OVERDOSE FATALITY REVIEW

Data Instrument Guidance

BJA's **Comprehensive** Opioid, Stimulant, and Substance Abuse Program

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1. OFR Administration

1.1) Case-unique identifier (REDCap generated)

Variable name: CaseID

Skip Logic: None

Definition: REDCap will generate a unique case ID.

Responses: Autofilled from REDCap

Guidance: None

Reference: None

1.2) Name of person completing this form

Var: ContactName

Skip Logic: None

Definition: First and last name of the person completing this case record information.

Response Options: Text
First name, Last name

Guidance:
These are the first and last names of the person entering the data for this case.

Reference: None

1.3) Email for the person completing this form

Var: ContactEmail

Skip Logic: None

Definition: Email address of the person listed in ContactName.

Response Options: Text
Email address

Guidance:
This is the email address of the person entering the data for this case, listed in ContactName.

Reference: None

1.4) Date completing this form.

Var: FormDate

Skip Logic: None

Definition: Date the case entry was started.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

1.5) Date the case was reviewed in the OFR.

Var: ReviewDate

Skip Logic: None

Definition: Date the case was reviewed at an OFR.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

1.6) What were the case selection criteria?

Var: CaseCriteria

Skip Logic: None

Definition: The criteria used to select the case to review.

Response Options: Select only one.
0 No criteria: All deaths reviewed
1 Most recent deaths
2 Random selection
3 Selected to match characteristics of overall fatalities
4 Theme review, Specify _____
5 Other, Specify _____

Guidance:
Select the response that best describes the case selection criteria for this case. Specify "theme" or "other" response.

Reference: None

1.7) What data sources were shared at the review meeting?

Var:DataType

Skip Logic: None

Definition: Indicates which data were shared or provided for the case review.

Response Options: Check all that apply.
1 Death certificate record information
2 Forensic record information
3 Medical care record information
4 Prescription drug monitoring program (PDMP record information)
5 Behavioral health record information
6 Criminal justice record information
7 Social services record information
8 Family and social network interview information
9 Other, Specify_____

Guidance: Select the response that best describes the data provided for the case. Specify "other" response.
For example, if a behavioral health provider is present but does not provide data on this specific case, do not select "behavioral health record information."

Reference: None

1.8) What OFR members were present/represented at the review meeting?

Var: MemberType

Skip Logic: None

Definition: Indicates OFR members or partners (guest participants) present at the meeting.

Response Options: Check all that apply.

1 Child protective services
2 Community correction—probation and parole
3 Community prevention coalition
4 County sheriff's office
5 Court (not drug-related)
6 Drug treatment court
7 Education system
8 Emergency department
9 Emergency medical services
10 Faith-based services or healing leader
11 Harm-reduction program
12 High Intensity Drug Trafficking Areas (HIDTA) public health analyst
13 Hospital
14 Housing authority
15 Infectious disease
16 Jails
17 Local law enforcement
18 Medical examiner/coroner
19 Medication-assisted treatment provider
20 Mental health provider
21 Outpatient/primary care
22 PDMP
23 Pharmacists
24 Prison
25 Prosecutor's office
26 Public health
27 Recovery support services
28 Social services—child protective services
29 Substance abuse prevention
30 Substance use disorder treatment provider
31 Toxicologist
32 Tribal elder, community leader, or traditional healer
33 Other, Specify _____

Guidance:
Select the response that best describes the those present at the case review, regardless of whether they provided data or information about the case. Specify “other” response.

Note: Overdose Fatality Review (OFR) teams may want a meeting sign-in form that allows participants to select which professional sectors they represent.

Reference: None

2. Decedent Demographic Information

2.1) Age in years (whole number)

Var: AgeYears

Skip Logic: None

Definition: Indicates the decedent's age at death.

Responses: Numerical
1–120
999 for unknown

Guidance: None

Reference: None

2.2) Birth state/territory

Var: BirthState

Skip Logic: None

Definition: Indicates the state in which the decedent was born.

Response Options: Select only one.
1 Alabama (AL)
2 Alaska (AK)
3 Arizona (AZ)
4 Arkansas (AR)
5 California (CA)
6 Colorado (CO)
7 Connecticut (CT)
8 Delaware (DE)
9 District of Columbia (DC)
10 Florida (FL)
11 Georgia (GA)
12 Hawaii (HI)
13 Idaho (ID)
14 Illinois (IL)
15 Indiana (IN)
16 Iowa (IA)
17 Kansas (KS)
18 Kentucky (KY)
19 Louisiana (LA)

20 Maine (ME)
21 Maryland (MD)
22 Massachusetts (MA)
23 Michigan (MI)
24 Minnesota (MN)
25 Mississippi (MS)
26 Missouri (MO)
27 Montana (MT)
28 Nebraska (NE)
29 Nevada (NV)
30 New Hampshire (NH)
31 New Jersey (NJ)
32 New Mexico (NM)
33 New York (NY)
34 North Carolina (NC)
35 North Dakota (ND)
36 Ohio (OH)
37 Oklahoma (OK)
38 Oregon (OR)
39 Pennsylvania (PA)
40 Rhode Island (RI)
41 South Carolina (SC)
42 South Dakota (SD)
43 Tennessee (TN)
44 Texas (TX)
45 Utah (UT)
46 Vermont (VT)
47 Virginia (VA)
48 Washington (WA)
49 West Virginia (WV)
50 Wisconsin (WI)
51 Wyoming (WY
52 American Samoa (AS)
53 Guam (GU)
54 Northern Mariana Islands (MP)
55 Puerto Rico (PR)
56 Virgin Islands (VI)
88 Not applicable, was not born in the United States
99 Unknown

Guidance:
Identifies the state in which the decedent was born.

Reference: None

2.3) Birth country

Var: BirthCountry

Skip Logic: Answer only if BirthState = Not applicable, not born in the United States (88).

Definition: Indicates the country, other than the United States, where the decedent was born.

Responses: Text

Guidance:
Identifies the country, other than the United States, in which the decedent was born.

Reference: None

2.4) State of residence

Var: Residence:State

Skip Logic: None

Definition: The state in which the decedent lived.

Response Options: Select only one.
1 Alabama (AL)
2 Alaska (AK)
3 Arizona (AZ)
4 Arkansas (AR)
5 California (CA)
6 Colorado (CO)
7 Connecticut (CT)
8 Delaware (DE)
9 District of Columbia (DC)
10 Florida (FL)
11 Georgia (GA)
12 Hawaii (HI)
13 Idaho (ID)
14 Illinois (IL)
15 Indiana (IN)
16 Iowa (IA)
17 Kansas (KS)
18 Kentucky (KY)
19 Louisiana (LA)
20 Maine (ME)
21 Maryland (MD)
22 Massachusetts (MA)

23 Michigan (MI)
24 Minnesota (MN)
25 Mississippi (MS)
26 Missouri (MO)
27 Montana (MT)
28 Nebraska (NE)
29 Nevada (NV)
30 New Hampshire (NH)
31 New Jersey (NJ)
32 New Mexico (NM)
33 New York (NY)
34 North Carolina (NC)
35 North Dakota (ND)
36 Ohio (OH)
37 Oklahoma (OK)
38 Oregon (OR)
39 Pennsylvania (PA)
40 Rhode Island (RI)
41 South Carolina (SC)
42 South Dakota (SD)
43 Tennessee (TN)
44 Texas (TX)
45 Utah (UT)
46 Vermont (VT)
47 Virginia (VA)
48 Washington (WA)
49 West Virginia (WV)
50 Wisconsin (WI)
51 Wyoming (WY
52 American Samoa (AS)
53 Guam (GU)
54 Northern Mariana Islands (MP)
55 Puerto Rico (PR)
56 Virgin Islands (VI)
88 Not applicable, decedent did not live in the United States
99 Unknown

Guidance: Identifies the state in which the decedent lived.

Reference: None

2.4a) County of residence

Var: ResidenceCounty

Skip Logic: Skip only if ResidenceState = Not applicable, decedent did not live in the United States (88).

Definition: Indicates the county (or county equivalent) in which the decedent lived.

Response Options: Text
Type in county name
888 Not applicable
999 Unknown

Guidance: None

Reference: None

2.4b) City of residence

Var: ResidenceCity

Skip Logic: Skip only if ResidenceState = Not applicable, decedent did not live in the United States (88).

Definition: Indicates the city in which the decedent lived.

Response Options: Text
Type in city name
888 Not applicable
999 Unknown

Guidance: None

Reference: None

2.4c) Residence ZIP code

Var: ResidenceZip

Skip Logic: Skip only if ResidenceState = Not applicable, decedent did not live in the United States (88).

Definition: Indicates the postal ZIP code in which the decedent lived.

Response Options: Numerical (5 digits)
5-digit ZIP code of injury
88888 Not applicable
99999 Unknown

Guidance: None

Reference: None

2.5) <u>Known or documented</u> homeless at the time of death

Var: Homeless

Skip Logic: None

Definition: Indicates the decedent's homeless status.

Homeless persons are those who reside in one of the following: (1) places not designed for or ordinarily used as regular sleeping accommodations for human beings, including the following: a car or other private vehicle; a park, on the street, or another outdoor place; an abandoned building (i.e., squatting); a bus or train station; an airport; or a camping ground; (2) a supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons; or (3) do not have primary nighttime residence, which may include a motel or hotel or a doubled-up situation—meaning staying with friends or family or "couch surfing."

Response Options: Select only one.
0 No
1 Yes, sleeping outdoors or in a shelter or transitional housing program
2 Yes, "couch surfing" or residing in motel or hotel
3 Yes, unknown where sleeping

Guidance:

Clarification of housing instability measures.

Marking this variable "Yes, sleeping outdoors or in a shelter or transitional housing program" means that there was clear evidence in a document that the decedent was homeless, such as living in a car. This response captures people who are living in a place not meant for human habitation, such as an emergency shelter or transitional housing, or are exiting an institution where they temporarily resided. Examples for this category include the following:

- Decedent had been living in his car since his wife discovered he had relapsed on meth and kicked him out of the family home.
- Decedent had been staying at a local homeless shelter for the past three months.
- Decedent lived in an abandoned house or building along with several other homeless individuals.
- Decedent was residing in a tent on a local campground.

Marking this variable "Yes, couch surfing or residing in motel or hotel" means that the decedent did not have a home of his or her own but was staying indefinitely with friends or family, lived in a hotel, or had a residential address that is not a shelter. This response captures people who did not have a primary nighttime residence, which may include a motel or hotel or a doubled-up situation with family, friends, or acquaintances, Examples for this category include the following:

- Decedent had been staying at a motel after being evicted two weeks ago.
- Decedent and her husband were staying with a friend indefinitely.

Code homeless "unknown" when the residential address is stated "unknown" and homeless status is not otherwise known.

References:

- NVDRS 3.2.6 Homeless (modified)
- HUD Definition of Homeless, https://endhomelessness.org/resource/changes-in-the-hud-definition-of-homeless/
- Wilder survey of persons without permanent shelter, https://www.wilder.org/sites/default/files/imports/MN%20Statewide%20Homeless%20Survey-2018_October.pdf

2.6) Sex of decedent

Var: Sex

Skip Logic: None

Definition: Indicates the decedent's biological sex at the time of the incident.

Response Options: Select only one.
1 Male
2 Female
9 Unknown

Guidance:
Sex captures the biological sex of the decedent.

If the decedent is transgender, please record the decedent's legal sex as indicated by at least one of the three primary data collection sources: death certificate, coroner/medical examiner, or law enforcement. A disagreement on the sex of the decedent across data sources may indicate transgender status.

Reference: NVDRS 3.1.6 Sex of victim

2.6a) Decedent was pregnant.

Var: PregnancyStatus

Skip Logic: Answer only if sex = female (2)

Definition: Indicates whether the decedent was pregnant or recently pregnant at the time of death.

Response Options: Select only one.
0 Not pregnant within last year
1 Pregnant at time of death
2 Not pregnant but pregnant w/in 42 days of death
3 Not pregnant but pregnant 43 days to 1 year before death
4 Not pregnant, not otherwise specified
5 Pregnant, not otherwise specified
8 Not applicable
9 Unknown if pregnant within past year

Guidance:
This variable is used to identify pregnant or recently pregnant decedents and to document types of violence against pregnant and postpartum women. Decedent's pregnancy status is often noted on the death certificate and in the coroner/medical examiner's (CME) report. Findings are more likely to be authoritative if a full autopsy has been performed.

This variable should be coded for all female decedents regardless of age.

The variable will not apply to males and will be automatically coded 8, not applicable.
This variable is based on the codes used on the new U.S. standard death certificate. As such, it collects pregnancy status at the time of death, not at the time of injury.

If your state's death certificate has a pregnancy variable that does not match the U.S. Centers for Disease Control and Prevention's National Center for Health Statistics (CDC, NCHS) national standard, use the 4 and 5 options to capture this information or use another data source to code this category.

Regardless of the decedent's age, code "unknown if pregnant within past year" if the decedent's pregnancy status is not mentioned on the CME record and not completed on the birth certificate.

Reference: NVDRS 3.1.18 Victim was pregnant

2.6b) Pregnant: Did the decedent have <u>known or documented</u> access to prenatal services?

Var: PrenatalServices

Skip Logic: Answer only if PregnancyStatus = Pregnant; or pregnant within 42 days; or pregnant within a year; or pregnant, not otherwise specified (1, 2, 3, or 5).

Definition: Accessing prenatal care may be an indicator of general health access as well as an opportunity for intervention by the health care system for the care of the decedent and a fetus/newborn.

Response Options: Select only one.
0 No
1 Yes

Guidance: None

Reference: None

2.7) Gender identity

Var: GenderIdentity

Skip Logic: None

Definition: Indicates whether the decedent self-identified as transgender or whether a friend/family member reports that the decedent self-identified as transgender.

Response Options: Select only one.
1 Not transgender, cisgender
2 Transgender man/trans man/female-to-male (FTM)
3 Transgender woman/trans woman/male-to-female (MTF)
4 Genderqueer/gender nonconforming neither exclusively male or female
5 Other, Specify _____

Guidance:
Transgender is defined as individuals "who experience incongruence between birth sex and gender identity."

For instance, a person with a biological sex of a male may self-identify as female. An individual should be identified as transgender if he or she identified as transgender or if family, friends, physicians, or other acquaintances identified the individual as transgender. Also, check this variable if the decedent was undergoing or had undergone sex-change surgery or hormone therapy to support a sex change.

Reference: NVDRS 3.1.7 Transgender

2.8) Relationship status at the time of incident

Var: RelationshipStatus

Skip Logic: None

Definition: Indicates the decedent's relationship status at the time of the incident.

Response Options: Select only one.
1 Currently in a relationship
2 Not currently in a relationship
9 Unknown

Guidance:
This variable is used to identify the decedent's s relationship status at the time of the incident. The decedent's relationship with another person or persons is described as a relationship beyond the level of friendship that may be serious or casual, short- or long-term. The relationship also involves some level of intimacy that may or may not be sexual in nature. Relationship status should be inferred only from marital status information on the death certificate or other source documents if the decedent is married at the time of the incident; otherwise, this information must be noted in either the coroner/medical examiner's (CME) or law enforcement (LE) report. If information about the decedent's being in a relationship is not explicitly stated in either report, code "unknown."

