DELAWARE DRUG OVERDOSE FATALITY REVIEW COMMISSION

2022 Annual Report

Overview

The Delaware Drug Overdose Fatality Review Commission (DOFRC) is charged under Delaware Code Title 16, § 4799, to review opioid overdose deaths in the State of Delaware. In 2020, there were 447 overdose deaths recorded in the state of Delaware. This report examines a sample of 108 of cases from fatal overdoses that occurred in 2020. Sampling was done systematically by reviewing the cases of odd months (e.g., January-01, March-03, etc.) reported on odd days (e.g., 01, 03, 05, etc.) and the cases reported on even days of even months. This systematic sample highlights that 59.3% of overdose deaths occurred in New Castle County, 14.8% in Kent County, and 25.9% in Sussex County. Figure 1 (below) demonstrates the distribution of cases per day of the week, highlighting that Sunday, Wednesday, and Saturday showed more cases than other days of the week:

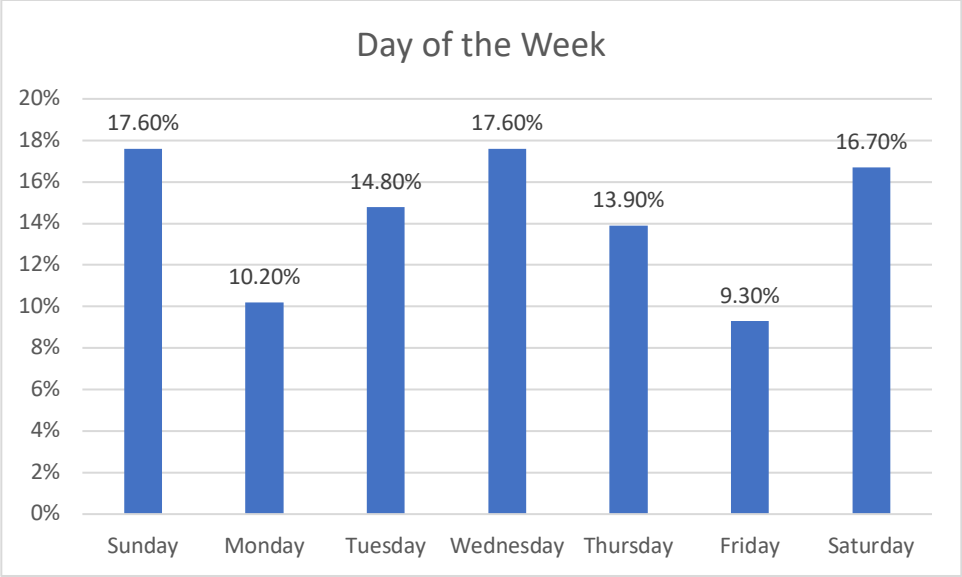

Figure 1: Day of the Week When Death Occurred

Figure 2 below, outlines the location of overdose deaths. Overdose deaths occurring within the decedent's own home represented 39.6% of our sample, while 54.56% occurred

outside of the decedent's own residence[1]. Fatal overdoses outside of the decedent's residence often occurred in vehicles, a family members residence/property, the residence of another, or at uncategorized locations outside of the home ("Other").

