

RxStat

2023 National Overdose Fatality Review Forum

JANUARY 19TH, 2022

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OFFICE OF CHIEF MEDICAL EXAMINER (OCME)
NY/NJ HIGH INTENSITY DRUG TRAFFICKING AREA (NY/NJ HIDTA)

Introduction

Jurisdiction: New York City (Urban)

Population: 8,804,190

OFR established: NYPD (2016), OCME (2021)

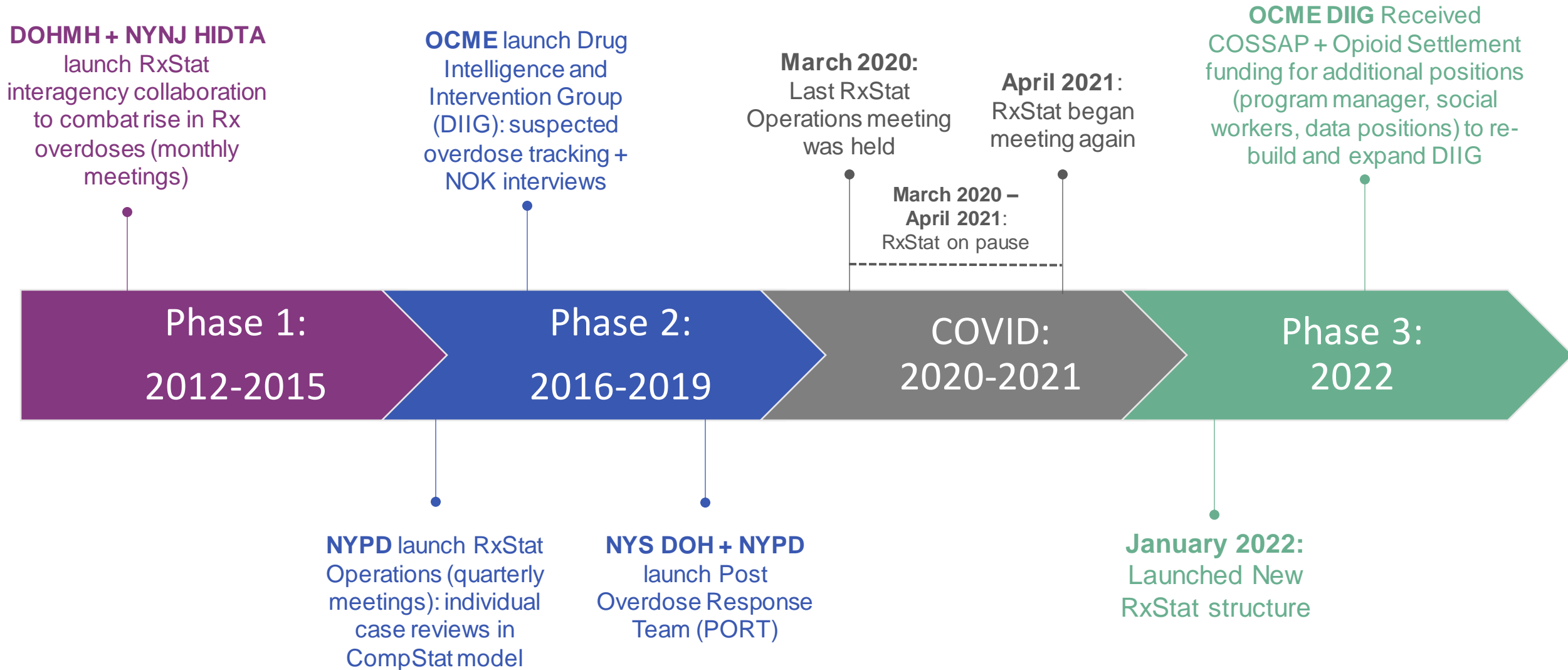
Legislation: NY does not have OFR legislation

Overdose deaths a year: Over 2,000

- 2020: 2,103
- 2021: 2,668

Number reviewed each year: 8-12

RxStat Evolution



RxStat Initiative

Goal:

Reduce overdose deaths in NYC through cross-agency collaboration

Core Beliefs:

1. Every overdose is preventable
2. Sharing information across sectors can prevent overdose deaths
3. Policy making should be informed by science and grounded in local data



RxStat Membership

As of November 23rd, 2022

New York/New Jersey High Intensity Drug Trafficking Area (NYNJ HIDTA)	NYC Department of Health and Mental Hygiene (DOHMH)	NYC Office of Chief Medical Examiner (OCME)	NYC Police Department (NYPD)	NYS Department of Health (DOH)
Bronx District Attorney's Office (BXDA)	Brooklyn District Attorney's Office	District Attorney of New York (DANY)	Queen's District Attorney's Office	Staten Island District Attorney's Office
Fire Department of New York (FDNY)	NYC Administration of Children's Services (ACS)	NYC Department of Correction (DOC)	NYC Department of Education (DOE)	NYC Department of Homeless Services (DHS)
NYC Health and Hospitals (H+H)	NYC Human Resources Administration (HRA)	NYC Parks	NYC Special Narcotics Prosecutor (SNP)	Regional Emergency Medical Services Council of NYC (REMSCO)
NYC Department of Probation (DOP)	Staten Island Borough President	Staten Island Partnership for Community Wellness Tackling Youth Substance Use	NYS Department of Correctional Services and Community Supervision (DOCCS)	NYS Office of Addiction Services and Supports (OASAS)
NYS Office of Court Administration (OCA) / NYS Unified Court System	NYS Office of Mental Health (OMH)	NYS Police (NYSP)	Office of the NYS Attorney General	CDC Foundation (CDCF)
Drug Enforcement Administration (DEA)	Office of the Assistant Secretary for Health (OASH) Office of Regional Health Operations (ORHO)	Substance Abuse and Mental Health Services Administration (SAMHSA)	United States Attorney's Office – Eastern District of New York	United States Attorney's Office – Southern District of New York
US Custom and Border Protection (CBP)	US Department of Health and Human Services (HHS)	US Department of Homeland Security (HSI)		

