From Data to Dialogue: An Interactive Mock Overdose Fatality Review Using Aggregate Data

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Aggregate Data Overdose Fatality Review (OFR) Exercise

Practicing OFRs Using Aggregate Fatal and Non-fatal Overdose Data

Presented by the NY Overdose Response Strategy (ORS) Team and NYSACHO Planning Team

The New York State Association of County Health Officials (NYSACHO) and New York State Department of Health (NYSDOH)

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AGGREGATE DATA OFR EXERCISE

Workshop Objectives

Practice applying the OFR framework using fatal and nonfatal aggregate data to:

- Identify system touchpoints and missed opportunities
- Generate recommendations for improving local response
- Foster cross-sector dialogue and planning

DATA SHARING BARRIERS

Legal or logistical barriers to case-level data sharing

LOW OVERDOSE NUMBERS

Legal or logistical barriers to case-level data sharing

STARTING POINT

A starting point for case-level OFRs and collaboration, response and systems change

VALUABLE INSIGHTS

Aggregate data + nonfatal trends still offer valuable insights

Why Aggregate Data?

INTRODUCTION

Interview: A Person With Lived/Living Experience (PWLE)

Framing the Review

To approach the process with greater sensitivity to the lived experiences of people who use drugs or have been impacted by overdose.

Why Engage PWLE in Your OFR?

- Critical insights into the "why" behind the numbers—that data alone cannot explain.
- Highlight gaps, barriers or system failures that may not be visible to service providers.
- Offers insights into emerging trends (e.g., drug use practices, stigma)
- Ensure review reflects the real-world experiences of those most impacted.
- Generates actionable, grounded recommendations based on firsthand knowledge of what does and doesn’t work in real life.
- An opportunity for advocacy and validating voices through participation in systems change.

Butler County Profile

- Population: ~190,000

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GENDER

- Male: 49%
- Female: 51%

GEOGRAPHY

- Lakewood City (110K)
- Suburbia (50K)
- Timberville + Ridgefield rural areas (30K))

RACE/ETHNICITY

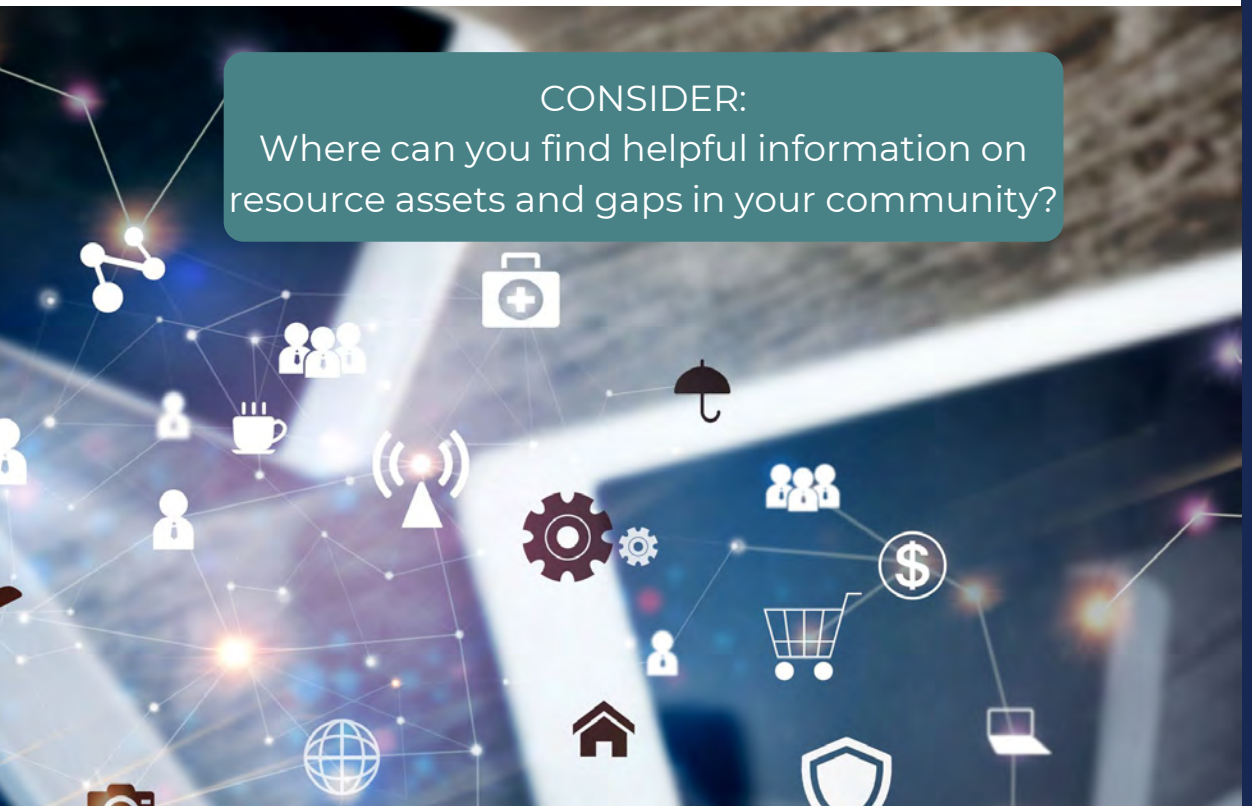
- White (Non-Hispanic): 68%
- Black/African American: 15%
- Hispanic/Latino: 10%
- Asian: 4%
- Native American / Other: 3%