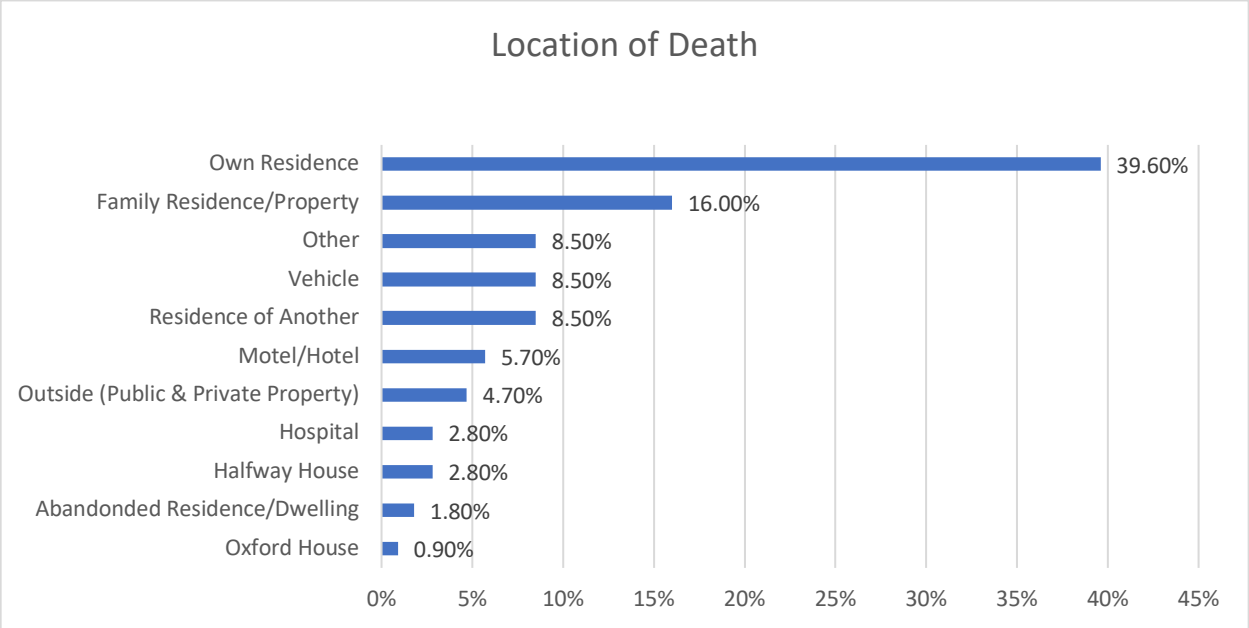

Figure 2: Location of Death

Decedents were most frequently discovered by their significant other (27.4%), family (24.5%), or friend(s) (12.3%). Figure 3 below highlights the relationship of those who discovered the decedent:

[1] Location of death was not determined in 5.84% of cases.

