

Update on the Accidental Drug Overdose Death Review Panel for the Opioid Coordinating Council

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Overdose Review Panel

- LD 1718 approved June 21, 2021
- Created within the Office of Attorney General **to recommend to state, county and local agencies methods of preventing deaths as the result of accidental drug overdoses including modification or enactment of laws, rules, policies and procedures.**
- Meets every 2 months for 2-3 hours on Zoom to review individual cases in depth and generate recommendations (October 1, 2021 to present)
- Can review fatal and nonfatal overdoses

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Composition Determined by Statute --Currently 16 Members

Ex Officio & Ex Officio Appointees

- Director of Opioid Response **Chair Gordon Smith**
- Chief Medical Examiner appointee **Margaret Greenwald**
- Commissioner of Public Safety **Michael Sauschuck**
- Director Office of Behavioral Health appointee **Katherine Coutu**
- Director Maine CDC appointee **Isaac Benowitz**

Appointee of Chief Justice of Supreme Judicial Court

- **Judge Matthew Tice**

Appointees of Attorney General

- Prosecutor Nominated by Statewide Association and **Natasha Irving**
- Police Chief Nominated by Statewide

Association and **Robert MacKenzie**

- Sheriff Nominated by Statewide Association of Sheriffs **Sheriff Todd Brackett and Sheriff Dale Lancaster**
- Academic Research Professor with Experience in Reviewing Drug Overdose Deaths **Marcella Sorg**

Appointees of the Governor

- Physicians Treating SUD **Dr. Vijay Amarendran and Dr. Mary Dowd**
- Expert in Harm Reduction Strategies **Patty Hamilton**
- Representative of Overdose-Affected Families **Shelly Yankowsky**

- Person in SUD Recovery **Ronald Springel**

Appointee of the Commissioner of Public Safety

- Representative of Maine EMS **Sam Hurley**

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Other Attendees --All with Confidentiality Agreements

- State officials as needed
- Data managers as needed
- UMaine support staff as needed
- Stakeholder guests as invited

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Administrative Support Staff (0.85 FTE) UMaine

- Case preparation for panel review –major process of data collection
 - Medical
 - Psycho-social
 - Criminal justice
 - Interviews with family members
 - Prepare abstract, timeline of life with details from reports
 - Share all original reports with panelists via secure sharepoint
- Meeting facilitation: access to materials, meeting agenda, moderation assistance
- Maintain confidentiality and information security
- Coordinator of SUDORS, who can answer panelist questions

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Case Selection

- Case selection – focus on categories that provide opportunity for positive intervention to prevent death
 - Staff and panel suggest possible case types for review
 - Panel decides on case categories
 - Staff suggests potential cases within a focal area –provides brief abstract on each
 - Panel selects the cases
- Case categories --examples
 - Recent release from incarceration (2.4% in 2021; 1.7% in 2022)
 - Recent release from hospital (16.2% in 2022)
- Preliminary case data collected at the Office of Chief Medical Examiner, including data collected for federal CDC surveillance system (SUDORS) State Unintentional Drug Overdose Reporting System

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Overdose Death Investigation in Maine

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What is a “drug death”?

- Any death for which the death certificate mentions a drug as a cause or significant contributor of the death
 - **Accident (= unintentional) –vast majority of drug deaths**
 - Suicide by overdose (= intentional)
 - Undetermined manner (usually not sure whether accident or suicide)
 - Very rare: Homicide (death at the hands of another)
- **“Accidental Overdose Death Review Panel”** = full name of panel
 - Statute specifies the panel may also review nonfatal overdoses

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Cause of Death is Often Complex

- Drug overdose that affects vital systems
- Other medical conditions that also affect vital systems
- If medical examiner also finds natural disease that would increase risk of dying in the presence of drugs, or vice-versa, all might be mentioned on the death certificate
 - Examples: diseases of heart, lungs, liver

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Investigation of Drug Deaths in Maine

- By statute, Office of Chief Medical Examiner investigates 100% of drug deaths in Maine to identify physical cause of death and manner of death (natural, homicide, suicide, accident or undetermined manner)
 - Most cases receive physical examination by local physician deputized as a medical examiner or by a board-certified, non-physician death investigator
 - Some cases brought to State morgue for a full autopsy in more complex cases or if cause of death is not certain
 - All cases receive comprehensive toxicology exam –identifies presence and amounts of both pharmaceutical and non-pharmaceutical drugs
- Death certificate includes cause and manner of death, other significant conditions, how injury occurred

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What if multiple drugs are involved?

- Most drug overdoses involve multiple drugs.
- Medical examiner will decide which drugs may have caused the deaths, and often there are several involved.
 - Acting with an “additive” or “synergistic” effect
 - For example –multiple central nervous system depressants:
 - fentanyl
 - oxycodone
 - alcohol
- All would be listed as a cause of death (following guidelines of the National Association of Medical Examiners)

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Patterns Among the Deaths?

- There are common patterns, but individuals and their circumstances are unique
- Drug deaths are ACCIDENTS –combination of circumstances that come together to increase risk of dying
 - Fentanyl in 80% of deaths --has been a game-changer
 - Very fast-acting –minutes
 - Very lethal—very small amount can kill
 - Concentrations difficult to manage and often hidden
 - 80% of overdose deaths are unwitnessed
 - Naloxone is widespread but requires a witness to administer it

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Types of Data Panel Reviews

- Cause of death
- Circumstances of death
- Characteristics of the person that died –connected to drug use and circumstances of death
 - Mental health problems (depression, anxiety)
 - Physical health problems (chronic pain, recent surgery)
 - Social circumstances (housing insecurity, employment problems, legal problems, marital problems, poverty)
 - Traumatic events in their lives (adverse childhood experiences/ACEs, traumatic brain injury, prior overdose)
 - History and characteristics of drug use

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Data Sources Available in Medical Examiner Files

- Medical examiner and autopsy report
- Police report
- EMS report
- Medical records (most recent period)
- Toxicology report
- Prescription Drug Monitoring Report

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Other Data Sources Panel Can Access

- Older medical records
- Arrest records
- Court and incarceration reports
- DHHS records

- Interview with family members (Panel can request)

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Data Collection Process

- Staff starts with reports within medical examiner case files
- Expands to seek additional records for that person, usually from earlier years and episodes --there is no comprehensive data source
 - Some important issues may have no formal records
- Records are solicited and made available to Panel
- Records are summarized and abstracted and those summaries and abstracts are made available to Panel
- Family members may be interviewed by select Panel members and a summary is prepared and shared

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Cases Reviewed

- Topic: Recently released from incarceration within past 30 days
 - 5 cases completed
- Topic: Recently discharged from a medical facility within past 30 days
 - 5 cases completed as of our October meeting

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Outputs --in Process

- Administrative report --in process --Initially will be provided to Office of Attorney General
 - Summarize work the panel has done
 - Review the recommendations
- Recommendations—revisions and vetting --in process
 - Editing: some recommendations already implemented and no longer needed
 - Vetting with particular agencies
 - Decisions about how the recommendations will be shared

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Questions?

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