AGE

- Median Age Estimate: ~38–40 years

SAMPLE AGGREGATE DATA OFR

County Assets and Gaps



ASSETS

- 2 local hospitals
- 1 County Jail with Medications for Opioid Use Disorder (MOUD)
- 1 Federally Qualified Health Center
- NY MATTERS telehealth services in some settings
- 21 Opioid Overdose Prevention (naloxone distribution) Programs
- Overdose prevention services provided by regional nonprofit

GAPS

- Limited access to behavioral health in rural areas
- Transportation barriers in rural areas
- Housing services and supports
- Limited primary prevention programs

Fatal Overdose Summary - 2024

Fatality Locations

- **Total Deaths: 54**
  - Location of death:
    - Home/private residence: 58%
    - Public space (park/street/vehicle): 22%
    - En route/in ambulance: 12%
    - At hospital: 8%

CONSIDER:
What are the potential sources of fatal overdose data your team can use?

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2024

Fatal Overdose Summary - 2024

Health and Social Context

Condition	Fatal (%)
Previous substance-use history	71%
Known mental-health disorder	38%
Other chronic health condition	56%
Housing instability/homelessness	27%
Prior incarceration (past year)	16%

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Fatal Overdose Summary - 2024

Occupation Profile

- Unemployed/Underemployed: 32%
- Service Industry (retail, hospitality): 21%
- Blue-collar/labor (construction, manufacturing): 18%
- Healthcare/education: 9%
- Transportation/logistics: 7%
- Other/professional: 13%

DID YOU KNOW...

In 2020, national drug overdose death rates were highest among workers in the following occupations: construction and extraction (162.6); food preparation and serving related (117.9); personal care and service (74.0); transportation and material moving (70.7); building and grounds cleaning and maintenance (70.0); and installation, maintenance and repair (69.9) - Age-Adjusted Drug Overdose Death Rates* Among Workers Aged 16–64 Years

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Fatal Overdose Summary - 2024

Route of Administration

- Smoking/vaping: 42%
- Injection: 26%
- Snorting/sniffing: 21%
- Ingestion: 8%
- Other: 3%

DID YOU KNOW...

The number of deaths with evidence of smoking increased 109.1%, from 2,794 to 5,843, and by 2022, smoking was the most commonly documented route of use in overdose deaths. Trends were similar in all U.S. regions. - CDC *Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022*

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Fatal Overdose Summary - 2024