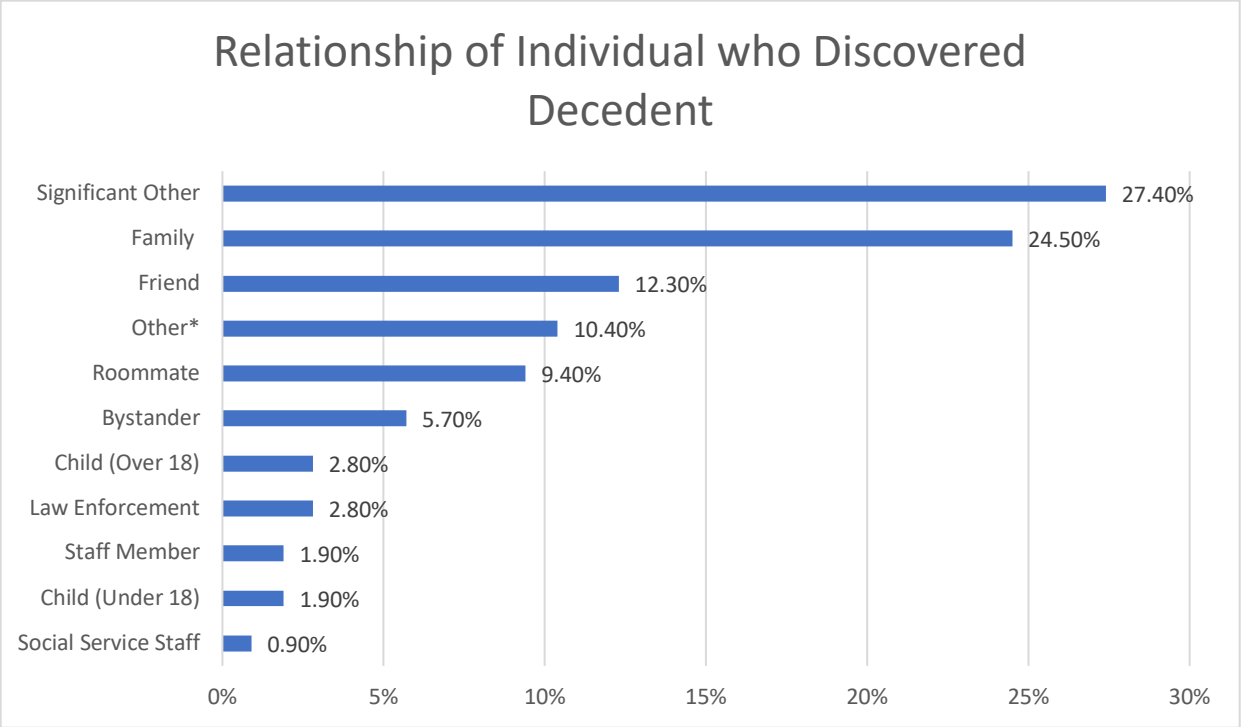

Figure 3: Relationship of Individuals who Discovered Decedent

The average decedent in our sample was a 41-year-old single white male. Most decedents had a high school diploma, worked in construction/extraction occupations, and had no prior military experience. Table 1, below, outlines demographic data from our sample:

Variable	*Percentage*
Age	
Mean = 41.56	
Sex	
Male	73.1%
Female	26.9%
Race	
White	68.2%
Black	26.2%
Latino/a	3.7%
Asian	0.9%
Iranian	0.9%
Marital Status	
Single/Never Married	38.9%
Married	15.7%
Separated	0.9%
Divorced	13.9%
Widowed	0.9%

Missing Data	29.6%
Veteran Status	
Never Served	57.4%
Previously Active Duty	1.9%
Missing Data	40.7%
Education	
Grade School	1.9%
Some High School	13%
GED	1.9%
High School Diploma	27.8%
Some College	8.3%
Associates Degree	3.7%
Bachelor's Degree	1.9%
Trade School	0.9%
Missing Data	40.7%
Occupation	
Management	0.9%
Business and Financial Operations	1.9%
Community and Social Services	0.9%
Legal	0.9%
Art, Design, Entertainment, Sports, and Media	0.9%
Healthcare – Practitioners and Technical	1.9%
Healthcare Support	0.9%
Food Preparation and Serving Related	4.6%
Personal Care and Service	1.9%
Building/Ground Cleaning and Maintenance	0.9%
Sales and Related	5.6%
Office and Administrative Support	3.7%
Construction and Extraction	13%
Installation, Maintenance, and Repair	9.3%
Production	1.9%
Transportation and Material Moving	1.9%
Homemaker	2.8%
Disability/Public Service	1.9%
Student	0.9%
Missing Data	43.5%

Table 1: Demographic Information

Most individuals who died from a fatal overdose in 2020 had fentanyl in their system at the time of death (92.9%).

We have developed the following recommendations based on our analysis of data collected from death certificates, medical records, legal records, and treatment history. We

specifically propose the following recommendations to combat the morbidity and mortality of Delaware's opioid crisis:

1. **Incorporate mental health and trauma-centered practices into services addressing substance use disorder (SUD), moving towards a whole-person approach for treatment.**
2. **Broaden non-opioid alternative options for individuals with chronic pain.**

Recommendation 1: **Incorporate mental health and trauma-centered practices into services addressing substance use disorder (SUD), moving towards a whole-person approach for treatment.**

Mental health diagnoses were identified in 42.0% of 2020's fatal overdose victims. Table 2 below highlights the prevalence of individual diagnoses within the total sample and among decedents with any identified mental health diagnosis:

Mental Health Condition	*Percentage of Total Sample*	*Percentage of those with MH Dx*
Anxiety	20.4%	48.9%
Depression	34.3%	82.2%
Bipolar	16.7%	40%
PTSD	5.6%	13.3%
ADHD	0.9%	2.2%
Schizophrenia	3.7%	8.9%
Personality Disorder	0.9%	2.2%
OCD	1.9%	4.4%
Specific Phobias	0%	0%
Easting Disorder	0%	0%
Other	1.9%	4.4%

Table 2: Mental Health Diagnosis

According to the most recent data from the National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2021), those with mental health conditions are more likely than those without to use illicit

substances. While causation cannot be determined between substance use and mental health, the findings and prior research demonstrate an extremely strong bidirectional relationship between mental health and substance use: notably, NSDUH indicates that of roughly 20.9 million adults with substance use disorder, 81.3% (roughly 17 million adults) also had a mental illness. Given these findings, we recommend increasing mental health services with a focus on co-occurring care.

Prior research has identified barriers to treatment for those with mental illness and SUD (Han et al., 2017). We encourage treatment facilities in Delaware to provide service for both mental health and SUD as co-occurring conditions to assist in decreasing the morbidity and mortality rate in the state. This objective can be accomplished through two approaches, neither of which are mutually exclusive. First, treatment facilities can reduce barriers to treatment identified by the NSDUH, such as affordability, availability of various types of treatment, community support in seeking treatment, and dissemination of information on where to receive services; alternatively, or additionally, facilities can expand the number of services that treat both SUD *and* mental health.

Prior research has documented the link between trauma and SUD (Morgan, 2009; Muchel, 2017; Norman et al., 2017; Ouimette & Brown, 2003). In our last report, we provided recommendations based on the number of decedents in our sample who were identified as having traumatic events (Lawes, 2022). In 2020, 29.9% of decedents were reported to have traumatic experiences, ranging from 1-4 events. Table 3 below highlights the type of traumatic events that decedents experienced:

Trauma Experienced	*Percentage*
History of Sexual Abuse	0.9%
History of Emotional Abuse	0.9%
History of Physical Abuse	1.9%

Affected by Someone Dying	5.6%
PTSD Diagnosis	5.6%
Victim of Domestic Violence	2.8%
Traumatically Affected by a Car Accident	17.8%
Traumatically Affected by Other Accident	2.8%
Neglected as a Child by Caregivers	0.9%
Witness to an Overdose	0.9%

Table 3: Traumatic Events Experienced by Decedents

This data most likely under-represents the number of traumatic events experienced by this population; even if it does not, the fact that 29.9% of decedents experienced trauma further highlights the need for trauma-informed approaches to addressing SUD. Trauma-informed care is a widely used approach to address the detrimental effects of trauma on physical and psychological health (Raja, et al. 2015). We propose two recommendations on this front. First, trauma screening needs to be further integrated at all levels into interactions with those afflicted with SUD – treatment providers, law enforcement, medical professionals, and social service providers should implement measures to ensure more accurate representation and understanding of trauma experiences. Second, as more information is gathered about this population's trauma experiences, trauma-informed practices ought to be implemented accordingly. Drug and alcohol treatment providers have already begun implementing these practices, and the Delaware Division of Substance Abuse and Mental Health (DSAMH) has been an important partner in these efforts. We believe this approach can be disseminated further, and more uniformly, across treatment modalities, into medical treatment, and into interactions with law enforcement.

Recommendation 2: Broaden non-opioid alternative options for individuals with chronic pain

Throughout the opioid epidemic, focus has been directed to the role of pharmaceutical opioids in creating the first wave of the opioid epidemic, which helped to fuel the second and third wave (Macy, 2018; Meier, 2018; Keefe, 2021). Delaware has made considerable progress

through legislation advocated for by non-profit, Attack Addiction, establishing a prescription opioid impact fee and expansive opioid settlements secured by Attorney General Jennings. However, Delaware still prescribes opioids at a high rate. Given this we sought to explore chronic pain histories in our sample of overdose victims.