Executive Leadership

KEY

Local
State
Federal
OFR Member

RxStat: 38 Agencies

- 21 Local
- 7 State
- 10 Federal

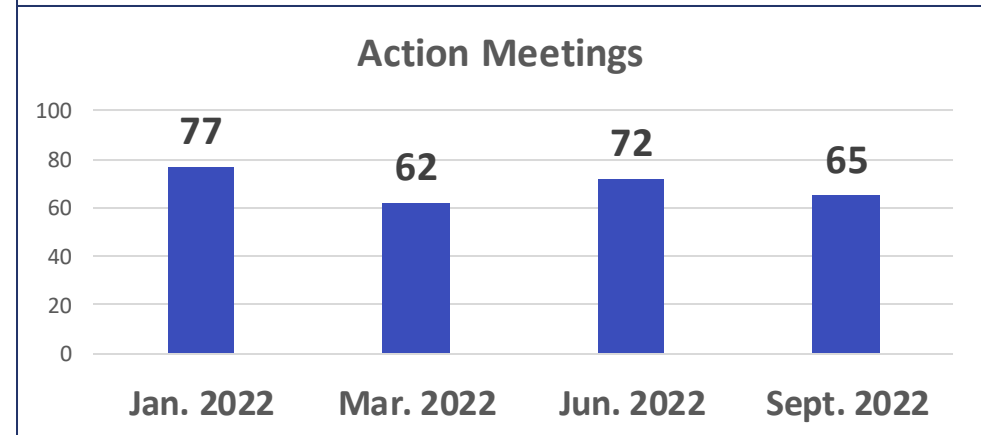
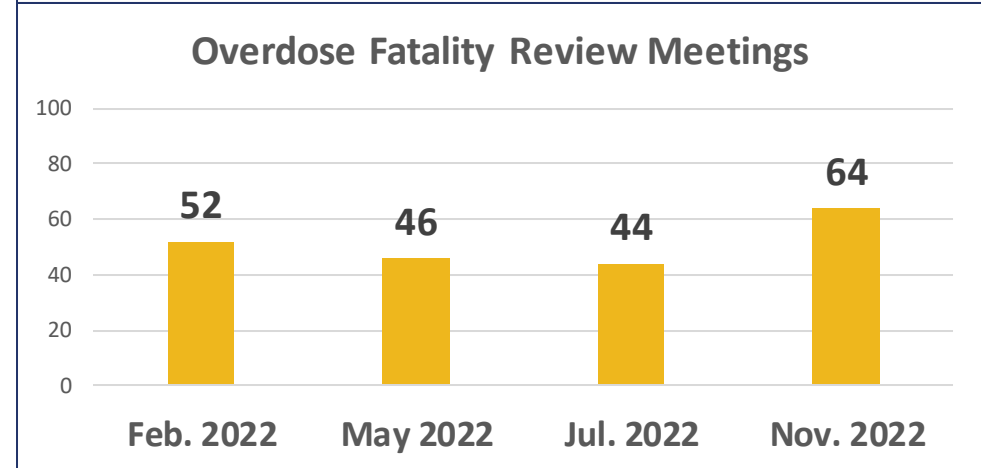
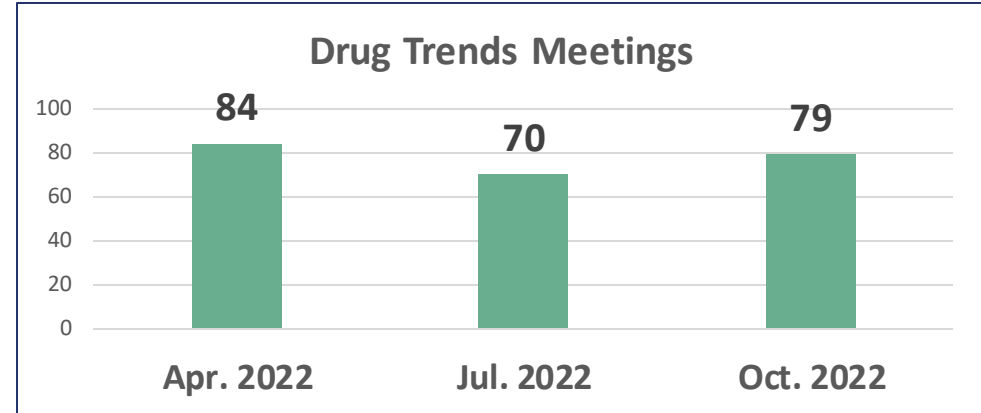
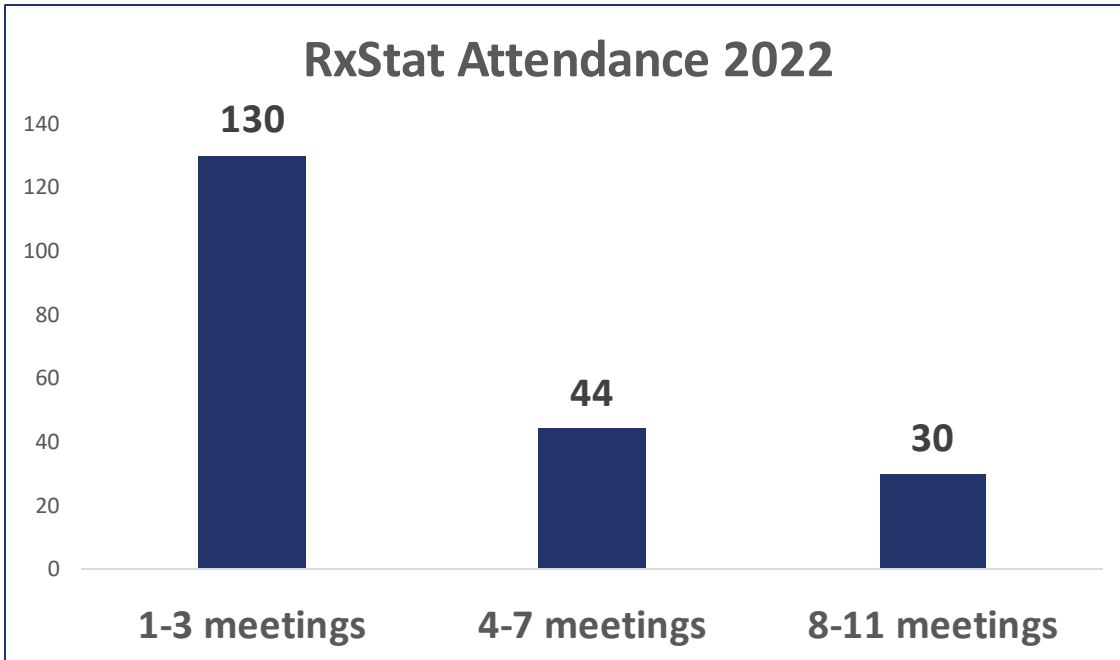
OFR: 26 Agencies