If decedent's marital status is "Married/Civil Union/Domestic Partnership," you can infer that the decedent was in a relationship at the time of the incident.

If decedent's marital status is "Married/Civil Union/ Domestic Partnership, but separated," code this as "unknown," unless information is provided to suggest that the decedent was in a relationship at the time of the incident.

If decedent is noted to be in multiple relationships, code this as "currently in a relationship."

Regardless of the decedent's age, code "unknown" if decedent's relationship status is not mentioned in the CME or LE record.

Reference: NVDRS 3.1.16 Relationship Status

2.9) Sex of partner

Var: PartnerSex

Skip Logic: None

Definition: Indicates the decedent's partner's sex in relation to the decedent's sex.

Response Options: Select only one.
1 Same sex as decedent
2 Opposite sex of decedent

8 Not applicable
9 Unknown

Guidance:
If the decedent's marital status is "Married/Civil Union/ Domestic Partnership" and the decedent is also in another relationship (e.g., extramarital affair), code this variable based on the sex of the partner to whom the decedent is married.

If the decedent is noted to be in multiple relationships at the time of the incident, code "unknown" unless narrative captures sex of one of the partners. If more than one partner is discussed, capture the sex of the partner that is most salient, given the context of the incident. If relationship status is "unknown," then sex of partner = "unknown."

Reference: NVDRS 3.1.17 Sex of partner

2.10) Marital status

Var: MaritalStatus

Skip Logic: None

Definition: Indicates the decedent's marital status.

Response Options: Select only one.
1 Married /Civil Union/ Domestic Partnership
2 Never Married
3 Widowed
4 Divorced
5 Married/Civil Union/Domestic Partnership, but separated
6 Single, not otherwise specified
9 Unknown (Note: If marital status is not explicitly noted, code as 9, "unknown.")

Guidance:
Marital status is regularly completed on the death certificate and often noted in law enforcement or medical examiner records.

Marital status should be completed for persons of all ages, including children.
If a source document describes a person as being in a common-law marriage or civil union according to the laws of that state, code this as "Married/Civil Union/Domestic Partnership."
If a source document describes a person as being in a committed relationship with someone of the same sex, code this as "Married/Civil Union/Domestic Partnership." Domestic partnership is defined as a committed intimate relationship between two adults of either the same or opposite sex, in which the partners are each other's sole partner, intend to remain so indefinitely, maintain a common residence and intend to continue to do so, are not married or joined in a civil union or domestic partnership to anyone else, and are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed.

Use the "Single, not otherwise specified" option when this term is used in CME records and it is not clear whether the person was never married, widowed, divorced, or separated.

In an incident in which a person kills his or her spouse or partner, marital status should be coded as "Married/Civil Union/Domestic Partnership," not "Widowed." Use "Widowed" for a person of either sex whose spouse has died before the overdose death.

Reference: NVDRS 3.1.15 Marital status

2.11) Sexual orientation

Var: SexualOrientation

Skip Logic: None

Definition: Indicates the decedent's sexual orientation, which includes heterosexual, gay, lesbian, or bisexual.

Response Options: Select only one.
0 Heterosexual
1 Gay
2 Lesbian
3 Bisexual
9 Unknown

Guidance:
Sexual orientation is a multicomponent construct that is commonly measured in three ways: attraction (e.g., the sex of a person one is sexually attracted to), behavior (e.g., ask respondents to report on the sex of people with whom they had willing sexual experiences), and self-identification (e.g., How would you describe your sexual orientation?).

This variable captures whether the decedent self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family, or acquaintances. Code this variable only if the information is reported in the LE or CME report. Sexual orientation should not be inferred from marital status. If the information is not explicitly reported, select "unknown." Currently, this information is usually not collected systematically; consequently, this variable will likely detect only decedents who were gay, lesbian, or bisexual according to friends, families, or acquaintances. Definitive information on sexual orientation may be unavailable.

Reference: NVDRS 3.1.19 Sexual orientation

2.12) Race

Var: Race

Skip Logic: None

Definition: Indicates the decedent's race.

Response Options: Check all that apply.
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or other Pacific Islander
5 American Indian or Alaska Native
6 Unspecified race

Guidance:
- White: Person with origins among any of the original peoples of Europe, North Africa, or the Middle East
- Black or African American: Person with origins among any of the black racial groups of Africa
- Asian: Person with origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- Native Hawaiian or other Pacific Islander: Person with origins among any of the original peoples of the Pacific Islands (includes Native Hawaiians)
- American Indian or Alaska Native: Person with origins among any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Alaska Natives)
- Unspecified: If a person's ethnicity is provided in place of his or her race (e.g., race is given as "Hispanic" and no other valid race value is given), mark the person's race as "unspecified."
- For multiracial decedents, please check each race identified in source documents (e.g., if the decedent is identified as "white" and "Asian," please check "white" and "Asian"). If source documents indicate "Mulatto," check both "white" and "black." If "Asian/Pacific Islander" is indicated, check both "Asian" and "PacificIsland." These standards were used by the U.S. Census Bureau in the 2000 decennial census.

Reference: NVDRS 3.1.13 Victim race variables

2.13) Verified tribal status

Var: TribalStatus

Skip Logic: None

Definition: Indicates the decedent's verified tribal status. Verified tribal status is a legal status and needs to be confirmed with tribal agencies.

Response Options: Only select one.
0 No
1 Yes, Specify _____

Guidance:
If decedent has a known or verified tribal status, check “yes” and fill in which tribe he or she was a member of. If decedent’s tribal status is unknown or no, check “no.”

Reference: None

2.14) Hispanic/Latino/Spanish ethnicity

Var: HispanicEthnicity

Skip Logic: None

Definition: Ethnicity is a concept used to differentiate population groups based on shared cultural characteristics or geographic origins. Decedents with Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin should be considered Hispanic or Latino, regardless of race.

Response Options:
0 Not Hispanic or Latino
1 Hispanic or Latino
9 Unknown

Guidance: None

Reference: NVDRS 3.1.14 Hispanic/Latino/Spanish: Ethnicity

2.15) English speaker

Var: EnglishLanguage

Skip Logic: None

Definition: Indicates whether the decedent spoke English and whether English was the decedent’s primary language.

Response Options: Select only one.
0 No
1 Yes, English was decedent’s primary language
2 Yes, English was not decedent’s primary language, Specify _____
9 Unknown

Guidance: None

Resource: None

2.16) Known or documented service in U.S. armed forces

Var: Military

Skip Logic: None

Definition: Indicates whether the decedent ever served in the U.S. armed forces (current of former military personnel).

Response Options: Select only one.
0 No
1 Yes

Guidance:
Military status is indicated on the death certificate in the section captioned "Ever a member of U.S. Armed Forces†." If a state's death certificate has the variant wording "If U.S. war veteran, specify war," a blank or missing response should be coded "No."

Reference: NVDRS 3.1.20 Current or former military personnel

2.17) Usual occupation

Var: OccupationText

Skip Logic: None

Definition: Indicates the decedent's usual occupation as recorded on the death certificate.

Response Options: Text
080 If text only; indicates the actual code is not available.
090 "unknown," "N/A" or "blank"

Guidance:
Most states' registries of vital records encode the decedent's usual occupation and industry on the death certificate. Usual occupation/industry is not necessarily the decedent's current occupation/industry. Provide information exactly as it appears in the death certificate data. Sites should NOT code the information themselves, since industry and occupation coding require special training.

The codes "999" for occupation and "090" for industry are assigned by the Occupation and Industry coder to indicate "blank, unknown, or not available." These codes should be used only if they appear in the death certificate data.

If the text descriptor is recorded on the death certificate and a numeric code is not provided, report only the text information and use the code "080" to indicate that the actual code is unavailable.

If the death certificate is blank (e.g., both code and text information is blank or missing), use the code "080" to indicate unavailable and use the text field to indicate "blank, unknown, or not available."

Reference: NVDRS 3.2.4.4

2.18) Current occupation text

Var: CurrentOccupation

Skip Logic: None

Definition: Indicates the decedent's occupation at the time of death.

Response Options: Select only one.
1 Employed, Specify _____
2 Unemployed
3 Homemaker
4 Retired
5 Student
6 Disabled
7 Self-employed
8 NA (under age 14)
9 Unknown

Guidance:
Occupation is an indicator of socioeconomic status. Certain occupations may also be associated with the occurrence of overdose deaths.

Report the current occupation in a text field exactly as it appears in one of the required data sources.

If the decedent is not employed, select from the options listed.

- People who work 17.5 hours or more per week are considered employed; people who work less than that are not.
- For decedents under the age of 14, the current occupation should be listed as "N/A" unless the CME report lists an occupation.

The information can later be coded at the national level using Standard Occupational Classifications. Note that "current occupation" is different from "usual occupation," which is recorded on the death certificate.

Reference: NVDRS 3.2.5 (modified)

2.19) Highest education obtained

Var: EducationLevel

Skip Logic: None

Definition: Indicates the decedent's educational level as measured by the highest degree attained.

Response Options: Select only one.
0 8th grade or less
1 9th to 12th grade; no diploma
2 High school graduate or GED (graduate equivalent diploma) completed
3 Some college credit but no degree
4 Associate's degree (e.g., AA, AS)
5 Bachelor's degree (e.g., B.A., A.B., B.S.)
6 Master's degree (e.g., M.A., M.S., Mend, Med, M.S.W., MBA)
7 Doctorate (e.g., Ph.D., Ed.D.) or professional degree (e.g., M.D., D.D.S., DVM, LLB, JD)
9 Unknown

Guidance:
The options for the "Education" variables are those on the 2003 death certificate. Since not all states may have moved to the new format, the pre-2003 education format is provided in the "Number years education" variable. Only one of the two (either EducationLevel OR EducationYears) must be completed.

- Vocational and trade school should be coded as "High school graduate."
- For young children who are not in school, code as "0" or 8th grade or less

Reference: NVDRS 3.2.7 Education by degree

2.20) <u>Known or documented</u> disability at time of overdose incident.

Var: DisabilityStatus

Skip Logic: None

Definition: Indicates what type of disability the decedent had at the time of the overdose.

Response Options: Check all that apply.
0 None
1 Yes, Unknown type of disability
2 Yes, Physical disability
3 Yes, Developmental disability
4 Yes, Sensory disability

Guidance:

- None (0)—Decedent was not known to have a disability
- Yes, Unknown type of disability (1)—Decedent had a disability of unknown type
- Yes, Physical disability (2)—Decedent's disability was physical (e.g., paraplegia, cerebral palsy)
- Yes, Developmental disability (3)—Decedent's disability was developmental (e.g., mental retardation)
- Yes, Sensory disability (4)—Decedent's disability was sensory (e.g., blindness, deafness)

Reference: NVDRS 10.9 Disability variables

2.21) Did the decedent have any children, under the age of 18, at the time of the overdose incident?

Var: Children

Skip Logic: None

Definition: Indicates whether the decedent had any minor children.

Response Options: Select only one.

0 No
1 Yes
9 Unknown

Guidance:
If the decedent is known to be the parent or guardian of any children under age 18, select "yes." If it is known that the decedent does not have children under age 18, select "no." If it is unknown, select "unknown."

Reference: None

3. Cause of Death—entered exactly as it is listed on death certificate

3.1) Cause of death

Var:DeathCause

Skip Logic: None

Definition: Indicates the final ICD-10 code.

Response Options: Text
Enter the final ICD-10 code assigned by the National Center for Health Statistics if available. (Part 1 of death certificate)
Enter "999" if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.
Enter "999" if this information is not available or unknown to the team.

Reference: Death certificate

3.2) Immediate cause of death

Var: DeathCause1

Skip Logic: None

Definition: Indicates the immediate cause of death (text from death certificate): the final disease, injury, or complication directly causing death.

Response Options: Text
Enter text as it appears on death certificate—Immediate case (final disease or condition resulting in death): Part 1 of death certificate; or provided from the medical examiner's or coroner's report.

Enter "999" if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter "999" if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.

- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.3) Sequentially list any conditions leading to the immediate cause. (Part 1 of death certificate - b)

Var: DeathCause2

Skip Logic: None

Definition: Indicates the cause leading to the immediate cause of death (text from death certificate): Next sequential cause of death, if any leading to the immediate cause of death.

Response Options: Text
Text as it appears on death certificate (Part 1 of death certificate - b) or provided from the medical examiner's or coroner's report.
Enter "999" if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter "999" if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control's National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.4) Sequentially list any conditions leading to the immediate cause. (Part 1 of death certificate - c)

Var: DeathCause3

Skip Logic: None

Definition: Indicates the next antecedent cause of death (text from death certificate): Next sequential cause of death, if any, leading to the immediate cause of death.

Response Options: Text
Text as it appears on death certificate (Part 1 of death certificate - c) or provided from the medical examiner's or coroner's report.
Enter "999" if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter "999" if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control's National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.5) Sequentially list any conditions leading to the immediate cause. (Part 1 of death certificate - d)

Var: DeathCause4

Skip Logic: None

Definition: Underlying cause of death (text from death certificate): the disease or injury that initiated the chain of morbid events that led directly and inevitably to death.

Response Options: Text
Text as it appears on death certificate (Part 1 of death certificate – d) or provided from the medical examiner's or coroner's report.

Enter “999” if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter “999” if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control’s National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.6) Enter other significant conditions contributing to death but not resulting in underlying cause in Part 1. (Part 2 of death certificate)

Var: SignificantConditions

Skip Logic: None

Definition: Indicates other significant conditions contributing to the death but not resulting in underlying cause in Part 1, yet included in Part 2 of the death certificate.

Response Options: Text
Text as it appears on death certificate (Part 2) or provided from the medical examiner’s or coroner’s report.
Use “999” if the information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on Part 2 of the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter “999” if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some

states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control's National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.7) Describe how the overdose occurred. (Part 2 of death certificate)

Var: HowOverdose

Skip Logic: None

Definition: The text that the death certified supplies on Part 2 of the death certificate regarding how the overdose occurred.

Response Options: Text
Text as it appears on death certificate or provided from the medical examiner's or coroner's report. Enter "999" if this information is not available or unknown to the team.

Guidance:
The text that the death certifier supplies on the death certificate regarding the causes of death can be used to identify reportable cases in a timely manner.

- Enter "999" if this information is not available or unknown to the team.
- Enter the text exactly as it appears on the death certificate.
- The letters in the variable names correspond to the lettered lines appearing on the death certificate.
- While coded data that captures the underlying cause of death using ICD-10 codes is an efficient means of identifying confirmed cases, these data will not be available in some states for many months. Consequently, this text information may help in identifying cases.

± As defined by Centers for Disease Control's National Center for Health Statistics (CDC NCHS), Instructions for Completing the Cause-of-Death Section of the Death Certificate. Source: http://www.cdc.gov/nchs/data/dvs/blue_form.pdf. Causes of death are typically listed top to bottom the order seen here, with Immediate cause of death listed first.

Reference: NVDRS 4.5.2 Cause of death variables.

3.8) Manner of death. (Part 2 of death certificate)

Var: DeathManner

Skip Logic: None

Definition: Indicates the manner of death. The manner of death is a broad classification of the cause of death as natural, accidental, suicide, homicide, pending investigation, or not determined. Manner is determined by the coroner or medical examiner and, when considered in conjunction with the narrative cause of death statements on the death certificate, is the basis for how the official underlying cause of death is coded in vital statistics data.