Naloxone Interventions and Bystander Involvement

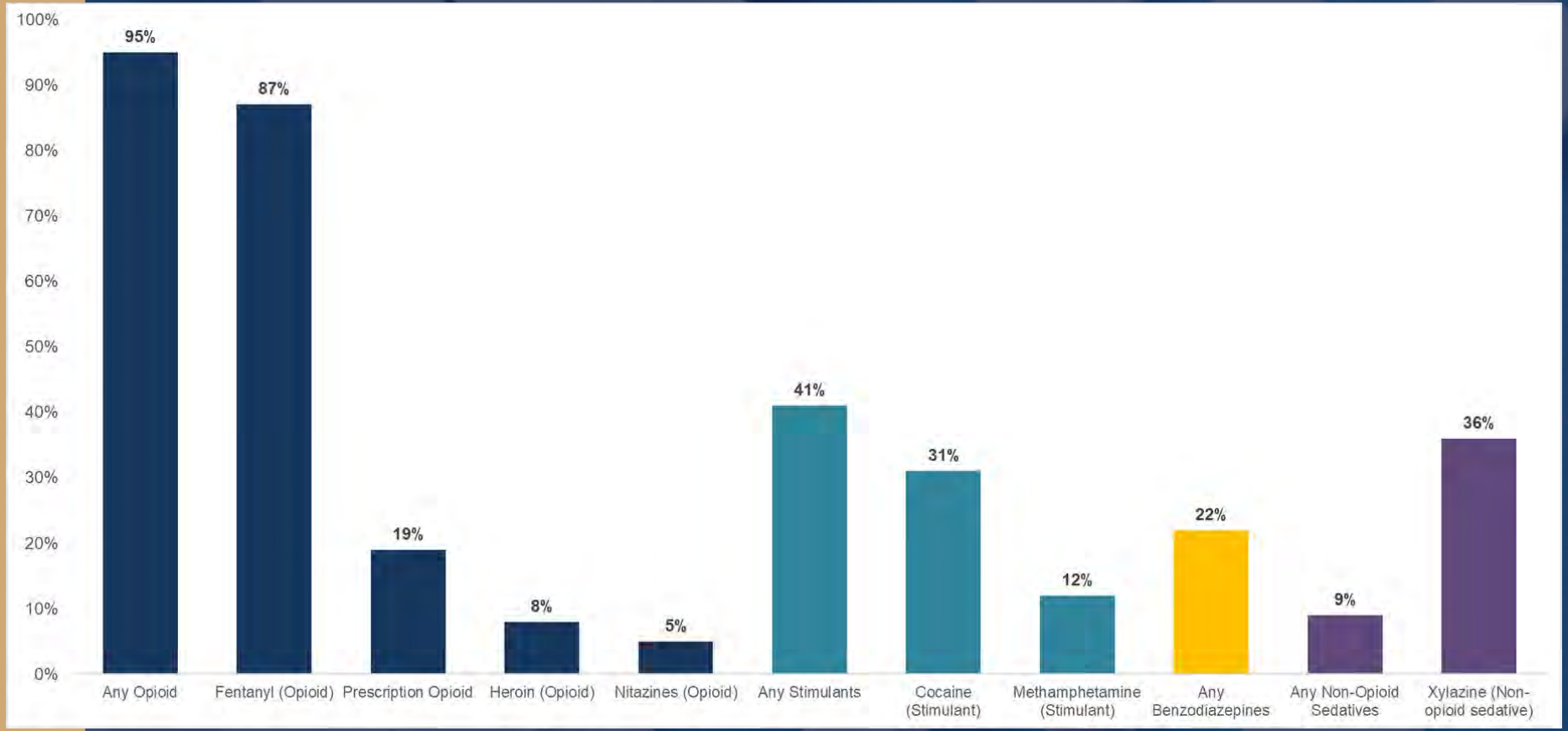
- **Naloxone administered:**
  - 29% received naloxone before death
- **Bystander responses:**
  - 34% had bystander present (family, friend, acquaintance) and responded

DID YOU KNOW...

Many overdose deaths happen with bystanders present, yet intervention—particularly timely naloxone use—is often missing. Barriers include lack of awareness, physical separation from the decedent or uncertainty about how to use naloxone. - CDC

Fatal Overdose Summary - 2024

Percentage of Overdose Deaths Where Drug/Class Was Listed as a Cause of Death (Total Deaths: 54)