- 17 Local
- 5 State
- 4 Federal

RxStat Participation 2022

We have had just over 200 different individuals attend at least 1 RxStat meeting this year, with 48 individuals attending more than half (6 or more) of the 11 meetings held so far.

In addition to regular attending members, we often have guests sit in, as well as, guest speakers who come in to present.



RxStat Drug Trends Meetings

Organized by NY/NJ HIDTA and NYC DOHMH:

- Includes presentations by members and/or external presenters + open discussion
- Open to wider audience: local, state, federal agencies interested in engaging in discussion around current drug trends & overdose prevention strategies.

Goal: Use cross-discipline data & information sharing to understand the drug environment and inform strategy.

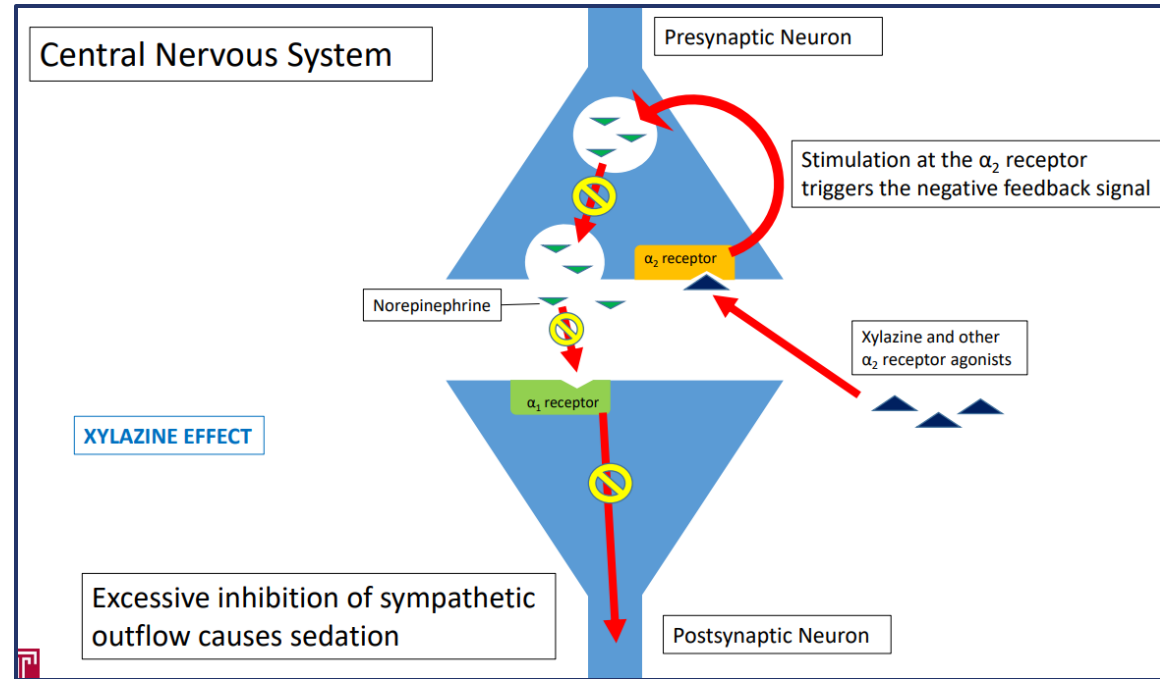
Objectives:

1. Understand what is in the drug supply and changes in drug use trends.
2. Learn about new strategies to prevent overdose.
3. Engage in cross-disciplinary discussion around data and strategies.

Example Drug Trends Meeting

Toxicity of Xylazine and How It Impacts Treatment for People Who Use Drugs

Joseph D’Orazio, MD, FAAEM, FACMT, FCPP
Director, Division of Medical Toxicology & Addiction Medicine
Associate Professor of Clinical Emergency Medicine
Department of Emergency Medicine
Lewis Katz School of Medicine at Temple University
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States/Jurisdictions Reporting Xylazine



RxStat Overdose Fatality Review (OFR)

OCME uniquely positioned to lead OFR

- Primary responsibility for fully investigating all drug-related deaths
- Independent with responsibilities of both public health and public safety
- Exclusive access to the most data available regarding OD victims, lives, and circumstances

Goal: Save lives through *root cause analysis* of overdose deaths by identifying critical gaps, touch points, and missed opportunities for intervention.

Objectives:

1. Gain a holistic understanding of the chain of events leading to overdose-involved deaths.
2. Identify missed opportunities for prevention and intervention across healthcare, social, and criminal justice systems for individuals at risk of overdose death.
3. Develop actionable program and policy recommendations that can be implemented to prevent future overdose deaths.