Response Options: Select only one.

1 Natural
2 Accident
3 Suicide
4 Homicide
5 Pending investigation/Pending
6 Could not be determined/Undetermined
7 Legal intervention
9 Record not available or blank

Guidance:
Data describing the manner of death are useful for public health surveillance, health care planning and administration, clinical and health services, and epidemiologic research.

- Record the manner of death exactly as it appears on the death certificate and CME report.
- If a manner is noted as "Pending investigation," check back on the case later to update the manner. "Pending" is considered a temporary designation.
- Since states' death certificates may have a state-added code to indicate "Legal intervention" as the manner of death, code "Legal intervention" only if it is presented on the death certificate (the abstractor-assigned type of death variable can capture legal intervention deaths that are not coded on the death certificate in that fashion).

Reference: NVDRS 4.1 Manner of death variable.

4. Scene of Overdose and Death

4.1) Location of overdose incident

Var: OverdoseLocation

Skip Logic: None

Definition: Indicates the type of place at which the overdose occurred.

Response Options: Select only one.

1 Hospital
2 Hospice facility
3 Nursing home/long-term care facility
4 Decedent's residence
5 Relative's residence
6 Friend/acquaintance's residence
7 Street/road/sidewalk/alley (not in vehicle)
8 Motor vehicle
9 Hotel or motel
10 Licensed foster care home
11 Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
12 Jail, prison or detention facility
13 Substance use disorder or mental health inpatient treatment program
14 Park, playground, or public use area
15 School
16 Other, Specify: _____

Guidance:
Data on the type of place at which an injury occurred help to describe the injury-producing event and are valuable for planning and evaluating prevention programs.

- Decedent's residence: Fatal overdose occurred at decedent's own residence. This includes the area immediately surrounding the home such as the yard and garage, **but not in a vehicle.**
- Relative's residence: Fatal overdose occurred at relative's home or the area immediately surrounding it. This category includes cases where the decedent was temporarily residing with the relative, **but not in a vehicle.**
- Friend/acquaintance's residence: Fatal overdose occurred at a friend's home or in the area immediately surrounding it. This category includes cases in which the decedent was temporarily residing with the friend/acquaintance, **but not in a vehicle**.
- Street/road/sidewalk/alley (not in vehicle): Fatal overdose occurred on a sidewalk or on a roadway, street, or highway, **but not in a vehicle**.
- Motor vehicle: Fatal overdose occurred in a vehicle, regardless of the vehicle's location.
- Hotel or motel: Fatal overdose occurred at hotel or motel.

- Residential living facility: This includes temporary and transitional housing, crisis shelters, domestic violence shelters, sober-living homes.
- Jail, prison, or detention facility: Fatal overdose occurred at a jail, prison, or other detention center.
- Park, playground, or public use area: Fatal overdose occurred in an area used for public recreation such as a park or public walking trail, **but not in a vehicle**.
- School: Fatal overdose occurred at a public or private educational institution.
- Other, Specify: Fatal overdose occurred at a commercial establishment not otherwise listed on this form such as a restaurant, laundromat, or bowling alley.

Reference: None

4.2) State of overdose incident

Var: OverdoseState

Skip Logic: None

Definition: Indicates the state in which the overdose occurred.

Response Options: Select only one.

1 Alabama (AL)
2 Alaska (AK)
3 Arizona (AZ)
4 Arkansas (AR)
5 California (CA)
6 Colorado (CO)
7 Connecticut (CT)
8 Delaware (DE)
9 District of Columbia (DC)
10 Florida (FL)
11 Georgia (GA)
12 Hawaii (HI)
13 Idaho (ID)
14 Illinois (IL)
15 Indiana (IN)
16 Iowa (IA)
17 Kansas (KS)
18 Kentucky (KY)
19 Louisiana (LA)
20 Maine (ME)
21 Maryland (MD)
22 Massachusetts (MA)
23 Michigan (MI)
24 Minnesota (MN)
25 Mississippi (MS)

26 Missouri (MO)
27 Montana (MT)
28 Nebraska (NE)
29 Nevada (NV)
30 New Hampshire (NH)
31 New Jersey (NJ)
32 New Mexico (NM)
33 New York (NY)
34 North Carolina (NC)
35 North Dakota (ND)
36 Ohio (OH)
37 Oklahoma (OK)
38 Oregon (OR)
39 Pennsylvania (PA)
40 Rhode Island (RI)
41 South Carolina (SC)
42 South Dakota (SD)
43 Tennessee (TN)
44 Texas (TX)
45 Utah (UT)
46 Vermont (VT)
47 Virginia (VA)
48 Washington (WA)
49 West Virginia (WV)
50 Wisconsin (WI)
51 Wyoming (WY
52 American Samoa (AS)
53 Guam (GU)
54 Northern Mariana Islands (MP)
55 Puerto Rico (PR)
56 Virgin Islands (VI)
88 Not applicable
99 Unknown

Guidance: None

Reference: None

4.3) County of overdose incident

Var: OverdoseCounty

Skip Logic: None

Definition: Indicates the county (or county equivalent) in which the overdose occurred.

Response Options: Text
Type in county name
888 Not applicable
999 Unknown

Guidance: None

Reference: None

4.4) City of overdose incident

Var: OverdoseCity

Skip Logic: None

Definition: Indicates the city in which overdose occurred.

Response Options: Text
Type in city name
888 Not applicable
999 Unknown

Guidance: None

Reference: None

4.5) ZIP code of overdose incident

Var: OverdoseZIP

Skip Logic: None

Definition: Indicates the postal ZIP code in which the overdose occurred.

Response Options: Numerical (5 digits)
5-digit ZIP code of injury
88888 Not applicable
99999 Unknown

Guidance: None

Reference: None

4.6) Did the location of overdose death differ from the overdose incident?

Var: OverdoseDeathLocation

Skip Logic: None

Definition: Confirms whether location of overdose incident and death are the same or different.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

4.6a) Location of death

Var: DeathLocation

Skip Logic: Answer only if OverdoseDeathLocation = Yes (1)
This means the location of the overdose incident is different from that of the overdose death.

Definition: Type of place at which the death occurred.

Response Options: Select only one.
1 Hospital
2 Hospice facility
3 Nursing home/long-term care facility
4 Decedent's residence
5 Relative's residence
6 Friend/acquaintance's residence
7 Street/road/sidewalk/alley (not in vehicle)
8 Motor vehicle
9 Hotel or motel
10 Licensed foster care home
11 Residential living facility (shelter, halfway house, sober-living facility, recovery housing, etc.)
12 Jail, prison, or detention facility
13 SUD or mental health inpatient treatment program
14 Park, playground, or public use area
15 School
16 Other, Specify: _____

Guidance:
Data on the type of place at which the death occurred:

- Decedent’s residence: Fatal overdose occurred at decedent’s own residence. This includes the area immediately surrounding the home, such as the yard and garage, **but not in a vehicle.**

- Relative's residence: Fatal overdose occurred at relative's home or the area immediately surrounding it. This category includes cases where the decedent was temporarily residing with the relative, **but not in a vehicle.**
- Friend/acquaintance's residence: Fatal overdose occurred at a friend's home or the area immediately surrounding it. This category includes cases where the decedent is temporarily residing with the friend/acquaintance, **but not in a vehicle**.
- Street/road/sidewalk/alley (not in vehicle): Fatal overdose occurred on a sidewalk or on a roadway, street, or highway, **but not in a vehicle**.
- Motor vehicle: Fatal overdose occurred in a vehicle, regardless of the vehicle's location.
- Hotel or motel: Fatal overdose occurred at hotel or motel.
- Residential living facility: This includes temporary and transitional housing, crisis shelters, domestic violence shelters, and sober-living homes.
- Jail, prison, or detention facility: Fatal overdose occurred at a jail, prison, or other detention center.
- Park, playground, or public use area: Fatal overdose occurred in an area used for public recreation such as a park or public walking trail, **but not in a vehicle**.
- School: Fatal overdose occurred at a public or private educational institution.
- Other, Specify: Fatal overdose occurred at a commercial establishment not otherwise listed on this form, such as a restaurant, laundromat, or bowling alley.

Reference: None

4.6b) State of overdose death

Var: DeathState

Skip Logic: Answer only if OverdoseDeathLocation = Yes (1). This means the location of the overdose incident is different from that of the overdose death.

Definition: Indicates the state in which the death occurred.

Response Options: Select only one.

1 Alabama (AL)
2 Alaska (AK)
3 Arizona (AZ)
4 Arkansas (AR)
5 California (CA)
6 Colorado (CO)
7 Connecticut (CT)
8 Delaware (DE)
9 District of Columbia (DC)
10 Florida (FL)
11 Georgia (GA)
12 Hawaii (HI)
13 Idaho (ID)
14 Illinois (IL)

15 Indiana (IN)
16 Iowa (IA)
17 Kansas (KS)
18 Kentucky (KY)
19 Louisiana (LA)
20 Maine (ME)
21 Maryland (MD)
22 Massachusetts (MA)
23 Michigan (MI)
24 Minnesota (MN)
25 Mississippi (MS)
26 Missouri (MO)
27 Montana (MT)
28 Nebraska (NE)
29 Nevada (NV)
30 New Hampshire (NH)
31 New Jersey (NJ)
32 New Mexico (NM)
33 New York (NY)
34 North Carolina (NC)
35 North Dakota (ND)
36 Ohio (OH)
37 Oklahoma (OK)
38 Oregon (OR)
39 Pennsylvania (PA)
40 Rhode Island (RI)
41 South Carolina (SC)
42 South Dakota (SD)
43 Tennessee (TN)
44 Texas (TX)
45 Utah (UT)
46 Vermont (VT)
47 Virginia (VA)
48 Washington (WA)
49 West Virginia (WV)
50 Wisconsin (WI)
51 Wyoming (WY
52 American Samoa (AS)
53 Guam (GU)
54 Northern Mariana Islands (MP)
55 Puerto Rico (PR)
56 Virgin Islands (VI)
88 Not applicable
99 Unknown

Guidance:
Identifies the state in which the death certificate was filed. This variable will be used to facilitate data sharing across states when state of injury and state of death differ.

- State of death will usually be the same as state of injury; however, on occasion, the two will differ. For instance, a decedent who is injured in one state may be transported to another state for emergency medical care.
- If the state of death is unknown, enter the state in which the person was pronounced dead (i.e., the state that issued the death certificate)
- If the person was not pronounced dead in any U.S. state or territory, enter 88 for "Not applicable." This can still be an NVDRS case if the decedent was fatally injured within a participating NVDRS state.
- A death on an American Indian reservation should be coded as the state in which it is located or, if the reservation spans multiple states, based on state borders.

Reference: None

4.6c) County of death

Var: DeathCounty

Skip Logic: Answer only if OverdoseDeathLocation = Yes (1)
This means the location of the overdose incident is different from that of the overdose death.

Definition: Indicates the county (or county equivalent) in which the death occurred.

Response Options: Text
Type in county name
888 Not applicable
999 Unknown

Guidance: None

Reference: None

4.6d) City of death

Var: DeathCity

Skip Logic: Answer if OverdoseDeathLocation = Yes (meaning the location of the overdose incident is different from that of the overdose death)

Definition: City in which the death occurred.

Response Options: Text
Type in city name
888 Not applicable

999 Unknown

Guidance: None

Reference: None

4.6e) ZIP code of death

Var: DeathZIP

Skip Logic: Answer if OverdoseDeathLocation = Yes (1). This means the location of the overdose incident is different from that of the overdose death.

Definition: Indicates the postal ZIP code in which the death occurred.

Response Options: Numerical (5 digits)
5-digit ZIP code of injury
88888 Not applicable
99999 Unknown

Guidance: None

Reference: None

4.7) Date last known to be alive before overdose

Var: LastAliveDate

Skip Logic: None

Definition: Indicates the date the decedent was last seen or heard from alive before the onset of overdose signs/symptoms. For further Definition of what constitutes overdose signs/symptoms, please see variable OverdoseDate.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
This is the date that the decedent was last seen or heard from alive before the fatal overdose occurred.

You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6"). If month or day is missing, enter "99." Enter "9999" if year of injury is missing.

- 06/99/2007 for June 2007 with the day unknown

- 99/99/2007 for 2007 with the month and day unknown
- 99/99/9999 for the year, month, and day unknown

Key considerations when coding this variable:

- The intent of this variable is to capture the time of day that the decedent was last known to be alive before the overdose began, not when last known to be technically alive (i.e., had a pulse).
- If a person witnessed the overdose occurring (i.e., the decedent going unconscious or showing difficulty breathing), the date that the overdose occurred (i.e., date of injury) should be entered.
- To qualify as have been "known alive," the witness must have had some interaction with the decedent. An interaction includes talking to the decedent on the phone or corresponding with the decedent in real time through electronic means, such as texting or chatting on a phone application or computer. Do not enter the time of an electronic communication that the recipient:
  - read or responded to after the decedent overdosed,
  - never responded to, or
  - responded to after receipt and never heard a response (i.e., there must be some back-and-forth between the witness and decedent prior to overdose onset which would have been an opportunity for intervention).
- Witness report by a decedent having been observed to be "snoring" is often a potential date last known alive; however, use of this type of evidence requires additional information. If a witness reports that the snoring was unusual/abnormal, this can indicate onset of overdose symptoms and so would represent date of injury rather than date last known alive prior to overdose onset. If, however, the snoring was reported to be normal for the decedent, it can be used to indicate the date last known alive.
- In situations in which a decedent overdosed and then survived for some time in the ED or as a hospital inpatient before dying, the date last known alive would be the time before the onset of overdose symptoms that ultimately led to hospitalization, not any date during hospitalization in which the decedent was still technically alive.
- Please enter all available information. For instance, information may be available on the month and year that the decedent was last known alive, but not the day. In this case, enter values for month and year and enter "99," or unknown, for the "Day" variable.
- In some cases, estimates may be provided about how long before the overdose or death a person saw the decedent alive. In these cases, estimate the date when possible. For instance, a report may indicate that someone saw the decedent about a week before he or she died. Calculate "Date Last Seen Alive" by subtracting seven days from the date of death.

Reference: SUDORS 4.1.d Date Last Seen Alive

4.8) Date of overdose incident

Var: OverdoseDate

Skip Logic: None

Definition: Indicates the date of the overdose leading to death.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6"). If month or day is missing, enter "99." Enter "9999" if year of injury is missing.

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Overdose date refers to the onset of overdose or the manifestation of overdose symptoms such as the decedent becoming unresponsive to stimulation or unconscious, not the use of a substance.

The onset of overdose and substance use may often coincide, especially in the case of rapid overdose onset. Focusing on circumstances surrounding onset of overdose provides critical information about response.