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SAMPLE AGGREGATE DATA OFR

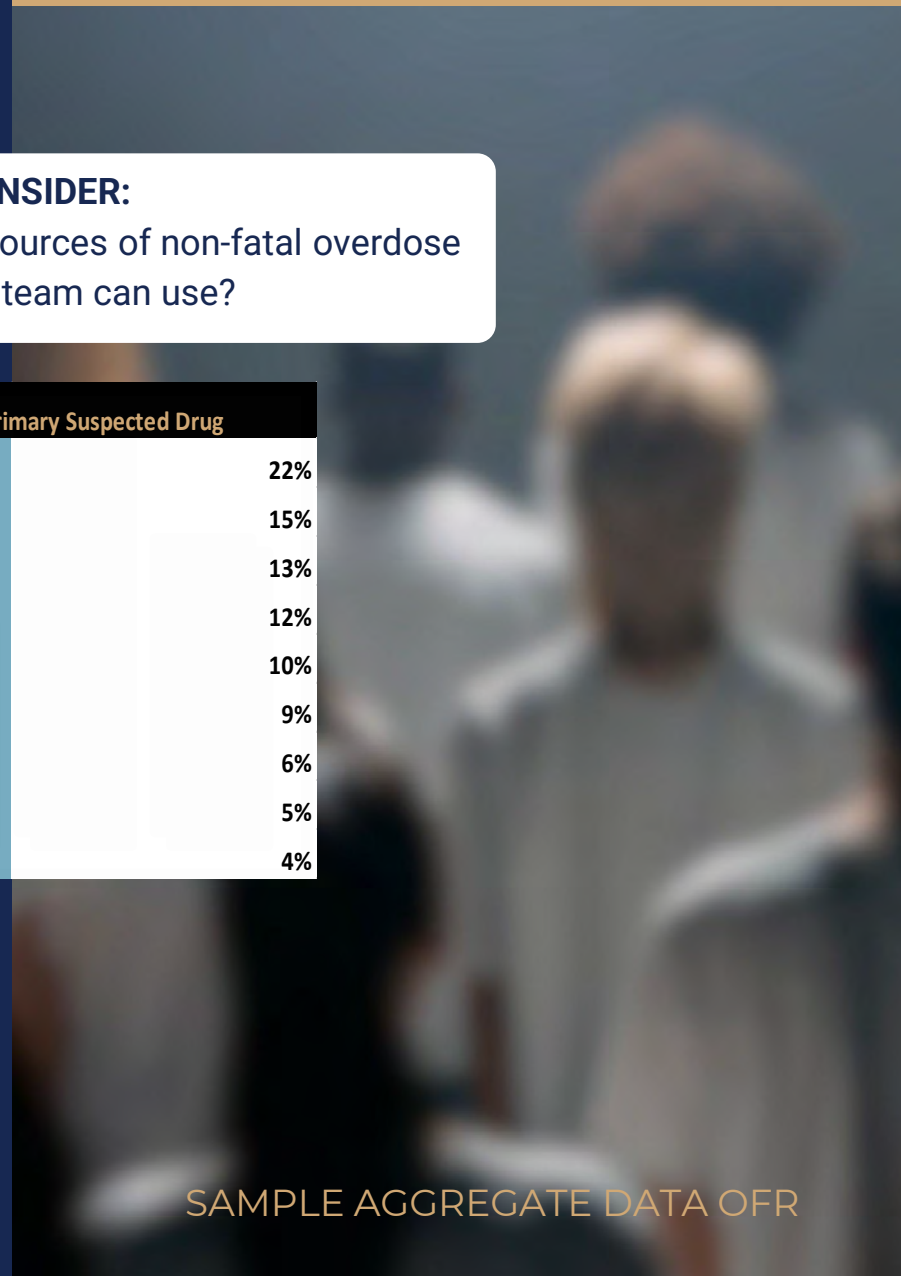
Suspected NONFATAL Overdose Summary ODMAP – 2024

Source: Regional Crime Analysis Center

- **Total ODMAP Reported Overdoses: 298**
  - **Transport/Scene Outcomes:**
    - 62% -Transported to hospital
    - 38% - Refused transport
  - **Overdose Suspected Intent:**
    - 86% Suspected Accidental
    - 14% Suspected Intentional Drug Overdose
  - **Primary Suspected Drug: (See Table A)**
  - **Naloxone Administrations:**
    - 52% Naloxone Administered
    - 46% No Naloxone Administered
  - **Administered by:**
    - 28% - EMS
    - 34% - Law Enforcement
    - 38% - Bystander

CONSIDER:
What are the potential sources of non-fatal overdose data your team can use?

Table A - ODMAP Primary Suspected Drug	
Other	22%
Fentanyl	15%
Synthetic Marijuana	13%
Prescription Pills	12%
Heroin	10%
Cocaine	9%
Unknown	6%
Methamphetamine	5%
Crack	4%



SAMPLE AGGREGATE DATA OFR

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GROUP BREAKOUT DISCUSSION

Step 1: What Is the Data Telling Us?

Patterns

- What patterns stand out in the fatal and non-fatal overdose data?

Insights

- Are there surprises or confirmations?
- What do the repeat overdoses tell us?
- Why might people refuse transport to hospital?

Impact

- Who is most impacted geographically and demographically?

What other questions come to mind?

GROUP BREAKOUT DISCUSSION

Step 2: Identifying Gaps

System Contact

- Which system agencies and sectors have contact?

Interventions

- What are some potential missed opportunities for intervention?

Missing Services

- What services or supports are missing and why?

What are some key settings and touchpoints identified in the data?

Explore missed opportunities across the continuum of overdose response including primary prevention, harm reduction, treatment and recovery.

GROUP BREAKOUT DISCUSSION

Step 3: From Data to Action!

List Recommendations

- List 2–3 recommendations for action based on your findings

Identify Leaders

- Identify potential lead agency or partners

Assess Feasibility

- Consider feasibility and timeline

Prioritize Actions

- Think about short-term wins vs. long-term needs

What actions would be realistic in your community?

Group Report-Out

Tell Us Three Things...

01

1 KEY TREND

What's one important trend or insight that stood out to your group?

02

1 MISSED OPPORTUNITY

Based on what was observed, what is a potential point of intervention that could have changed/improved the outcome?

03

1 RECOMMENDATION FOR ACTION

Propose one realistic, action-oriented solution your team believes could help prevent future overdoses or improve system response.

Thank You!

Explore the use of aggregate data OFRs! Patterns can emerge that lead to powerful, systems-level change.

NEED SUPPORT?

Contact Us:
The NY ORS Team –
Lisa Worden
Jim Hawley

Learn More