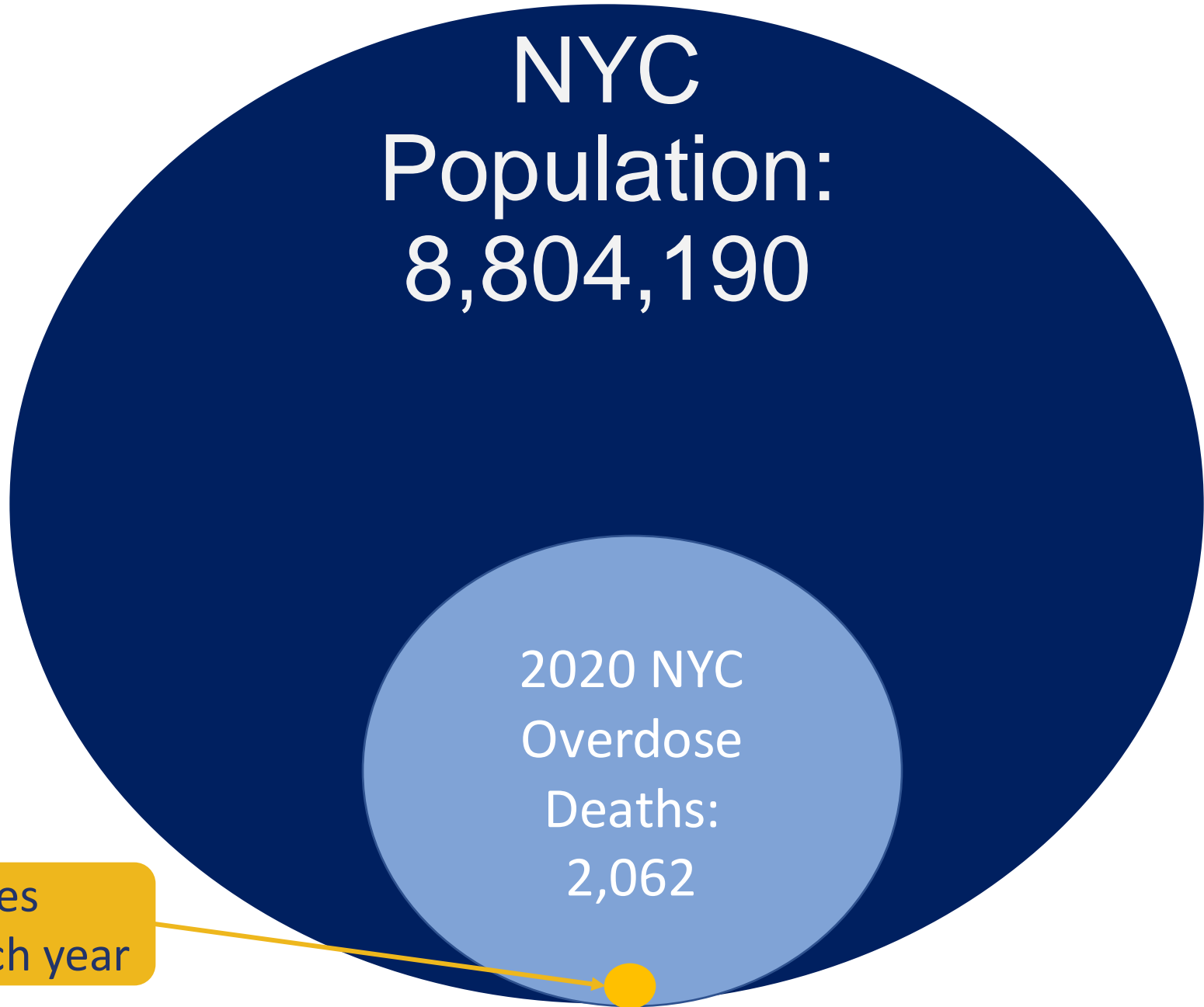
Case Selection

- Volume of cases necessitated creating methodology for case selection.
- Identify themes that we find to be representative of/ trending among victims

NYC
Population:
8,804,190

2020 NYC
Overdose
Deaths:
2,062

8-12 cases
reviewed each year



Case Selection

Brainstorm Theme:

Executive Leadership + Coordination Team brainstorm and propose meeting themes that illustrate a gap in the system or have some detail/interaction we want to further explore



Find Cases to Consider:

Review DIIG suspected overdose data for cases that might fit into those themes. Filter for cases that have finalized death certificates.



Conduct NOK Interviews:

Reach out to next of kin and attempt to conduct next of kin interviews

Consider Demographics:

Try to select cases that appropriately reflect demographics at highest risk of overdose



Select Cases:

Based on cases able to collect NOK interviews on, review death investigation and NOK interview information. Consider which cases will incite most valuable discussion.