When coding the time and date of injury, use the time and date that the overdose occurred (i.e., the signs/symptoms of the overdose started). If it is unknown when the overdose started, use the following guidance:

- Time and date of injury are often listed on the death certificate and can be used as listed in the absence of other information. If there is information in the CME report, however, indicating that the date and/or time of injury is different from what is on the death certificate, the information from the report can be used in place of that from the death certificate. If the CME report indicates that there is uncertainty about the date and/or time of injury, that should be incorporated into what is entered, even if the death certificate states specific date/time. For example, if the death certificate lists January 1 at 9:00 a.m. as the date and time of injury, but the CME report indicates that the decedent was last known alive on December 25 and discovered obviously deceased at 9:00 a.m. on January 1, it can be assumed that the overdose did not actually occur at 9:00 a.m. on January 1. In this instance, date of injury should be entered as 99/99/9999 to indicate that it could have happened any time between December 25 and January 1 (and, as such, all parts of the date are unknown, since that period includes two different calendar years).
- For cases in which the decedent went to sleep alive with no signs of overdose, enter the date the decedent went to sleep as the date of injury.
- In some cases, estimates may be provided about how long before the overdose death the overdose was recognized. In these cases, estimate the date of injury. For instance, a report may indicate that 9-1-1 was called three hours before the decedent died in the hospital at 3:00 p.m. on 10/1/2016. Calculate the time and date of injury by subtracting three hours from the date and time of the death.

- If a decedent was discovered unresponsive less than or equal to one hour after being last known alive, the time last known alive can be used as the time of injury.

Reference: NVDRS 4.3.2.1 date of Injury and SUDORS 5.2a Date of Injury

4.9) Date of death

Var: DeathDate

Skip Logic: None

Definition: Indicates the date of the overdose death.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance: You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6"). If month or day is missing, enter "99." Enter "9999" if year of injury is missing.

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Coding of the date of death should follow the same guiding principles given for coding the date of overdose (OverdoseDate). Often, it cannot be known when the death occurred if there was some gap between when the decedent was last known alive and then discovered deceased. The date of death is given on the death certificate, but in some instances, it reflects the date the decedent was pronounced dead rather than the date the decedent died.

For example, if someone was last known alive on 5/17/17 and then was discovered in the early stages of decomposition on 5/25/17, all we know is that the person died sometime between 5/17 and 5/25—so the date of death would most accurately be entered as 5/99/2017.

If, however, someone is discovered, for example, unconscious but with a weak pulse, we know for certain on which date the death occurred—e.g., last known alive on 5/17/17 and discovered unresponsive on 5/25/17 but has a pulse, emergency medical services (EMS) attempts resuscitation but it is unsuccessful, and death declared on 5/25. In this situation, since the person was technically still alive on 5/25 (had a pulse), we know that the death occurred on 5/25 and the date of death can be entered as 5/25/2017.

Reference: SUDROS 5.2.b Date of Death

5. Drugs at the Scene of Death

5.1) How was/were the drug(s) administered?

Var: AdministrationRoute

Skip Logic: None

Definition: Indicates how the decedent may have administered the substance leading to the overdose death.

This section captures scene and witness evidence describing how the decedent may have administered substances leading up to the fatal overdose, including substances that were and were not indicated as contributing to death.

More than one route of administration can be endorsed if evidence is found at the scene (e.g., smoked crack and injected heroin) or mentioned by witnesses.

Because it can be difficult to link specific substances to the specific routes of administration (e.g., injection, sniffing/snorting, or ingestion), abstractors are asked only to indicate a route of administration if there were any witness reports, overdose scene evidence, or autopsy evidence supporting a particular route of administration (e.g., recent track marks would indicate injection). Physical symptoms alone should not be used as evidence of a specific route of administration (e.g., pulmonary edema would not on its own be evidence of snorting/sniffing; signs that the decedent had vomited would not imply ingestion); however, physical evidence from an autopsy or other report indicating recent track marks could be used to support evidence of injection. If there is evidence to link a specific route of administration to a specific substance, it should be included in the narrative; e.g., if the report indicates that the decedent had injected heroin and also ingested alprazolam, Evidence of injection and evidence of ingestion should both be selected, and the narrative should include the information about which substance went with which route.

Response Options: Check all that apply.

1 No information on route of administration
2 Evidence of injection
3 Evidence of snorting/sniffing
4 Evidence of smoking
5 Evidence of transdermal
6 Evidence of ingestion
7 Evidence of suppository
8 Evidence of sublingual
9 Evidence of buccal
10 Evidence of vaping/vaporizing
11 Evidence of freebasing

Guidance:

- No information on route of administration: There was no witness, death scene, or autopsy evidence that indicated the route of administration.
- Evidence of injection: Witness, death scene, or autopsy evidence suggests that the decedent injected substance(s) leading up to the fatal overdose. Evidence of injection includes witness reports of injecting, documentation of items used to prepare and inject substances found at the scene (e.g., needles, cookers, filters, tourniquets, alcohol pads), and/or track marks found on decedent that appear to be recent.
    - Track marks often present as dark scars/pigmentation that follow the track of veins. Fresh tracks are identified as unhealed puncture wounds. Usually found on forearms and hands but often on neck, groin, legs, feet, and other parts of the body.
    - Tying tourniquets around arms or legs facilitates injection of drugs by causing veins to bulge out from restricted blood flow. Popular tourniquets used to facilitate injection include belts and large elastic bands (similar to those used in hospitals).
    - Objects may be used to dissolve (i.e., cook up) powdered and solid drugs to prepare for injection. Spoons, bottle tops, and crushed soda cans are the most popular items used to "cook" substances.
    - A syringe, a hollow needle, or another apparatus facilitates putting fluid into the body, piercing the skin to sufficient depth for the fluid to be administered.
    - Materials may be used to remove particulate matter and other foreign objects from a substance solution before it is injected. Filters commonly used before injecting illicit substances include cotton balls, cotton swabs, and cigarette filters.
    - A witness reports that the decedent injected substance(s) leading up to the fatal overdose.
- Evidence of snorting/sniffing: Witness, death scene, or autopsy evidence suggests that the decedent snorted or sniffed substance(s) leading up to the fatal overdose. Evidence of snorting or sniffing includes witness reports of snorting or sniffing; drug paraphernalia at the overdose scene associated with snorting or sniffing, such as razor blades or credit cards used to chop and separate powder; straws, rolled paper or dollar bills, or tubes for nasal inhalation; powder visible on a table/mirror; or powder on the decedent's nose.
- Evidence of smoking: Witness, death scene, or autopsy evidence suggests that the decedent smoked substance(s) leading up to the fatal overdose. Evidence of smoking includes witness reports of smoking and drug paraphernalia at the scene of the overdose associated with smoking, such as pipes, stems, tinfoil, and vape pens. Matches, disposable lighters, and gas torches are also indications of smoking.
- Evidence of transdermal: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were absorbed through the decedent's skin. Evidence of transdermal administration includes witness reports of the use of transdermal patches or the discovery of transdermal patches on the body of the decedent or at the scene of the overdose.
- Evidence of ingestion: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were taken orally in pill, tablet, or liquid form. Evidence of ingestion includes witness reports of taking pills or tablets orally or ingesting liquid orally (e.g., liquid methadone) or the discovery of prescription pills, prescription bottles, liquid substance(s), or vials for containing liquid substances at the scene of the overdose or on the decedent's body.

- Evidence of suppository: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were delivered through a suppository. A suppository is a medication that is often cylindrical in shape and less than one inch in length. A suppository is designed to be inserted into the rectum or vagina, where it dissolves. Evidence of suppository use includes witness reports or the discovery of suppositories at the overdose scene or on the decedent's body.
- Evidence of sublingual: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered sublingually. Sublingual administration involves placing a medication such as pills or lozenges under the tongue to be dissolved. Evidence of sublingual administration includes witness reports or the discovery of lozenges or pills under the decedent's tongue or in the decedent's mouth as well as finding prescription bottles at the drug overdose scene that contain medications administered sublingually.
- Evidence of buccal: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered buccally. Buccal administration operates by dissolving the medication between the gums and the cheek. Evidence of buccal administration includes witness reports or the discovery of pieces of patches or other medication between the gums and the cheek.
- Evidence of vaping/vaporizing: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered via vaping or vaporizing device or method.
- Evidence of freebasing: Witness, death scene, or autopsy evidence suggests that substance(s) used leading up to the fatal overdose were administered freebasing or providing a heat source to the substance and inhaling.

Reference: SUDORS 4.3.h to 4.3.p Route of Administration (modified to add vaping/vaporizing definition and freebasing)

5.2) What type of substances were <u>known</u> to be found on the scene?

Var: SceneSubstances

Skip Logic: None

Definition: Indicates whether the CME death investigation found evidence of prescription or illicit drugs at the scene of the overdose or drugs were reported by witnesses.

Response Options: Check all that apply.
1 Prescription for decedent
2 Diverted prescription
3 Prescription for undetermined individual
4 Over-the-counter medications
5 Powder
6 Tar
7 Packaging
8 Crystal

9 Illicit pills
10 Other illicit, Specify_____
11 None

Guidance:
This information is critical to understanding the extent to which illicit and prescription drugs contribute to opioid overdose deaths. Toxicology findings on tests of the decedent's body, such as tests for blood and urine, should not be considered when coding items in this subsection. Examples of evidence for each substance are shown below.

Evidence of **prescription drugs:**

- Examples of evidence that should be checked include the following:
  - A witness reports that the decedent was using prescription drugs before overdose onset.
  - Investigation-tested pills or other drugs found at the scene of the overdose and the forensic findings are consistent with prescription drugs.
  - Prescription pills or pill bottles are found at the overdose scene or on the decedent's body. These include prescription drugs prescribed and not prescribed for the decedent.
  - Other forms of prescription drugs were found at the scene of the overdose, such as patches, vials, or liquid medicines (either prescribed for the decedent or not).
  - Witness or prescription drug monitoring data indicate that the decedent was taking a prescription drug, which was found at the scene.
  - Prescription drugs were found in medicine cabinets, drawers, or pill containers, and other evidence such as witness reports indicate the decedent was taking the drugs before the overdose.
- Examples of evidence that should not be coded include the following:
  - Do not code evidence of over-the-counter drugs. In the case of lozenges, consider these over-the-counter unless there is additional evidence that the lozenges were prescribed.
  - Do not code based on toxicology tests performed on the decedent's body, such as tests for blood and urine.
  - Do not code if prescription drugs were found in medicine cabinets, drawers, or pill containers and there was no other evidence the decedent had taken the drugs before the overdose. Since the scene of the overdose can be interpreted broadly, if there is any question about whether to include evidence of prescription drugs found, err on the side of inclusion. Please contact the opioid surveillance help desk and/or your state support team for additional guidance.
- Prescription for decedent: There is evidence that prescription drugs were used leading up to the fatal overdose and that the drugs were prescribed to the decedent.
  - Prescription bottles found at the scene of the overdose have labels indicating the drug was prescribed to the decedent.
  - Prescription Drug Monitoring Program (PDMP) data indicates that prescription drugs prescribed to the decedent were consistent with drugs found at the scene.
  - Witnesses report that the drugs were prescribed to the decedent.

    - The physician or authorized prescriber confirms that the prescription drugs found at the scene were prescribed to the decedent.
- Diverted prescription: There is evidence that prescription drugs were used leading up to the fatal overdose and that the drugs were not prescribed to the decedent.
    - Prescription bottles found at the scene of the overdose have labels indicating the drug was prescribed to a person other than the decedent.
    - Prescription drug monitoring program data indicates that the prescriptions drugs found at the scene did not match the drugs prescribed to the decedent.
    - Witnesses report that the drugs were not prescribed to the decedent or were prescribed to them (i.e., to the witnesses).
    - Witnesses report that the decedent commonly purchased diverted prescription drugs from illegal sources and had no legitimate prescriptions.
- Prescription for undetermined individual: There is evidence that prescription drugs were used leading up to the fatal overdose, but there is no information on whether the drugs were prescribed to the decedent or diverted (i.e., prescribed to someone other than the decedent).
    - In some deaths, prescription drugs may be found at the scene, but there is insufficient evidence to determine whether the drugs were prescribed to the decedent or were diverted. For example, the prescription label is damaged or missing and the name cannot be determined. In this case, check the box associated with this variable.
- Over-the-counter medications:

Evidence for **illicit substances**:

- Powder: Illicit substances, such as heroin, illicitly manufactured fentanyl, and cocaine, often come in powder form. Check the box associated with this variable if powders are found at the scene of the fatal overdose or on the decedent's body. Powders found at the scene of the overdose are consistent with illicit substance use. For instance, powdered cocaine often looks like a white powder, while powdered heroin can be white, tannish, or brown. If powder is mentioned and no information is available on whether the substance was tested and confirmed to be an illicit substance, check the box associated with this variable. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable if cocaine is found in the blood of the decedent, unless scene evidence of powder is available
- Tar: One form of heroin, called "black tar," has a tar-like appearance. Check the box associated with this variable if a substance with a tar-like appearance and consistency is found at the scene of the fatal overdose or on the decedent's body. Black tar heroin is commonly sold west of the Mississippi and often looks like melted tar or a resinous substance that can range in color from dark brown to black. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable if heroin is found in the blood of the decedent, unless scene evidence of tar is available.
- Packaging: Packaging associated with illicit substances can be an indication that illicit substances were used. Common illicit drug packaging includes glassine or corner-cut Baggies, often used for illicit substances in powder form. Check the box associated with this variable if the CME report mentions packaging found at the scene that is consistent

with illicit substances. Mention of nonspecific "drug paraphernalia" could be used to code this variable if there is some indication that the paraphernalia was for illicit substances.

- Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable.
- Crystal: Check the box associated with this variable if a crystal substance is found at the scene of the fatal overdose or on the decedent's body. Crystal meth is often found in e crystalline form and is usually white or slightly yellow. Crystal meth can come in large rock-like chunks. Other drugs can also come in crystal or rock form. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box associated with this variable solely on the basis of methamphetamines found in the blood of the decedent.
- Illicit pills: Pills or tablets that strongly resemble prescription pills may be revealed by appearance or forensic chemistry to be counterfeit copies not produced by pharmaceutical companies. Check the box associated with this variable if there is evidence that pills found at the scene were counterfeit. Pills and tablets that closely resemble prescription pills and tablets are sometimes illegally manufactured and distributed erroneously as diverted prescription pills. These counterfeit pills contain a variety of substances. In 2016, the Drug Enforcement Administration and the CDC released alerts about widespread distribution of counterfeit prescription pills containing fentanyl.[6]
- Check the box associated with this variable only when the CME report confirms that prescription pills found at the scene are counterfeit. This conclusion will most likely require the CME or law enforcement to conduct forensic tests on the prescription drugs (often, these tests will not be available, and/or it may not be possible for results to be linked to the decedent) or results may be revealed by deviations between the design and labeling of the counterfeit pill and the prescription pill.
- Other illicit: There is evidence of illicit substances found at the scene of the overdose or on the decedent's body for any form of substance or other evidence that is not captured by categories. If the box associated with this variable is checked, please briefly describe the evidence in the text box located underneath the variable. Findings from toxicology tests of the decedent's body, such as tests for blood and urine, should not be considered when coding this variable. For instance, do not check the box based solely on the heroin found in the blood of the decedent.
- None: Check if there were no substances known to be at the scene.

Reference: SUDORS 4.3q to 4.3r: Illicit or Prescription Drugs

5.2a) What over-the-counter medications were noted at the scene?

Var: SubstanceOTC

Skip Logic: Answer only if SubstanceScene = over-the-county medications (4)

Definition: Indicates the type of over-the-counter medications identified at the scene.

Response Options: Check all that apply.