Our findings show that 30.8% of decedents had a history of chronic pain. Of those with a history of chronic pain, 68.8% suffered from chronic back pain. Considering how the treatment of chronic pain with opioids has been well-documented in contributing to the opioid epidemic, we recommend that Delaware seeks to broaden non-opioid based alternative treatment options for chronic pain. This is not to say that opioid pain treatment does not serve a purpose, but rather to argue that more alternatives ought to be provided. For example, West Virginia, the state with the highest per-capita fatal overdose rate, has begun exploring photobiomodulation as an alternative treatment for chronic pain. Delaware, which likewise has one of the nation's highest fatal overdose rates, should also engage in these efforts of exploring alternative pain management plans.

The recommendations listed in this report tie tightly to DOFRC's 2021 recommendations, which remain relevant and necessary:

1. Provide safe and secure housing through the empirically-backed Housing First model for unhoused or unstably housed individuals.
2. Expand Continuing Education availability for Licensed Clinicians to increase knowledge of Trauma Intervention Services.
3. Intervene for those whose contact with law enforcement does not result in arrest or incarceration; and initiate substance abuse treatment services immediately following incarceration for inmates awaiting sentencing.

4. Establish a notification system within the Prescription Monitoring Program to ensure prescribers are aware of patient non-fatal overdose(s).
5. Improve outreach and follow-up with individuals who engaged in substance abuse related treatment.

References

Desmond, M. (2016). *Evicted: Poverty and profit in the American city.* Crown.

Dynia, P. & Sung, H. (2000). The safety and effectiveness of diverting felony drug offenders to residential treatment as measured by recidivism. *Criminal Justice Policy Review 11*(4). https://doi.org/10.1177/0887403400011004002

Han, B., Compton, W. M., Blanco, C., & Colpe, L. J. (2017). Prevelence, treatment, and unmet needs of US adults with mental health and substance use disorders. *Health Affairs 36*(10). https://doi.org/10.1377/hlthaff.2017.0584

Keefe, P. R. (2021). *Empire of pain: The secret history of the Sackler dynasty.* Doubleday.

Lawes, J. (2022). Trauma: A gateway to substance use disorder. *Delaware Journal of Public Health 8*(2), 86-97. 10.32481/djph.2022.05.011

Leasure, P. (2019). Securing private housing with a criminal record. *Journal of Offender Rehabilitation 58*(1), 30-49. https://doi.org/10.1080/10509674.2018.1549182

Macy, B. (2018). *Dopesick: Dealers, doctors, and the drug company that addicted America*. Little, Brown and Company.

Meier, B. (2018). *Pain killer: An empire of deceit and the origins of America's opioid epidemic.* Random House.

Morgan, O. J. (2009). Thoughts on the interaction of trauma, addiction, and spirituality. *Journal of Addictions & Offender Counseling, 30*(1), 5-15.

Munchel, W. (2017). Trauma is the gateway drug – an ACE'S informed approach to substance abuse treatment. *Children's Mental Health Network*. https://www.cmhnetwork.org/news/trauma-is-the-gateway-drug-an-aces-informed-approach-to-substance-abuse-treatment/

Norman, S. B., Tate, S. R., Anderson, K. G., & Brown, S. A. (2007). Do trauma history and PTSD symptoms influence addiction relapse context?. *Drug and alcohol dependence, 90*(1), 89-96.

Ouimette, P. E., & Brown, P. J. (2003). Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. *American Psychological Association*.

Pager, D. (2003). The mark of a criminal record. *American Journal of Sociology 108*(5). https://doi.org/10.1086/374403

Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma-informed care in medicine. *Family & Community Health 38*(3), 216-226. https://doi.org/10.1097/FCH.0000000000000071

Spohn, C. & Holleran, D. (2006). The effect of imprisonment on recidivism rates of felony offenders: A focus on drug offenders. *Criminology 40*(2), 329-358. https://doi.org/10.1111/j.1745-9125.2002.tb00959.x

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

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