Overdose Fatality Review

Case Information

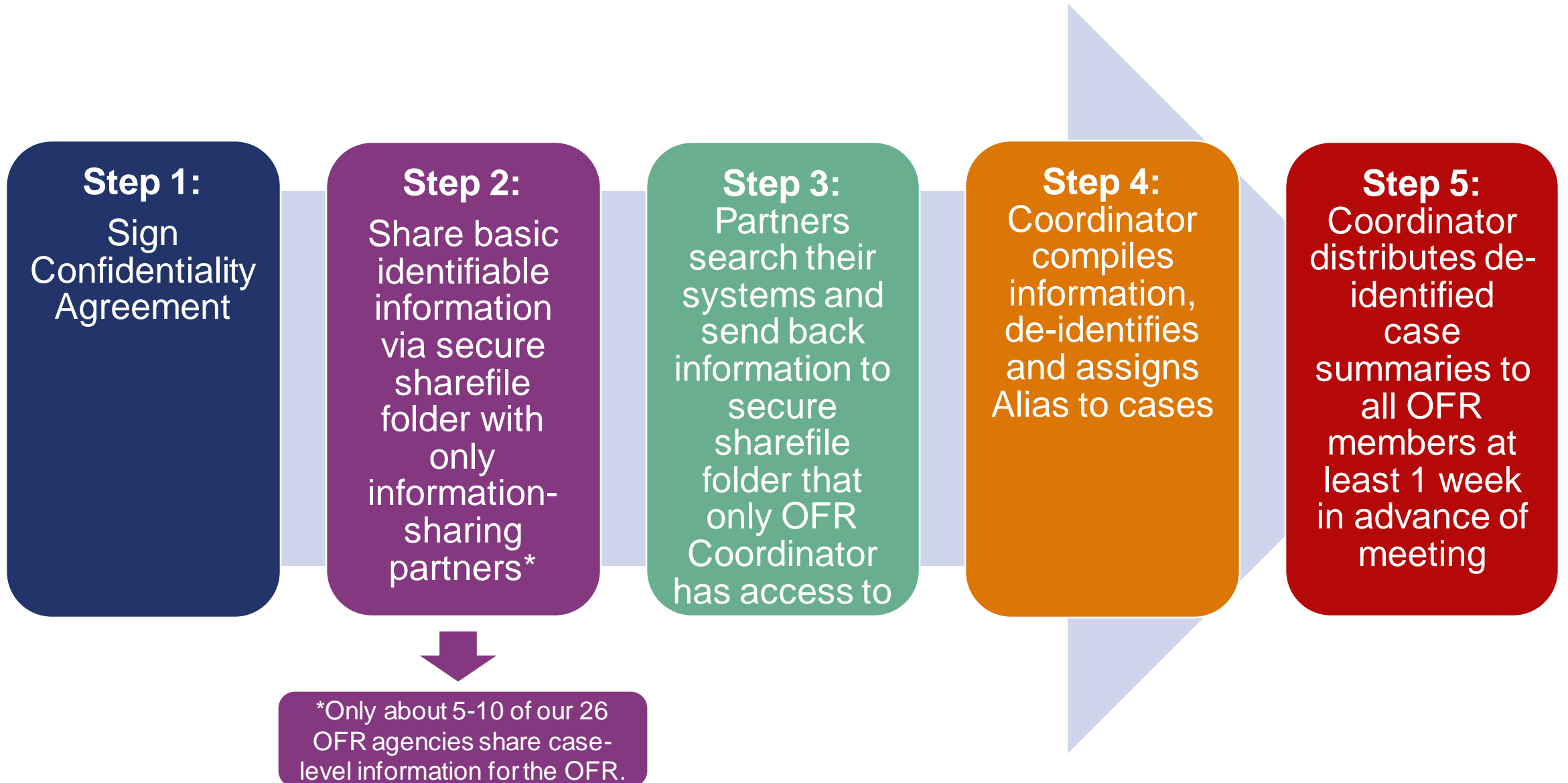


360° Interview – Social Determinants of Health
Conducted by OCME Social Worker

OTHER DATA SOURCES

- **EMS reports**
 - Hospitalizations
 - Prior overdose
 - Other injuries and medical emergencies
- **Prosecution & court records**
 - Participation in alternatives to incarceration
 - Prior convictions and dismissals
- **Probation & parole records**
- **Police reports**
 - Arrests
 - Victim reports
 - Prior overdose
 - Orders of protection
- **NYPD forensic lab data**
 - Substances found on scene
- **OCME investigation information**
 - Cause of death
 - Paraphernalia found on scene
 - Other medical conditions
 - Circumstances of death

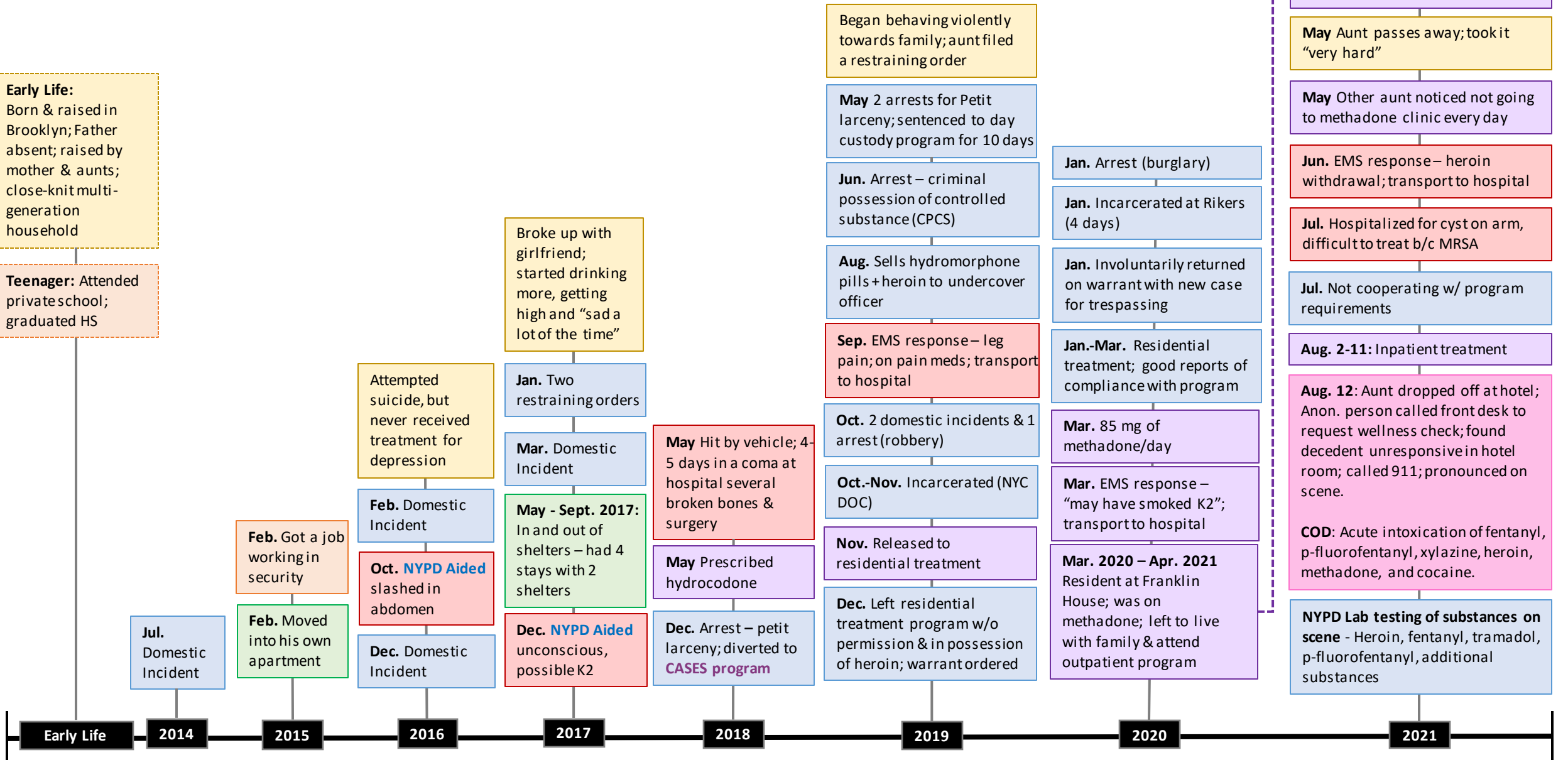
Information Sharing / Collection Process