1 Dextromethorphan (Delsym, Robitussin Cough and Vicks 44)
2 Loperamide (Imodium A-D)
3 Pseudoephedrine/Phenyephrine (Sudafed, Sudafed PE)
4 Diphenhydramine (Benadryl Allergy, Nytol, Sominex)
5 Acetaminophen (Tylenol)
6 Oxybutynin (Oxytrol, Ditropan XL)
7 Scopolamine (Transderm Scop and Scopoderm)
8 Other, Specify _____

Guidance: None

Reference: None

6. Death Investigation and Toxicology Information

6.1) Was an autopsy performed?

Var: Autopsy

Skip Logic: None

Definition: Indicates whether an autopsy was performed on the decedent.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance:
Decedents who have been autopsied are likely to have more reliable cause-of-death codes and pregnancy findings. A yes/no item appears on the death certificate to indicate whether an autopsy was performed. Autopsies are not performed on every case that comes to the attention of a CME. A "visual-only autopsy" (that is, the body was visually inspected but not physically examined) does not qualify as an autopsy here, but a partial autopsy including physical examination does.

Reference: NVDRS 4.5.8 Autopsy performed

6.1a) Why was an autopsy NOT performed?

Var: AutopsyReason

Skip Logic: Answer only if Autopsy = no (0)

Definition: Identifies reasons an autopsy may not have been done. This information will assist with making recommendations related to autopsies.

Response Options: Check all that apply.
1 Lack of funding
2 Religious objection
3 Family refusal
4 Other, Specify_____
9 Unknown

Guidance: None

Reference: None

6.2) What specimens were collected for toxicology testing?

Var: SpecimenCollected

Skip Logic: None

Definition: Indicates which toxicology specimens were collected during the death investigation.

Response Options: Check all that apply.
0 None
1 Blood
2 Urine
3 Vitreous

Guidance: None

Reference: None

6.3) Was toxicology testing performed?

Var: Toxicology

Skip Logic: None

Definition: Indicates whether toxicology testing was performed and whether it was done at an accredited/certified laboratory.

Response Options: Select only one.
0 No
1 Yes, tested at an accredited/certified laboratory used for toxicology testing
2 Yes, not tested at an accredited/certified laboratory used for toxicology testing
3 Yes, unsure if tested at an accredited/certified laboratory used for toxicology testing
9 Unknown

Guidance: None

Reference: None

6.3a) Why was toxicology testing NOT performed?

Var: ToxicologyReason

Skip Logic: Answer only if Toxicology = no (0)

Definition: Identifies reasons toxicology testing may not have been done. This will assist with making recommendations related to toxicology testing.

Response Options: Check all that apply.
1 Lack of funding
2 Religious objection
3 Family refusal
4 Other, Specify_____
9 Unknown

Guidance: None

Reference: None

6.4) What kind of toxicology testing was done?

Var: ToxicologyTested

Skip Logic: Answer only if Toxicology = Yes (1-3)

Definition: Indicates which substances were tested.

Response Options: Select only one.
1 Comprehensive
2 Targeted analysis

Guidance:
- Comprehensive: Refers to general preliminary screening and provides a complete confirmation of any and all substances detected.
- Targeted: Refers to a subset category or type of drugs that were tested.

Reference: None

6.4a) What kind of targeted toxicology testing was done?

Var: ToxicologyTargeted

Skip Logic: Answer only if ToxicologyTested = Targeted analysis (2)

Definition: Indicates which substances were tested.

Response Options: Check all that apply.
1 Alcohol (ethanol)
2 Benzodiazepines
3 Cannabis
4 Central nervous system depressants (e.g., muscle relaxers, substances used for insomnia, tricyclic antidepressants)
5 Cocaine
6 Fentanyl/fentanyl analogs

7 Opioids
8 Other sympathomimetic substances (e.g., amphetamine, methamphetamine)
9 Other, Specify_____

Guidance: None

Reference: None

6.4b) What substances were reported present on the toxicology report?

Var: ToxicologySubstances

Skip Logic: Answer only if Toxicology = Yes (1–3)

Definition: Indicates which substances tested positive or present in the decedent.

Response Options: Check all that apply.
0 None
1 4-ANPP
2 Alcohol (ethanol)
3 Amphetamine
4 Antidepressants
5 Antihistamines
6 Antipsychotics
7 Benzodiazepines
8 Buprenorphine
9 Cannabinoids (marijuana)
10 Cocaine
11 Dextromethorphan
12 Fentanyl
13 Fentanyl analogs
14 Gabapentin/pregabalin
15 Inhalants
16 Ketamine
17 Lysergic acid diethylamide (LSD)
18 Methadone
19 Methamphetamine
20 Methylenedioxymethamphetamine (MDMA)
21 Miscellaneous central nervous system depressants
22 Muscle relaxers/antispasmodics
23 Naloxone
24 Naltrexone
25 Nonsteroid anti-inflammatory
26 Opioids
27 Phencyclidine (PCP)
28 Psilocybin

29 Synthetic benzodiazepines, other
30 Synthetic cannabinoids
31 Synthetic cathinones
32 Synthetic opiates, other
33 Tricyclic antidepressants
34 Volatiles, other
35 Zolpidem
36 Other, Specify _____

Guidance:
Possible substances associated with each substance listed:

- 4-ANPP: 4-anilino-N-phenethyl-4-piperidine. Also known as despropionylfentanyl. This is a precursor to fentanyl and a metabolite of fentanyl.
- Antidepressants: Examples include fluoxetine, bupropion, citalopram paroxetine, and sertraline.
- Antihistamines: Examples include chlorpheniramine, chlorcyclizine, diphenhydramine, hydroxyzine, and scopolamine.
- Antipsychotics: Examples include aripiprazole, haloperidol, loxapine, lurasidone, olanzapine, and quetiapine.
- Benzodiazepines: Examples include alprazolam, chlordiazepoxide, clonazepam, diazepam, lorazepam, midazolam, nitrazepam, nordiazepam, oxazepam, prazepam, temazepam, and triazolam.
- Cocaine: Includes cocaine metabolites: cocaethylene, benzoylecgonine, and ecgonine methyl ester.
- Fentanyl analogs: Examples include acetyl fentanyl, furanyl fentanyl, cyclopropyl fentanyl, valeryl fentanyl, carfentanil, remifentanil, and sufentanil.
- Inhalants: Examples include 1,1 difluoroethane, spray paints, paint thinners, and anesthetic gases.
- Muscle relaxers/antispasmodics: Examples include carisoprodol, meprobamate, cyclobenzaprine, metaxalone, tizanidine, and ropinirole.
- Non-steroid anti-inflammatory: Examples include salycilates, ibuprofen, naproxen.
- Opioids: Examples include 6-Monoacetylmorphine (6-MAM), morphine, hydrocodone, oxycodone, and codeine.
- Other synthetic benzodiazepines: Examples include bromazepam, clonazolam, clobazam, and etizolam.
- Other synthetic opioids: Examples include tramadol, o-desmethyltramadol, U-47700, and AH-7921.
- Synthetic cathinones: Examples include MDPV, N-ethylcathinone.
- Tricyclic antidepressants: Examples include amitriptyline, desipramine, nortriptyline, and trazodone.
- Other volatiles: Examples include methanol, isopropanol, and acetone. Alcohol (ethanol) is listed as a separate category.

Reference: None

7. Interventions Following Overdose

7.1) Were there known or documented witnesses of the drug use that resulted in the fatal overdose?

Var: Witness

Skip Logic: None

Definition: Indicates whether a witness (a person aged 11 years or older) observed the decedent use the substance(s)/drug(s) that resulted in his/her overdose.

Response Options: Select only one.
0 No
1 Yes

Guidance:
Yes should be selected for the following:

- A witness is physically with the decedent when he/she uses the drugs that cause the overdose.
- A person sees the decedent use the drugs that cause the overdose but leaves the decedent before symptoms of the overdose present.

No should be selected in following circumstances:

- A person joins the decedent immediately after the decedent used the drugs that caused the overdose and reports seeing the symptoms of the overdose as they present.
- A person is found days after the fatal overdose occurred, and evidence suggests that no one was at the scene of the overdose.
- A person knows that the decedent went to his or her room or the bathroom to use drugs but does not actually observe the decedent using drugs.
- The decedent contacts a friend just before he/she uses the drugs that resulted in the overdose. (emails, messages, texts, calls).
- Two decedents are both found deceased in the same location, absent any evidence that they observed each other's drug use.
- A child younger than 11 years witnessed the drug use.
- Limited information prevents entering yes, it is unknown.

Reference: SUDORS 4.4.b Drug use witnessed

7.2) Number of known or documented bystanders present at the scene of the overdose?

Var: Bystander

Skip Logic: None

Definition: Bystander is a person, aged 11 years or older, who was physically nearby either during or shortly preceding an opioid overdose, who potentially had an opportunity to intervene and respond to the overdose.

Response options: Check only one.
0 No bystanders present
1 One bystander present
2 Multiple bystanders present
3 Bystanders present, unknown number
9 Unknown if bystander present

Guidance:
Understanding factors that prevented or slowed the response of bystanders to an overdose is critical to inform efforts to improve emergency responses to future opioid overdoses. The rapid progression of some fentanyl and heroin overdoses highlights the growing urgency of quickly responding to opioid overdoses. Since a bystander needs to be an individual with an opportunity to intervene, a minimum age cutoff of 11 years old is used. Below are some examples of situations that should be coded as bystander present or no bystander present. If there is not enough information to indicate whether a bystander was present or not, this variable can be coded as "5 unknown if bystander present;" however, abstractors also can interpret what reflects the best possible evidence. For example, if it seems that the decedent overdosed in isolation but the report does not specifically state that no bystander was present, it might make the most sense to code as "1 No bystanders present."

Bystander should be selected for the following examples:

- The decedent electronically communicated (e.g., through emails, texts, calls) with a friend that he or she was about to use drugs.
- The decedent overdosed in a public place such as an alley but could not be seen by people.
- An individual meets all criteria for a bystander but is younger than 11 years old. In this case, it should be coded as "No bystander present."
- A person discovers the decedent already unconscious (e.g., a family member returns to the home and finds the decedent unresponsive but was not nearby when the overdose signs/symptoms began).
- A roommate finds the decedent in state of decomposition in the decedent's bedroom and the roommate has been in and out of the house during the past few days
- Limited information prevents entering yes, it is unknown.

Not considered bystander include the following examples:

- A person was at the location where the overdose occurred at the time of the overdose (prior to the onset of signs/symptoms) but may have been spatially separated from the decedent. For instance, the decedent's family may have been in another room in the house when the decedent overdosed in his/her room or a bathroom. This would include a person asleep in the same room or another room of the house.
- A person observed the decedent during her overdose but did not see the decedent use drugs. For instance, a roommate noticed that the decedent had fallen asleep and was

loudly snoring on the couch but did not know the decedent had used drugs and/or did not recognize that the decedent had overdosed.
- A person reported that the decedent was intoxicated or high and left the decedent before symptoms of the overdose manifested.
- A person physically observed the decedent using the drugs that resulted in the overdose.

Unknown for cases in which you know there were bystanders, but the number is unknown.

Reference: SUDORS 4.4.a Bystander present (modifications related to number of responses, to align with the rest of the document's structure).

7.2a) Bystanders present: Type of bystander

Var: BystanderType

Skip Logic: Answer only if Bystander = 1 bystander present; 2 Multiple bystanders present; or 3 Bystanders present, unknown number (1, 2, or 3).

Definition: Indicates the type of bystander(s) present.

Response Options: Check all that apply.
1 Person using drugs
2 Intimate partner
3 Other family
4 Friend
5 Stranger
6 Roommate
7 Medical professional
8 Other, Specify _____
9 Unknown

Guidance:
- Person using drugs: The bystander present at the time of overdose was a person who was using substance(s) with the decedent in the time leading up to the overdose.
- Intimate partner: The bystander present at the time of overdose was a wife, husband, girlfriend, or boyfriend of the decedent. This category also includes ex-girlfriends, ex-boyfriends, ex-wives, and ex-husbands.
- Other family: The bystander present at the time of overdose was a family member but not the decedent's intimate partner. For instance, the person could be the decedent's mother, father, brother, sister, aunt, uncle, cousin, son, daughter, or grandparent.
- Friend: The bystander present at the time of overdose was a friend or acquaintance of the decedent. If the decedent knew the bystander even casually, the box associated with this variable should be checked.
- Stranger: The bystander present at the time of overdose was not someone known to the decedent.

- Roommate: The bystander present at the time of overdose lived with the decedent and was not an intimate partner or other family member.
- Medical professional: The bystander present at the time of overdose was a medical professional.
- Other, Specify: The bystander present at the time of the overdose had another relationship with the decedent that is not captured by other responses. For instance, the person may have been a co-worker. If the box associated with this item is checked, please briefly describe the relationship in the text located underneath this variable.
- Unknown: Check this box if the relationship is unknown.

7.2b) Bystander response other than naloxone administration

Var: BystanderResponse

Skip Logic: Answer only if Bystander = 1 bystander present; 2 Multiple bystanders present; or 3 Bystanders present, unknown number (1, 2, or 3).

Definition: Indicates what the bystander did to intervene to prevent the overdose death.

Response Options: Check all that apply.
0 No response or a significant delay in calling 9-1-1
1 CPR
2 Rescue breathing
3 Sternal rub
4 Stimulation
5 Call 9-1-1 immediately
6 Other, Specify _____
9 Unknown

Guidance:
- Cardiopulmonary resuscitation (CPR): Check this variable if there is evidence that a bystander or layperson performed CPR on the decedent after onset of overdose symptoms. CPR is an emergency procedure that includes chest compressions and possibly ventilation (either mouth-to-mouth breathing or with the use of equipment) to maintain brain function until further treatment can be given and/or spontaneous circulation returns.
- Rescue breathing: Check this variable if there is evidence that a bystander or layperson performed rescue breathing on the decedent after onset of overdose symptoms. Rescue breathing is an emergency procedure used to revive a person who has stopped breathing by forcing air into the lungs at regular intervals, either by exhaling into the decedent's mouth or nose or via a mask over the decedent's mouth.
- Sternal rub: Check this variable if there is evidence that a bystander or layperson performed a sternal rub on the decedent after onset of overdose symptoms. One way to attempt to rouse an unconscious person is to use hard pressure to rub the sternum (middle of the chest/breastbone) with the knuckles. This is not an effective way to reverse an

overdose but is often used as a way to wake a person who has "nodded off" because of the effects of opioids.

- Stimulation: Check this variable if there is evidence that a bystander or layperson attempted stimulation on the decedent after onset of overdose symptoms. Similar to a sternal rub, external stimulation (e.g., rubbing the upper lip area, shaking the person, yelling at the person, or splashing cold water or ice on the person) is often done with the intent to wake a person with symptoms of overdose. This is not an effective way to reverse an overdose but is often used to wake a person who has "nodded off" because of the effects of opioids.
- Call 9-1-1: Check this variable if there is evidence that a bystander or layperson called 9-1-1 for the decedent immediately **at the onset of overdose symptoms**. A bystander or other layperson called 9-1-1 after the decedent overdosed to obtain emergency medical services for the decedent.
- No response or a significant delay in calling 9-1-1: Check this variable if there is no evidence of any response by a bystander or layperson or a significant delayed response in calling 9-1-1.
- Other, Specify: Check this variable if there is evidence that a bystander or layperson made some other response not covered by other responses for the decedent after the onset of overdose symptoms.

Reference: SUDORS 4.4.d Bystander Response Other than Naloxone Administration (modified No response option)

7.2c) What are the reasons for no response or significant delay in calling 9-1-1?

