brain injury may be a missing piece when OFRTs attempt to assemble the timeline of events and the factors involved in a fatal overdose
- Because people with brain injuries tend to use opioids, **professionals need to look at individuals through a brain injury informed lens.**

Use the checklist (see page two) of medications, family history, and hospital care and law enforcement records.

RECOMMENDATIONS

For behavioral health professionals working with individuals with substance use related disorders, the following may help them engage with and stay in services and treatment:

- Screen for a history of traumatic brain injury via the Ohio State University Traumatic Brain Injury Identification screening tool
- Employ simple strategies and accommodations to support individuals who are living with a known or suspected history of brain injury

RESOURCES

- The Ohio Valley Center for Brain Injury Prevention and Rehabilitation online resources and tools, including the OSU TBI-ID: <https://tbi.osu.edu/modules>
- The Federal Traumatic Brain Injury Program within the Administration for Community Living administers the Traumatic Brain Injury State Partnership Grant Program. See if your state is a TBI Program grantee: <https://acl.gov/programs/post-injurysupport/traumatic-brain-injury-tbi>
- Fact Sheet on Brain Injury and Opioids from the Brandeis Inroads Project: <https://heller.brandeis.edu/ibh/pdfs/inroads-tbi-oud-provider-4-1-2019-final.pdf>
- BrainLine: <https://www.brainline.org/article/treating-clients-traumatic-brain-injury>

Brain Injury Checklist for Local Overdose Fatality Review Teams

Brain Injury Related Conditions

Commonly Used Medications

Seizure disorder	Dilantin, Depakote, Tegretol, Lyroca, Neurontin,
Depression and anxiety	Zoloft, Lexapro, Effexor,
Aggression	Inderal, BuSpar, Tegratol and Depakote
Apathy	Ritalin, Adderall
Pain	Acetaminophen, Ibuprofen, Opioids

Medical Services

Health Care Records

Contact with Emergency Medical System (EMS) related to fall, assault, or motor vehicle accident (MVA) and for prior overdose(s)	Any hospital and emergency department admission for Traumatic Brain Injury (TBI), including concussion such as those secondary to MVA, assault and fall, and Acquired Brain Injury (ABI) such as stroke, cardiac arrest, epilepsy, carbon monoxide poisoning, drug overdose
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Law Enforcement Records

Behavioral Health Records

Contact 12 months prior to death	Depression
History of driving under the influence or driving while intoxicated	Anxiety
History of incarceration	Social isolation
History of involvement in juvenile services	Substance use related disorders Suicide attempt(s) Inpatient and/or outpatient treatment History of treatment "failure," leaving programs prior to completion or being asked to leave

Family History

History of Intimate Partner Violence	Intimate Partner Violence Role
Victim of IPV; Injuries to the head, face neck, choking and shaking	Perpetrators of IPV; indications in the literature that perpetrators of IPV may have a history of brain injury in their history

Education Records

Childhood brain injury and its consequences on development are not consistently identified and/or understood by the public education system. There is a significant discrepancy between the number of school-aged children who incur a TBI and students receiving special education services that are identified as having a TBI.

Did the decedent receive Special Education services? Have an individualized education plan (IEP) or a 508 plan to accommodate learning challenges? Is there a clearly defined “before” and “after” in their academic performance that lines up with an accident, fall or childhood illness or abuse?

Employment Status

Individuals living with brain injury are likely to be unemployed or underemployed

Homelessness and Veteran status

The lifetime history of brain injury is higher for individuals who are homeless and/or who are veterans than the general population

Sources: Maryland Local ODFRT Case Report Guide & The Traumatized Brain: A Family Guide to Understanding Mood, Memory & Behavior After Brain injury by Vani Rao MD and Sandeep Vaishnavi 2015, Johns Hopkins University Press

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