Example Timeline

Early Life:
Born & raised in Brooklyn; Father absent; raised by mother & aunts; close-knit multi-generation household

Teenager: Attended private school; graduated HS



Color Key:

- Early Life, Social & Community Contact
- Education & Employment
- Housing
- Other Physical & Mental Health
- Substance Use History, Substance Use Treatment, Harm Reduction
- Law Enforcement Interactions
- Death Scene

Apr. 2021 Left to live with family & attend outpatient program

May Aunt passes away; took it "very hard"

May Other aunt noticed not going to methadone clinic every day

Jun. EMS response – heroin withdrawal; transport to hospital

Jul. Hospitalized for cyst on arm, difficult to treat b/c MRSA

Jul. Not cooperating w/ program requirements

Aug. 2-11: Inpatient treatment

Aug. 12: Aunt dropped off at hotel; Anon. person called front desk to request wellness check; found decedent unresponsive in hotel room; called 911; pronounced on scene.

COD: Acute intoxication of fentanyl, p-fluorofentanyl, xylazine, heroin, methadone, and cocaine.

NYPD Lab testing of substances on scene - Heroin, fentanyl, tramadol, p-fluorofentanyl, additional substances

Began behaving violently towards family; aunt filed a restraining order

May 2 arrests for Petit larceny; sentenced to day custody program for 10 days

Jun. Arrest – criminal possession of controlled substance (CPCS)

Aug. Sells hydromorphone pills + heroin to undercover officer

Sep. EMS response – leg pain; on pain meds; transport to hospital

Oct. 2 domestic incidents & 1 arrest (robbery)

Oct.-Nov. Incarcerated (NYC DOC)

Nov. Released to residential treatment

Dec. Left residential treatment program w/o permission & in possession of heroin; warrant ordered

Broke up with girlfriend; started drinking more, getting high and "sad a lot of the time"

Jan. Two restraining orders

Mar. Domestic Incident

May - Sept. 2017: In and out of shelters – had 4 stays with 2 shelters

Dec. NYPD Aided unconscious, possible K2

May Hit by vehicle; 4-5 days in a coma at hospital several broken bones & surgery

May Prescribed hydrocodone

Dec. Arrest – petit larceny; diverted to **CASES program**

Attempted suicide, but never received treatment for depression

Feb. Domestic Incident

Oct. NYPD Aided slashed in abdomen

Dec. Domestic Incident

Feb. Got a job working in security

Feb. Moved into his own apartment

Jul. Domestic Incident

Jan. Arrest (burglary)

Jan. Incarcerated at Rikers (4 days)

Jan. Involuntarily returned on warrant with new case for trespassing

Jan.-Mar. Residential treatment; good reports of compliance with program

Mar. 85 mg of methadone/day

Mar. EMS response – "may have smoked K2"; transport to hospital

Mar. 2020 – Apr. 2021 Resident at Franklin House; was on methadone; left to live with family & attend outpatient program

Case Summaries

CASE: “Anthony”

CONFIDENTIAL: For Internal Discussion Only
NYC Overdose Fatality Review Meeting, November 2022

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Executive Summary

Demographics: 34 year old White Man

Date of Death: April 1st, 2020

Found Location: Friend’s residence in the Bronx

Cause of Death: Acute Intoxication by the combined effects of Fentanyl, P-Fluorofentanyl, and Heroin

Key Details:

- Christopher did not graduate high school, but his mother believed he completed his GED.
- His mother stated that he suffered from depression and anxiety and believed he used heroin to self-medicate.
- Christopher struggled to work because of his opiate use disorder.
- He had 12 interactions with NYPD from 2010-2020:
 - 5 arrests from 2012-2019
 - 3 incarcerations
 - 1 domestic incident
 - 1 complaint report as a victim
 - 2 restraining orders
- Christopher was released from prison 5 days before he fatally overdosed in his friends home in the Bronx.

Early Life and Social & Community Context

Interview with Anthony’s Mother: (Source: OCME 360 Interview)

Anthony was born in the Bronx, NY, and moved upstate with his parents and younger brother when he was 4. Anthony’s [REDACTED] very social, and had friends. His mother stated that Anthony was not a troubled teenager.