Var: NoResponseReason

Skip Logic: Answer only if BystanderResponse = No response or a significant delay in calling 9-1-1 (0)

Definition: Indicates reasons the bystander did not respond or significantly delayed calling 9-1-1.

Response Options: Check all that apply:
1 Did not recognize any abnormalities
2 Bystander using substances or impaired
3 Public space and strangers did not intervene
4 Reported abnormalities, but did not recognize as overdose
5 Spatially separated (i.e., in a different room)
6 Unaware that decedent was using
7 Other, Specify _____
9 Unknown

Guidance:
Complete this variable if a bystander was present and did not respond to the overdose or call 9-1-1 at the onset of overdose symptoms.

- Did not recognize any abnormalities: Failure to recognize symptoms of an overdose can inhibit the ability of a bystander to respond to an overdose. Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the signs/symptoms of the overdose were not recognized by the bystander. Bystander(s) present during or shortly before onset of overdose did not recognize any overdose symptoms exhibited by the decedent, so they did not know that they needed to provide a response to the overdose. Common symptoms of an opioid overdose include pinpoint, contracted pupils; loss of consciousness; slow, shallow, or erratic breathing; bluish skin, especially around the lips; limp body/muscles; choking or snore-like sounds; and slow, erratic, or nonexistent heartbeat. Often a person who has overdosed is thought to be asleep when the symptoms are not recognized.
- Bystander using or impaired: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because he or she was also using substances or drinking alcohol. If a bystander is also using substances or drinking alcohol, it may hinder his or her ability to recognize signs/symptoms of an overdose or to respond, even if the overdose is recognized. A bystander who is also using may additionally hesitate to respond (e.g., call 9-1-1) because of a fear of consequences.
- Public space and strangers did not intervene: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the overdose occurred in a public space with strangers as the only bystanders.
- Reported abnormalities but did not recognize as overdose: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because signs/symptoms of the overdose were not recognized by the bystander to indicate an overdose. Some abnormalities may not be recognized as signs/symptoms of opioid overdose, which would hinder the ability of a bystander to provide a response to an overdose. For example, someone who has gone unconscious might be thought to be sleeping, or someone with agonal breathing might be thought to be snoring.
- Spatially separated (i.e., in a different room): Check the box associated with this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the bystander was spatially separated from the decedent at the time of overdose. The definition of a bystander allows for inclusion of individuals who were nearby during or shortly preceding an overdose even if they were not directly with the decedent at the onset of overdose. This would include individuals who were in a different room of the same house, or otherwise spatially separated from the person who overdosed, therefore hindering the ability to recognize that an overdose was occurring. It is likely that this variable will be endorsed along with "Unaware that decedent was using" in many cases.
- Unaware that decedent was using: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose because the bystander did not know the decedent was using substances. If bystanders do not know that someone is using substances, they might be less likely to notice signs/symptoms of overdose than if they were aware of the substance use, and they might be less vigilant in checking on the person using substances. It is likely that this variable will be endorsed along with others in this section, such as "Spatially separated" or "Did not recognize any abnormalities."

- Other, Specify: Check this variable if there is evidence that a bystander was present but did not provide any response to the overdose for some reason other than those covered in this section.
- Unknown: Do not have any known reason for delay or no response.

Reference: SUDORS Subsection 4.4.I Reason(s) for Bystander No Response

7.3) Was the emergency medical Dispatching (EMD) protocol performed?

Var: EMDPerformed

Skip Logic: None

Definition: Indicates whether the emergency medical dispatching (EMD) protocol was performed. This information will understand the use and impact scripted dispatching provides as it relates to resuscitation efforts and the willingness of a bystander to act in a given emergency. Scripts on how to provide naloxone and how to provide CPR are included in medical dispatch programs. The dispatcher and the caller are the first people to intervene and provide care on an overdose incident. Understanding the willingness to accept direction from a dispatcher after calling 9-1-1 could provide insight on how to improve bystander intervention.

Response Options: Select only one.
0 No
1 Yes, with pre-arrival instructions
2 Yes, without pre-arrival instructions
3 Yes, unknown if pre-arrival instructions were given
9 Unknown

Guidance:
- No: The dispatch center that received the call for emergency services did NOT process the call using a pre-existing evidence-based response system
- Yes, with pre-arrival instructions: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and intervention instructions WERE provided to caller.
- Yes, without pre-arrival instructions: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and NO intervention instructions were provided to the caller.
- Yes, unknown if pre-arrival instructions were given: The dispatch center that received the call for emergency services processed the call using a pre-existing evidence-based system and it is UNKOWN if intervention instructions were provided to the caller.
- Unknown: It is unknown if emergency medical dispatching was performed.

Reference: NA

7.4) Was EMS at the scene?

Var: EMSPresent

Skip Logic: None

Definition: Indicates whether emergency medical services were present at the scene of the injury incident.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance:
EMS status describes the involvement of emergency medical services in violent injury cases. This may assist in planning and evaluating EMS services and in capturing costs associated with violence. Code "EMSPresent" only to indicate the presence of medical services at the scene, not to indicate whether any medical services were delivered. If the decedent was transported from the scene via ambulance, this variable should be coded “yes.”

Reference: NVDRS 4.3.6 EMS at scene

7.4a) Presence of a pulse when EMS arrived?

Var: Pulse

Skip Logic: Answer only if EMSPresent = Yes (1)

Definition: Indicates whether the decedent had a measurable pulse at the time EMS, law enforcement, fire, or other first responders arrived at the scene of the overdose, or, if the decedent was brought to the ED by laypersons, the decedent had a pulse upon arrival at the ED.

Response Options: Select only one.
0 No, decedent did not have pulse
1 Yes, decedent had pulse
9 Unknown whether decedent had pulse

Guidance:
The status of someone who has overdosed at the time of first-responder arrival will affect the ability of first responders to reverse the overdose and prevent death. If there is mention that a person is clearly deceased at first-responder arrival, it is more likely that no lifesaving measures will have been undertaken (beyond possibly transporting to the ED, if first responders are unable to declare death in the field). If, however, the decedent still had a pulse when first responders arrived, there is a higher likelihood that they administered some care/treatment to reverse the overdose. Evidence of presence of a pulse at first-responder arrival will provide information

about factors such as whether bystanders were present (to call 9-1-1), any first-responder lifesaving interventions, and rapidity of onset of overdose symptoms. Check the box associated with this variable if there is evidence that the decedent had a pulse (including instances in which a pulse is noted as weak or abnormal) when first responders arrived.

Reference: SUDORS 4.4.j Presence of pulse on first-responder arrival (modified responses so numbering matched the rest of the data instrument).

7.4b) EMS intervention other than naloxone

Var: EMSResponse

Skip Logic: Answer only if EMSPresent = Yes (1)

Definition: Indicates what intervention(s) were done by EMS on the scene.

Response Options: Check all that apply.
1 CPR
2 Rescue breathing
3 Epinephrine administration
4 Transport to ED
5 Provided oxygen
6 Other, Specify: _____
9 Unknown

Guidance:

- CPR: Check this variable if there is evidence that a first responder performed CPR on the decedent after onset of overdose symptoms. Cardiopulmonary resuscitation (CPR) is an emergency procedure that includes chest compressions and possibly ventilation (either mouth-to-mouth breathing or with the use of equipment) to maintain brain function until further treatment can be given and/or spontaneous circulation returns.
- Rescue breathing: Check this variable if there is evidence that a first responder performed rescue breathing on the decedent after onset of overdose symptoms. Rescue breathing is an emergency procedure used to revive a person who has stopped breathing by forcing air into the lungs at regular intervals, either by exhaling into the decedent's mouth or nose or into a mask over the decedent's mouth.
- Epinephrine administration: Check this variable if there is evidence that first responders administered epinephrine to the decedent. Epinephrine, also called adrenaline, is a medication used in emergencies to treat allergic reactions. It can help improve breathing and stimulate the heart rate. Epinephrine is also used in certain situations to treat cardiac arrest, so it can be administered to someone who has overdosed.
- Transport to ED: Check the box associated with this variable if there is evidence that first responders transported the decedent to the ED. This can include instances in which the decedent was transported for further care or for a declaration of death. If a person who has overdosed has been revived in the field or has enough signs of life, he or she will likely be transported to the ED for further treatment. In some instances, if a person has

died of an overdose before reaching the ED, but first responders cannot declare death in the field, the person might be transported to the ED to enable a health care provider to declare death.

- Provided oxygen: Check this variable if there is evidence that first responders provided supplemental oxygen to the decedent. If a person has trouble breathing or trouble taking in oxygen while breathing, supplemental oxygen might be provided. Oxygen is usually provided through a face mask or nasal prongs. If someone has overdosed, there might be continued trouble with sufficient breathing even after he or she is able to breathe unaided.
- Other, Specify: Check the box associated with this variable if there is evidence that a first responder made some other response not covered in this question for the decedent after onset of overdose symptoms. First-responder interventions are not limited to the response options provided. Use this variable if there is evidence indicating that some other response was made and include a description of the response in the text box.

Reference: Subsection 4.4.K First-responder intervention(s) other than naloxone administration

7.5) Was it <u>known or documented</u> that naloxone was administered?

Var: Naloxone

Skip Logic: None

Definition: Indicates whether the decedent was administered naloxone in response to his or her fatal opioid overdose. Naloxone is a drug that reverses the effects of an opioid overdose. Naloxone can be administered nasally or injected. NarcanTM is a trademarked name for drugs containing naloxone that are used to reverse opioid overdoses.

Response Options: Select only one.
0 No
1 Yes

Guidance:

- Yes: To check response, two criteria must be met:
    - The decedent was administered naloxone for his or her fatal opioid overdose by any of the following people: a layperson; EMS responders; law enforcement officers; firefighters; or health care workers in an emergency room, hospital, or critical care center.
    - There must be evidence that the naloxone was administered—evidence that naloxone was found at the scene (even used naloxone packaging) is insufficient unless there is also evidence that it was administered to the decedent. If toxicology tests on the decedent detect naloxone, check the box associated with this variable, unless buprenorphine is also detected, since this could indicate use of Suboxone, which is a combination of buprenorphine and naloxone.
- No: Check this response if there is evidence that naloxone was not administered or if it is unknown whether it was administered.

Reference: SUDORS Subsection 4.4.e and 4.4.f Naloxone Administered or Not (modified by making known or documented)

7.5a) Who administered the naloxone?

Var: NaloxoneWho

Skip Logic: Answer only if Naloxone = Yes (1)

Definition: Indicates the type(s) of people who administered naloxone to the decedent in response to the fatal opioid overdose and how many naloxone dosages were administered. Must identify at least one individual or group who administered naloxone to the decedent by checking the box associated with the individual or group. Multiple groups can be checked because a decedent may have received naloxone from multiple groups.

Response Options: Check all that apply.

1 Law enforcement
2 EMS/fire
3 Hospital (ED/inpatient)
4 Person using drugs
5 Intimate partner
6 Friend
7 Other family
8 Roommate
9 Stranger
10 Other, Specify _____
99 Unknown

Guidance:

- Law enforcement: Check this variable if a law enforcement officer administered naloxone to the decedent. A law enforcement officer administered naloxone. Law enforcement includes local, state, tribal, and federal agencies, as well as private security.
- EMS/Fire: Check this variable if EMS staff members or firefighters administered naloxone to the decedent. EMS staff members (e.g., ambulance EMTs) or firefighters administered naloxone to the decedent. This category includes all EMS personnel regardless of certification level.
- Hospital (ED/inpatient): Check this variable if hospital staff members, either in-patient or in the ED, administered naloxone to the decedent. The decedent was administered naloxone for his or her overdose in the emergency department or inpatient hospital setting. Naloxone administered in critical care centers should also be coded in this category.
- Person using drugs: Check this variable if the layperson who administered naloxone to the decedent was someone who was also using substances or alcohol at the time of the overdose. The person who administered naloxone was a person who was using drugs with the decedent at the time of the overdose.

- Intimate partner: Check this variable if the layperson who administered naloxone to the decedent was the decedent's intimate partner. The person who administered naloxone was a wife, husband, girlfriend, or boyfriend of the decedent. This category also includes ex-girlfriends, ex-boyfriends, ex-wives, and ex-husbands.
- Friend: Check this variable if the layperson who administered naloxone to the decedent was the decedent's friend. The person who administered the naloxone was a friend or acquaintance of the decedent. If the decedent knew the bystander even casually, the box associated with this variable should be checked.
- Other family: Check this variable if the layperson who administered naloxone to the decedent was a decedent's family member (other than an intimate partner). The person who administered the naloxone was a family member, but not the decedent's intimate partner. For instance, the person could be the decedent's mother, father, brother, sister, aunt, uncle, cousin, son, daughter, or grandparent.
- Roommate: Check this variable if the layperson who administered naloxone to the decedent was the decedent's roommate. The person who administered the naloxone lived with the decedent and was not an intimate partner or other family member.
- Stranger: Check the box associated with this variable if the layperson who administered naloxone to the decedent was a stranger to the decedent. The decedent did not know the person who administered the naloxone. Check the box associated with this variable only when the bystander was not using drugs with the decedent at the time of the overdose, an intimate partner, a friend (or acquaintance), another family member, a roommate, or another lay person.
- Other, Specify: Check this variable if someone other than those listed in responses administered naloxone to the decedent. For instance, if the decedent overdosed at a syringe exchange program and received naloxone from trained health professionals at the syringe exchange program, this box (Other, Specify in narrative)) should be checked. If this box is checked, please provide details in the narrative about who administered the naloxone.

Reference: SUDORS 4.4.f Naloxone administered—who administered? (modified number to align with the rest of the data instruments numbering)

7.5b) Total number of naloxone dosages <u>known</u> to be administered by first responders and health care professionals.

Var: NaloxoneNumberHCP

Skip Lopic: Only answer if NaloxoneWho = Law enforcement, EMS/Fire, or Hospital - ED/inpatient (1, 2, or 3).

Definition: Indicates the total number of naloxone dosages administered by first responders/health care providers such as law enforcement, EMS, or emergency department physicians.

Response: Numerical
0–100 Number administered

999 Unknown

Guidance:
Please use the following guidance when calculating dosage:

- The amount of naloxone delivered to a person per dose varies across naloxone products. This variable does not capture the total amount of naloxone the person receives (e.g., total milligrams of naloxone), but instead the total number of doses they receive. For instance, if noted that EMS administered nasal naloxone twice to the patient, "2" should be entered for number of dosages. Of note, nasal naloxone is delivered as a divided dose, with half of each dose going into each nostril; this is considered one dose but can be mistaken as two doses. If evidence is available that one dose was given, with half in each nostril, "1" should be entered for the number of dosages. Knowing the number of doses is important to ensure that sufficient dosages are distributed to first responders.
- If details about a nasally administered dose are unavailable or unclear in the reports, enter "999" for unknown.
- Some nasal naloxone devices require administering half of the dose of naloxone in each nostril. If the person administering the nasal dose uses only a half dose (i.e., only administers naloxone in one nostril), the abstractor should round up and count this as 1 dose—enter "1" in the box.
- If the patient received the naloxone intravenously, please count this as a single dose.

Reference: 4.4.h Total number of naloxone dosages administered by first responders/health care (modified to match our response numbers)

7.5c) Total number of naloxone dosages <u>known</u> to be administered by laypersons.