Anthony joined the army when he was approximately 20 years old. [REDACTED]

Anthony’s mother shared that the decedent was “so smart” but “it was hard for him to be on this earth” and “he wasn’t comfortable in his own skin”.

Education & Employment

Interview with Anthony’s Mother: (Source: OCME 360 Interview)

Anthony graduated high school and attended one semester of college. He dropped out of college after a semester and [REDACTED] Anthony struggled to work because of his opiate use disorder. His mother helped support him and would sometimes give him work.

Housing

Anthony was in Jail from [REDACTED] After his release, he stayed with his mother for a few days in [REDACTED] and then went to stay with a friends in [REDACTED] (OCME 360 Interview)

Substance Use History and Substance Use Treatment or Services History

Interview with Mother: (Source: OCME 360 Interview)

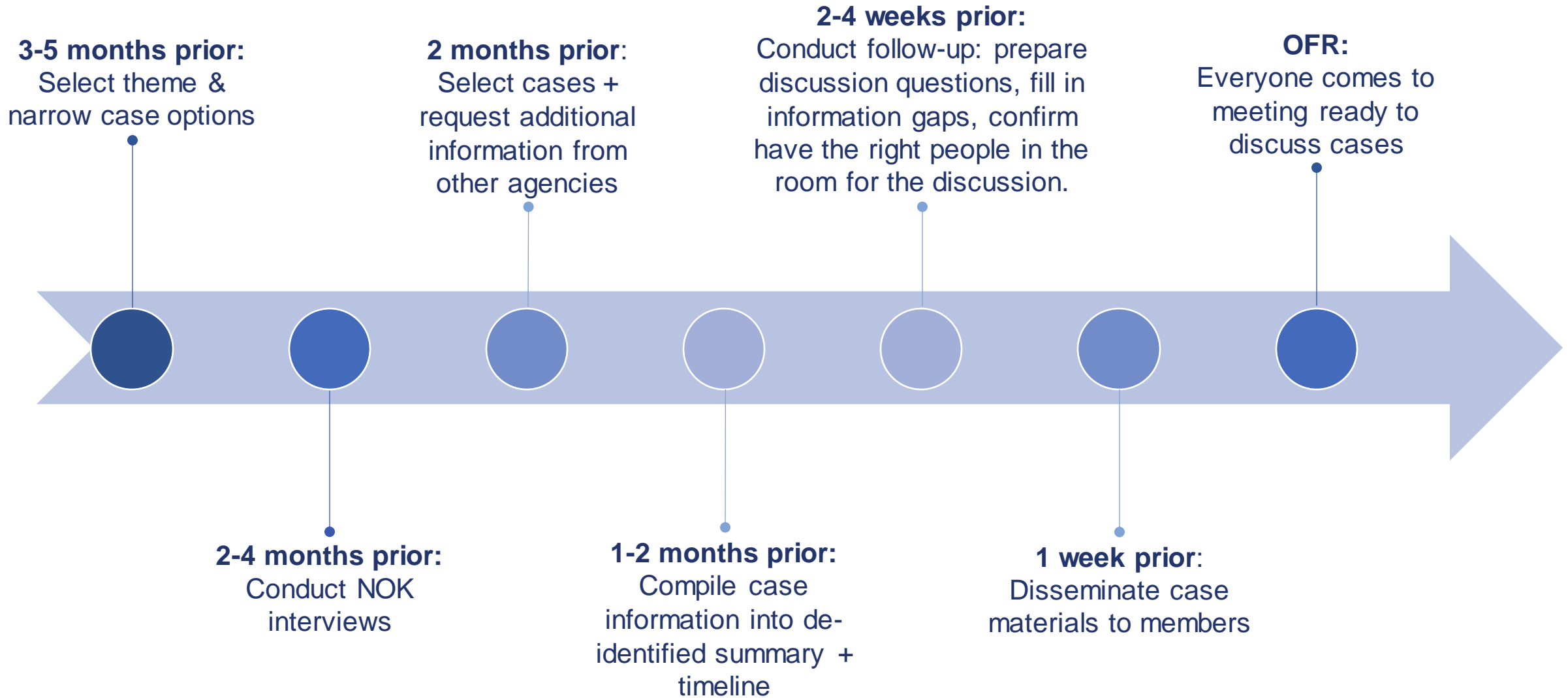
Anthony’s drug use began when he was prescribed opiates for pain following an operation on his foot. He abused prescription opiates after his surgery and began using heroin in [REDACTED] Anthony went to in-patient 30-day rehab programs a few times [REDACTED] and never received MAT. [REDACTED] quiet his mind.” According to his mother, Anthony was able to “coast” through treatment because he was “charming.”

Mother’s perspective: His mother believes that treatment for SUDs should be longer than 30 days and should be more focused on addressing the underlying issues which might have initially led to substance use in order to “get to the bottom of what is really going on.”

It is unclear if Anthony was ever treated for a psychiatric disorder, but his mother believed that Anthony used heroin to self-medicate.

[REDACTED] was pulled over for speeding and police found drug paraphernalia, suboxone (not [REDACTED] and heroin. Anthony was mandated to attend treatment but left after only a few days. For several years there was a warrant out for Anthony because he did not complete his court mandated program.

OFR Preparation Process



RxStat Action Meetings

Structure and Host alternates per theme:

- Deep dive into issue identified previously
- Lead agency will be identified to provide more context behind issue and help guide discussion

Goal: To develop & monitor concrete action steps RxStat agencies can take to address system gaps.

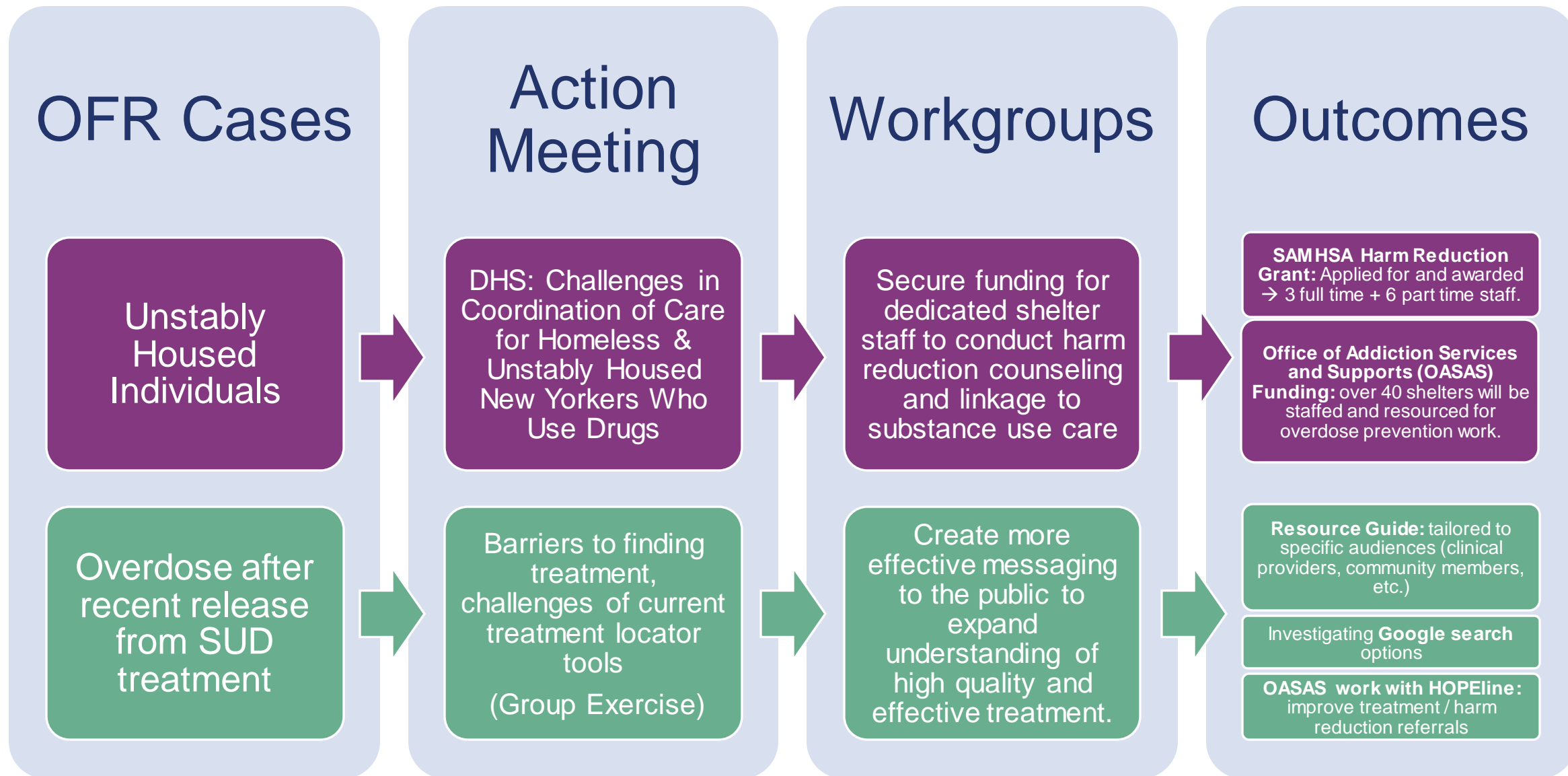
Objectives:

1. Identify goals, objectives and action steps that the RxStat group agree to take;
2. Identify who is responsible for each action step;
3. Create expected timeline for action steps to be taken.

Example: RxStat Action Meetings

Meeting	Objectives	Expected Timeline	Workgroup / Support Contacts
January 2022	Secure funding for dedicated shelter staff to conduct harm reduction counseling and linkage to substance use care.	Have 1 st meeting by end of February. Report out update at next action meeting.	Nirah Johnson, DHS – Lead Rebecca Goldberg, DOH; Adina Phillips, DOH; Sharon Stancliff, DOH; Dennis Romero, SAMHSA; Kelly Ramsey, OASAS; Alex Harocopos, DOHMH; Narelle Ellendon, DOH; Olivia Rothseid, DHS; Patricia Zuber-Wilson, OASAS
January 2022	Establish overdose rate among DHS sheltered clients	Have 1 st meeting by end of February. Report out update at next action meeting.	Jessie Schwartz, DHS – Lead Steve Hanson, OASAS; Gail Jette, OASAS; Nicole D’Anna, DOH; Rebecca Goldberg DOH; Alex Harocopos, DOHMH; Melanie Askari, DOHMH; Myrela Bauman, DOHMH; Nirah Johnson, DHS; Kinjia Hinterland, DOH; Sung woo Lim, DOH
March 2022	<ol style="list-style-type: none"> 1. Improve treatment search tools to be user friendly and person-centered for people unsure of their recovery goal. 2. Create more effective messaging to the public to expand understanding of high quality and effective treatment. 	Have first meeting by end of April. Report out update at next action meeting.	Kelly Ramsey, OASAS – Lead Rebecca Linn-Walton, H+H; Nirah Johnson, DHS; Karen Varriale, KCDA; Joseph Raneri, REMSCO; Charita Thomas, ACS; Polly Faust, CDCF/DOH; Hannah Johnson, OCME; Pamela Lum, HIDTA

From OFR to Implementation



Still Improving

- Evaluating our work:
 - Bi-Annual Evaluation Surveys
 - In-meeting polls at each meeting
 - Individual conversations with partners
- Still Improving
 - Still figuring out workgroups
 - How to keep creating action