Var: NaloxoneNumberLay

Skip Lopic: Answer only if NaloxoneWho = Intimate partner, friend, other family, roommate, or stranger (5, 6, 7, 8, or 9).

Definition: Indicates the total number of naloxone dosages known administered by bystanders such as family, friends, roommate, strangers, or people who were using drugs with the decedent.

Response: Numerical
0–100 Number administered
999 Unknown

Guidance:
Please use the following guidance when calculating dosage:
The amount of naloxone delivered to a person per dose varies across naloxone products. This variable does not capture the total amount of naloxone the person receives (e.g., total milligrams of naloxone), but instead the total number of doses he or she receives. For instance, if it is noted that a family member administered nasal naloxone twice to the decedent and a roommate administered naloxone once to the decedent through an auto injector, "3" should be entered for number of dosages. Of note, nasal naloxone is delivered as a divided dose, with half of each dose

going into each nostril; this is considered one dose but can be mistaken as two doses. If evidence is available that one dose was given, with half in each nostril, "1" should be entered for the number of dosages. Knowing the number of doses is important to ensure that sufficient dosages are distributed to first responders.

If details about a nasally administered dose are unavailable or unclear in the reports, enter "999" for unknown.

Some nasal naloxone devices require administering half of the dose of naloxone in each nostril. If the person administering the nasal dose uses only a half dose (i.e., only administers naloxone in one nostril), the abstractor should round up and count this as one dose—enter "1" in the box.

If the patient received the naloxone intravenously, please count this as a single dose.

Reference: 4.4.i Total number of naloxone dosages administered by layperson(s). (Modified to match our response numbers.)

7.5d) Why was naloxone NOT administered?

Var: NalaxoneWhyNote

Skip Logic: Answer only if Naloxone = No (0)

Definition: Indicates known reasons naloxone was not administered.

Response Options: Text

Guidance: None

Reference: None

7.5e) Known issues administrating naloxone?

Var: NaloxoneAdministration

Skip Logic: Answer only if Naloxone = No (0)

Definition: Describes any issues or barriers in the administration of the naloxone.

Response Options: Text
Text describing any issues/barriers
None
Unknown

Guidance:

- Describe any barriers or issues experienced in administering naloxone.

- None: use the “none” if there are not any known barriers or issues in administration of naloxone.
- Unknown: use the “unknown” if there were barriers but it is unclear what or why there were barriers.

Reference: None

8. Recent Life Stressors

8.1) In the 14 days prior to death, did the decedent have any of these known or documented housing or financial stressors?

Var: FinancialStressors

Skip Logic: None

Definition: Indicates any financial or housing related known life stressors in the 14 days prior to death.

Response Options: Check all that apply.
0 None of these stressors
1 Lost his or her job
2 Decedent's partner lost his/her job
3 Job problems
4 Filed for bankruptcy
5 Lost benefits
6 Struggled to access food and/or food insecurity
7 Home foreclosure
8 Evicted or lost his or her housing
9 Experienced housing insecurity

Guidance:
Benefits include Supplemental Security Income (SSI), Children's Health Insurance Program (CHIP), housing assistance, energy assistance, unemployment insurance, Supplemental Nutritional Assistance Programs (SNAP or "food snaps"), Temporary Assistance for Needy Families (TANF or "welfare"), etc.

Reference: NVDRS Crisis-related variables (modified)

8.2) In the 14 days prior to death, did the decedent have any of these known or documented life stressors?

Var: LifeStressors

Skip Logic: None

Definition: Indicates any known life stressors in the 14 days prior to death.

Response Options: Check all that apply.
0 None of these stressors
1 Death of a spouse, child, loved one, or friend
2 Exposed to a natural disaster
3 Disclosed sexual identity to a family member or friend for the first time

4 Infidelity
5 Divorce or significant relationship problems
6 New child or loss of child

Guidance:

- Infidelity: Decedent discovered partner's infidelity, decedent's partner discovered decedent's infidelity
- Divorce or significant relationship problems: Decedent filed for divorce, received divorce papers, experienced an intimate relationship breakup, experienced a significant relationship problem or disagreement with family or friend
- New child or loss of child: Adopted a child, experienced a loss of adoption, son or daughter died, learned about pregnancy, or birth of a child

Reference: None

9. Health Care Access

9.1) In the 12 months prior to death, did the decedent have known or documented health care visits (other than behavioral health/mental health or substance used disorder treatment)?

Var: HealthCareUse

Skip Logic: None

Definition: Indicates whether there is known access to health care, other than mental health or substance use disorder treatment, in the year prior to death.

Response Options: Check all that apply.
0 No
1 Primary care
2 Emergency department
3 Inpatient hospitalization
4 EMS (emergency medical service, including community paramedics)
8 Other, Specify _____

Guidance:
Excludes mental health and substance use disorder treatment. This information is gathered in Module 11 Mental Health History and Module 12 Substance Use History.

Reference: None

9.2) When was the most recent known or documented contact with a primary care provider?

Var: PrimaryCareRecent

Skip Logic: Answer only if HealthCareUse = Primary care (1)

Definition: Indicates the date of the most recent known contact with primary care provider.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

9.2a) What was the primary reason for the <u>most recent</u> primary care visit?

Var: PrimaryCareReason

Skip Logic: Answer only if HealthCareUse = Primary care (1)

Definition: Indicates the **primary reason** for the **most recent** primary care visit.

Response Options: Select only one.
1 Injury
2 Acute illness
3 Chronic illness
8 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

9.3) In the 12 months prior to death, how many times did the decedent have a <u>known or documented emergency visit</u>?

Var: EDNumber

Skip Logic: Answer only if HealthCareUse = Emergency department (2)

Definition: Indicates the total number of known emergency response visits in the 12 months prior to the death.

Response Options: Numerical
0–100 Number of visits
999 Unknown

Guidance:
Input number of known visits.

Reference: None

9.3a) When was the <u>most recent known or documented emergency department visit</u>?

Var: EDRecent

Skip Logic: Answer only if HealthCareUse = Emergency department (2)

Definition: Indicates the date of the **most recent** known emergency department visit.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

9.3b) What was the primary reason for the most recent emergency department visit?

Var: EDReason

Skip Logic: Answer only if HealthCareUse = Emergency department (2)

Definition: Indicates the **primary reason** for the **most recent** emergency department visit.

Response Options: Select only one.
1 Injury
2 Acute illness
3 Chronic illness
4 Nonfatal overdose, drug poisoning
8 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

9.4) In the 12 months prior to death, how many times did the decedent have a known or documented inpatient hospitalization?

Var: InpatientNumber

Skip Logic: Answer only if HealthCareUse = Inpatient hospitalization (3)

Definition: Indicates the total number of **known** inpatient hospitalizations in the 12 months prior to the death.

Response Options: Numerical

0–100 Number of visits
999 Unknown

Guidance:
Input number of known hospitalizations.

Reference: None

9.4a) When was the <u>most recent known or documented inpatient hospitalization</u>?

Var: InpatientRecent

Skip Logic: Answer only if HealthCareUse = Inpatient hospitalization (3)

Discussion: Indicates the date of the **most recent known inpatient hospitalization discharge date.**

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
Indicates data of the most recent inpatient hospitalization discharge date.
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

- 06/99/2007 for June 2007 with the day unknown
- 99/99/2007 for 2007 with the month and day unknown
- 99/99/9999 for the year, month, and day unknown

Reference: None

94.b) What was the <u>primary reason for the most recent inpatient hospitalization</u>?

Var: InpatientReason

Skip Logic: Answer only if HealthCareUse = Inpatient hospitalization (3)

Discussion: Indicates the **primary reason** for the **most recent inpatient hospitalization**.

Response Options: Select only one.
1 Injury
2 Acute illness
3 Chronic illness
4 Nonfatal overdose, drug poisoning
8 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

9.5) In the 12 months prior to death, how many times did the decedent have known or documented encounters with EMS, including community paramedics?

Var: EMSNumber

Skip Logic: Answer only if HealthCareUse = EMS (4)

Discussion: Indicates the total number of **known** EMS encounters in the 12 months prior to the death.

Response Options: Numerical
0–100 Number of visits
999 Unknown

Guidance:
Input number of known EMS encounters.

Reference: None

9.5a) When was the most recent known or documented EMS encounter?

Var: EMSRecent

Skip Logic: Answer only if HealthCareUse = EMS (4)

Discussion: Indicates the date of the most recent known EMS encounter.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
Indicates data of the most recent EMS encounter.
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

9.5b) What was the primary reason for the most recent EMS encounter?

Var: EMSReason

Skip Logic: Answer only if HealthCareUse = EMS encounter (4)

Discussion: Indicates the **primary reason** for the most recent EMS encounter.

Response Options: Select only one.
1 Injury
2 Acute illness
3 Chronic illness
4 Nonfatal overdose, drug poisoning
8 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

9.6) In the 12 months prior to the death, what harm-reduction services was the decedent known to access?

Var: HarmReduction

Skip Logic: None

Definition: Indicates **known harm-reduction services** the decedent accessed in the 12 months prior to death.

Response Options: Check all that apply.
0 None
1 Disease testing and referral (viral hepatitis and HIV)
2 Drug treatment referral
3 Fentanyl test strips
4 Health coverage referral
5 Legal referral
6 Medically supervised injection
7 Medication-assisted or opioid replacement treatment
8 Naloxone distribution
9 Needle and syringe exchange programs (syringe access and disposal)
10 Non-abstinence-based housing and employment initiatives
11 Overdose prevention and reversal education
12 Peer support
13 Psychosocial support

14 Safer drug use education
15 Other, Specify: _____

Guidance: None

Reference: None

9.7) At the time of death, what was the <u>decedent's insurance status</u>?

Var: InsuranceStatus

Skip Logic: None

Definition: Indicates the insurance status/coverage at the time of death.

Response Options: Select only one.
0 No insurance
1 Private insurance
2 Public insurance
9 Unknown insurance status

Guidance: None

Reference: None

9.8) In the 12 months prior to death, was there a <u>known or documented</u> change in insurance coverage?

Var: InsuranceChange

Skip Logic: None

Definition: Indicates known insurance coverage change in the 12 months prior to death.

Response Options: Select only one.
0 No
1 Yes, lost coverage
2 Yes, changed coverage
3 Yes, gained coverage

Guidance: None

Reference: None

10.Health History

10.1) Did the decedent have <u>known or documented</u> history of any of the following health conditions?

Var: HealthHistory

Skip Logic: None

Definition: Indicates whether the decedent has any **known or documented** history of various health conditions.

Responses: Check all that apply.
0 None of these apply
1 Acquired brain injury
2 Asthma
3 Cancer
4 COPD
5 Diabetes
6 Heart disease
7 Hepatitis C
8 HIV/AIDS
9 Major injury requiring medical treatment
10 Major surgery
11 Medical marijuana patient
12 Migraine
13 Obesity
14 Pain
15 Sickle cell disease
16 Sleep disorder
17 Sleep apnea
18 Traumatic brain injury
19 Other chronic illness, Specify _____

Guidance: None

Reference: None

10.2) At the time of death, was the decedent <u>known</u> to be under medical care or receiving treatment for the following health issues?

Var: HealthTreatment

Skip Logic: Skip if HealthHistory = None of these apply (0)

Definition: Indicates which health conditions the decedent was under treatment for at the time of his or her fatal overdose.

Responses: Check all that apply.
0 None
1 Acquired brain injury
2 Asthma
3 Cancer
4 COPD
5 Diabetes
6 Heart disease
7 Hepatitis C
8 HIV/AIDS
9 Major injury requiring medical treatment
10 Major surgery
11 Medical marijuana patient
12 Migraine
13 Obesity
14 Pain
15 Sickle cell disease
16 Sleep disorder
17 Sleep apnea
18 Traumatic brain injury
19 Other chronic illness, Specify
20 Other acute illness, Specify _____
21 Terminal diagnosis, Specify _____

Guidance: None

Reference: None

10.3) What type of pain was the decedent being treated for?

Var: PainType

Skip Logic: Answer only if HealthTreatment = Pain (14)

Definition: Indicates what type of pain the decedent was being treated for at the time of his or her fatal overdose.

Response Options: Check all that apply.
1 Acute pain
2 Chronic pain
9 Unknown type of pain

Guidance: None

Reference: None

10.3a) Who was treating the decedent's pain?

Var: PainProvider

Skip Logic: Answer only if HealthTreatment = Pain (14)

Definition: Indicates what type of health care provider was treating the decedent's pain.

Response Options: Check all that apply.
1 Emergency medicine physician
2 Hospice provider
3 Pain specialist
4 Primary care/family medicine/internal medicine/pediatric care
5 Other, Specify
9 Unknown

Guidance: None

Reference: None

10.3b) Date of the <u>most recent known</u> health care visit for pain.

Var: PainDate

Skip Logic: Answer only if HealthTreatment = Pain (14)

Definition: Indicates the date of the decedent's **most recent known** health care visit for pain.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6"). If month or day is missing, enter "99." Enter '9999' if year of injury is missing.

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

10.4) In the 14 days prior to death, did the decedent have any of these known or documented health stressors?

Var: HealthStressors

Skip Logic: None

Discussion: Indicates any **known** health stressors in the 14 days prior to death.

Response Options: Check all that apply.

0 None of these stressors
1 Pregnancy complications
2 Major surgery
3 Was injured
4 New medical diagnosis
5 Switched medication
6 Lost access to his or her health care team
7 Missed any medical appointments
8 Sought medical attention/help

Guidance:

- Pregnancy complications: terminated pregnancy, miscarriage, or other significant health status information about fetus or mother

Reference: None

11.Mental Health History

11.1) Did the decedent have a known or documented history of a mental health problem/diagnosis (such as depression, anxiety, post-traumatic stress disorder [PTSD], etc. and excludes substance use disorder treatment)?

Var: MHHistory

Skip Logic: None

Definition: Indicates whether the decedent had any **known or documented** history of a mental health problem or diagnosis.

Response Options: Select only one.
0 No
1 Yes

Guidance:

- Excludes suicide attempt and ideation and substance use disorder treatment.
- Mental health conditions not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Mental health problems include those disorders and syndromes listed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) except for alcohol and other substance dependence (these are captured in separate variables).
- Examples of disorders qualifying as mental health problems include diagnoses such as major depression, schizophrenia, and generalized anxiety disorder, as well as neurodevelopmental disorders (such as intellectual disability, autism, attention-deficit /hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders (such as Alzheimer's and other dementias).
- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition, such as a current prescription, the report by a family member, etc.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text)

11.2) In the 12 months prior to death, did the decedent have known or documented visits with a provider to treat a mental health condition?

Var: MHTreatmentHx

Skip Logic: Answer only if MHHistory = Yes (1)

Definition: Indicates whether there is known **access to mental health care** to treat a mental health condition in the year prior to death.

Response Options: Check all that apply.
0 No
1 Yes

Guidance:
Mental health treatment may include primary care provider, emergency room, counselor/therapy, psychiatrist, etc. to treat mental health conditions.

- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition, such as a current prescription, the report by a family member, etc.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text)

11.2a) At the time of death, was the decedent known to be under care or receiving treatment for a mental health condition?

Var: MHTreatment
Skip Logic: Answer only if MHHistory = Yes (1)

Definition: Indicates whether the decedent was under treatment for a mental health condition at the time of his or her fatal overdose.

Response Options: Check all that apply.
0 No
1 Yes

Guidance:
Mental health treatment may include primary care provider, emergency room, counselor/therapy, psychiatrist, etc. to treat mental health conditions.

- Also indicate "yes" if it is mentioned in the source document that the decedent was being treated for a mental health problem, even if the nature of the problem is unclear (e.g., "was being treated for various psychiatric problems").
- It is acceptable to endorse this variable based on past treatment of a mental health problem, unless it is specifically noted that the past problem has been resolved. However, do not code this circumstance based only on a positive toxicology test for psychiatric medications (such as antidepressants). There must also be some indication that the decedent was being treated for a mental health condition, such as a current prescription, the report of a family member, etc.

Reference: NVDRS 5.3.1 Current diagnosed mental health problem: CME/LE MentalHealthProblem (Guidance text)

11.2b) When was the most recent known or documented contact with a provider to treat mental health condition?

Var: MHRecent

Skip Logic: Answer only if MHTreatment = Yes (1)

Definition: Indicates the date of the most recent known contact with mental health treatment provider.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

- 06/99/2007 for June 2007 with the day unknown
- 99/99/2007 for 2007 with the month and day unknown
- 99/99/9999 for the year, month, and day unknown

Reference: None

11.3) Did the decedent have a known or documented history of suicidal ideation/plans or attempts?

Var: SuicideHistory

Skip Logic: None

Definition: Indicates whether the decedent was known to have a history of suicidal ideation or plans or attempts.

Response Options: Select only one.
0 No
1 Yes

Guidance:
If the decedent was known to share suicidal ideation, plans, or attempt with family member or social network as well as to seek treatment, both can allow for endorsement of this variable.

Reference: None

11.3a) In the 12 months prior to death, did the decedent have known or documented treatment for suicidal ideation/plan or an attempt?
Var: SuicideTreatment

Skip Logic: Answer only if SuicideHistory = Yes (1)

Definition: Indicates whether the decedent had a known history of treatment for suicidal ideation/plan or attempt.

Response Options: Select only one.
0 No
1 Yes

Guidance:
Mental health treatment may include primary care provider, emergency room, counselor/therapy, psychiatrist, etc. to treat mental health conditions.

Reference: None

11.3b) When was the most recent known or documented contact with a provider to treat suicidal ideation/plan or attempt?

Var: SuicideTreatmentRecent

Skip Logic: Answer only if SuicideTreatment = Yes (1)

Definition: Indicates the date of the **most recent known contact with provider to treat suicidal ideation/plan or attempt**.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

11.4) At the time of the overdose incident, was it known or documented that the decedent left a suicide note, a letter, a text, an email, and/or a voicemail?

Var: SuicideNote

Skip Logic: None

Definition: Indicates whether it was known that the decedent left a suicide note.

Response Options: Select only one.
0 No
1 Yes

Guidance:
- A will or folder of financial papers near the decedent does not constitute a suicide note.
- If the record states the person left a "note," infer that it was a suicide note in the absence of information indicating that the note had some other purpose.
- A suicide "note" can be any essentially durable message; it does not have to be on a piece of paper. Emails, text messages, voicemails, or writing on any object (such as a wall or table) all qualify.
- A text or electronic message sent immediately before the suicide occurred should be labeled a suicide note if there was no time between the sending/receipt of the message and the suicide. If there was time to intervene, this should be coded as "disclosed suicidal thought or intent."

Reference: NVDRS 5.7.5 Left a suicide note: CME/LE_SuicideNote (Guidance)

11.5) In the 14 days prior to death, did the decedent have any of these known or documented mental health-related events?

Var: MHStressors

Skip Logic: None

Definition: Indicates whether the decedent had any known mental health-related events 14 days prior to death.

Skip Logic: Check all that apply.
0 None of these events
1 Disclosed to another person his or her thoughts or plans to die by suicide

2 Expressed feelings of hopelessness or loneliness
3 Expressed feelings of lack of social support
4 Expressed feelings of self-loathing
5 Withdrew from family members or loved ones

Guidance: None

Reference: None

11.6) In the 12 months prior to death, was mental health treatment recommended by a health professional and/or identified by the family, but the decedent did not receive care?

Var: MHRecommendation

Skip Logic: None

Definition: Indicates whether the decedent did not receive mental health treatment recommended to him or her.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

11.6a) Were there <u>known</u> barriers to accessing mental health care?

Var: MHBarrier

Skip Logic: Answer only if MHRecommendation = Yes (1)

Definition: Indicates whether there were known barriers to accessing mental health care.

Response Options: Select only one.
0 No
1 Yes

Guidance: None

Reference: None

11.6b) What were the <u>known</u> barriers to accessing mental health care?

Var: MHBarrierType

Skip Logic: Answer only if MHBarrier = Yes (1)

Definition: Indicates the known barriers to accessing mental health care.

Response Options: Check all that apply.
1 Lack of insurance coverage
2 Limited treatment resources/providers/long waiting lists
3 Transportation problems
4 Other, Specify _____

Guidance: None

Reference: None

12.Substance Use History

12.1) Did the decedent have a known or documented history of substance use disorder or diagnosis?

Var: SUHistory

Skip Logic: None

Definition: Indicates whether the decedent had any **known or documented** history of a substance use disorder or diagnosis.

Response Options: Select only one.
0 No
1 Yes

Guidance:
- Excludes suicide attempt and ideation and mental health condition treatment.
- Substance use disorders not diagnosed or treated, but identified by family members, social network, or other data providers, can count as mental health problems.
- Substance use disorder diagnosis.
- Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

Reference: NA

12.1a) Known age of first use of substances.

Var: SubstanceAge

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Documents known age of old decedent when he or she first started to use substances.

Response Options: Numerical
1–120 years
999 for unknown

Guidance:
Substance use refers to all drugs (including alcohol) that are either nonprescription or being used in a manner inconsistent with safe prescribing practices.

Reference: None

12.1b) What was the substance the decedent was first known to use?

Var: SubstanceFirst

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates the first known substance used.

Response Options: Check all that apply.
1 Alcohol
2 Cocaine
3 Heroin
4 Marijuana
5 Methamphetamine
6 Nicotine
7 Prescription opioids
8 Other, Specify _____

Guidance: None

Reference: None

12.1c) What substances was the decedent known to have a history of using?

Var: SubstanceHxType

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates which substances the decedent was known to use.

Response Options: Check all that apply.
1 Alcohol
2 Cocaine
3 Heroin
4 Marijuana
5 Methamphetamine
6 Nicotine
7 Prescription opioids
8 Other, Specify _____

Guidance: None

Reference: None

12.1d) What were the decedent's known substances of choice?

Var: SubstanceChoice

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates the decedent's known substance of choice or primary substance used.

Response Options: Check all that apply.
1 Alcohol
2 Cocaine
3 Heroin
4 Marijuana
5 Methamphetamine
6 Nicotine
7 Prescription opioids
8 Other, Specify _____

Guidance: None

Reference: None

12.2) What was the decedent's known preferred method for the substance involved in the death?

Var: PreferMethod

Skip Logic: None

Definition: Indicates the decedent's known preferred method for the substance involved in the overdose death.

Response Options: Check all that apply.
0 None
1 Ingestion
2 Injection
3 Smoke
4 Snort/sniff
5 Vaping/vaporizing
6 Freebasing
7 Other, Specify _____

Guidance: None

Reference: None

12.3) Over the decedent's life, number of known nonfatal drug overdoses.

Var: ODNumberLife

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates the number of **known** nonfatal drug overdoses.

Response Options: Numerical
0 None
1–120 years
999 for unknown

Guidance:
A drug overdose, involving any substance including, but not limited to opioids, was reported. A drug overdose is defined as the decedent's experiencing acute clinical symptoms such as difficulty breathing, unconsciousness/unresponsiveness, or irregular heartbeats related to the ingestion, inhalation, injection, or absorption of the drug in quantities greater than recommended. Opioid overdose can present as sedation (sleepiness), low blood pressure, slowed or no heart rate, and slowed or no breathing.

The following situations should be considered evidence of previous drug overdoses:

- A family or friend reporting that the decedent had previously overdosed but providing no information on the substance(s) involved in the overdose
- Previous overdoses related to any substance including but not limited to opioids, benzodiazepines, cocaine, or sedatives
- A drug overdose that required treatment in an emergency department, a critical care center, or other medical center
- An opioid overdose that was treated with naloxone (a drug to reverse opioid overdoses) by a layperson and the person experiencing the overdose did not seek medical treatment
- A drug overdose to which emergency medical services responded (e.g., after a 9-1-1 call), and the person refused to be transported to the hospital

The following situations are not considered evidence of previous drug overdoses:

- The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
- The decedent previously experienced adverse effects from substance use that were not acute, such as constipation or skin rashes.
- The decedent previously sought medical care to treat withdrawal symptoms or assist with detox.
- The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

The following situation would require additional information to determine whether there was a previous overdose:

- The decedent was revived by naloxone and/or admitted to the ED/hospital and was released, seemingly recovered. The decedent was later found unresponsive in the overdose that led to death, with no evidence of additional drug use. Timeline, toxicology results, and additional information from the CME report should be used to determine whether it is more likely that the fatal overdose was the same as the overdose that led to naloxone revival or ED/hospital admission or whether subsequent substance use led to another overdose.

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance)

12.3a) Date of the <u>most recent known</u> nonfatal drug overdose?

Var: ODRecentDate

Skip Logic: Answer only if ODNumberLife not equal None (0)

Definition: Indicates the date of the more recent known nonfatal drug overdose.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

This item also captures the period from the previous overdose to the time when the fatal drug overdose occurred.

- If the person experienced multiple overdoses, code the timing of the most recent overdose.
- If no information is supplied on the timing of the overdose, code 99/99/9999.

Reference: SUDORS 4.2.a Previous Drug Overdose (Guidance)

12.4) In the 12 months prior to death, did the decedent have a <u>known or documented</u> period of sobriety or abstinence from the drug involved in the fatal overdose?

Var: Sobriety

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates whether the decedent had a known period of sobriety or abstinence from the drug involved in the fatal overdose.

Response Options. Select only one.
0 No
1 Yes

Guidance:
The decedent had a history of misusing opioids or an opioid use disorder and had a period of not using opioids for at least one week.

Reference: SUDORS 4.2.b Recent Opioid Use Relapse (Definition for Guidance)

12.4a) What were the known reasons for the most recent known sobriety or abstinence?

Var: SobrietyReason

Skip Logic: Answer only if Sobriety = Yes (1)

Definition: Indicates **known** reasons for the **most recent known** sobriety or abstinence.

Response Options: Check all that apply.
1 Drug court or diversion program
2 Incarceration
3 Inpatient at medical care facility
4 Substance abuse treatment program
5 Other, Specify
9 Unknown

Guidance:
The decedent had a history of misusing opioids or an opioid use disorder and had a period of not using opioids for at least one week.

Reference: SUDORS 4.2.b Recent Opioid Use Relapse (Definition for Guidance)

12.5) In the 12 months prior to death, did the decedent have known or documented treatment for substance use disorder?

Var: SUTreatmentHx

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates whether there was known access to substance use disorder treatment in the year prior to death.

Response Options: Check all that apply.
0 No
1 Yes

Guidance:
A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, psychologist, medical doctor, therapist, or other counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (Suboxone™), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance abuse:

- There was a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness report indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent, do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:
    - The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
    - The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
    - The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.
    - The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

Reference: SUDORS 4.2.c Treatment for Substance Abuse (Definition for Guidance)

12.5a) At the time of death, was the decedent <u>known</u> to be under care or receiving treatment for a mental health condition?

Var: SUTreatment

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates whether the decedent was under treatment for a substance use disorder at the time of his or her fatal overdose.

Response Options: Check all that apply.
0 No
1 Yes

Guidance:
A diagnosis does not imply that treatment was received. The decedent may have been out of compliance with treatment for a diagnosed condition.

Treatment for substance use disorder includes:

- Seeing a psychiatrist, psychologist, medical doctor, therapist, or other counselor (including religious or spiritual counselors) for a substance use disorder.
- Prescribed medicine as part of medication-assisted treatment, such as buprenorphine (Suboxone™), methadone, and naltrexone. Include as current or past treatment only if there is clear evidence that prescriptions were for treatment of opioid addiction and not for treatment of pain.
- Residing in an inpatient facility, a group home, or a halfway house for people with substance use disorders.
- Participating in Narcotics Anonymous.

The following situations should not be included as evidence of treatment for substance abuse:

- There is a positive toxicology test for substances associated with medication-assisted treatment (such as buprenorphine), without further evidence that the substances were being taken to treat substance use disorder, because methadone and buprenorphine can both be prescribed for pain. There must also be some indication that the decedent was being treated for a substance use disorder, such as a current prescription or a report by a family member. If toxicology results and/or scene evidence/witness reports indicate that the decedent was taking buprenorphine, methadone, or another medication, but there is no evidence that the medication was prescribed to the decedent, do not code as treatment because the medications can be bought illegally (either in the context of substance use disorder or to treat substance use disorder without getting a prescription).
- There is evidence that the decedent received care or treatment for something related to substance use disorder, but there is no evidence that the underlying substance use disorder was treated, for example:
    - The decedent was reported as previously passing out from or receiving medical care for alcohol intoxication.
    - The decedent previously sought medical care after experiencing adverse effects from drug use that were not acute, such as constipation or skin rashes.
    - The decedent previously sought medical care to treat withdrawal symptoms or to assist with detox.
    - The decedent previously sought medical care for injection-related conditions such as abscesses, endocarditis, or fevers.

Reference: SUDORS 4.2.c Treatment for Substance Abuse (Definition for Guidance)

12.5b) When was the most recent known or documented contact with a substance use disorder treatment provider?

Var: SUTreatmentDate

Skip Logic: Answer only if SUTreatment = Yes (1)

Definition: Indicates the date of the most recent known contact with a substance use disorder treatment provider.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

12.5c) What type of substance use disorder treatment did the decedent receive at his or her most recent known visit?

Var: SUTreatmentType

Skip Logic: Answer only if SUTreatment = Yes (1)

Definition: Indicates the type of treatment provider seen at the most recent substance use disorder treatment contact.

Response Options: Check all that apply.
1 Ambulatory withdrawal management
2 Co-occurring partial care
3 Detoxification
4 Halfway house
5 Medication-assisted therapy (MAT—methadone, buprenorphine, vivitrol, etc.)
6 Outpatient/intensive outpatient
7 Recover supports
8 Residential, long-term
9 Residential, short-term
10 Other, Specify
99 Unknown

Guidance: None

Reference: American Society of Addiction Medicine (ASAM) Level of Care

12.6) At the time of the overdose incident, was the decedent known to be connected with a recovery coach or a peer support specialist?

Var: PeerSupport

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates whether, at the time of death, the decedent was known to be connected with a recovery coach or a peer support specialist.

Response Options: Select only one.
0 No
1 Yes

Guidance: None

Reference: None

12.7) In the 14 days prior to death, did the decedent have any of the following known or documented substance use-related events?

Var: SUStressors

Skip Logic: Answer only if SUHistory = Yes (1)

Definition: Indicates whether the decedent had any **known** substance use-related events 14 days prior to death.

Response Options: Check all that apply.
0 None apply
1 Left a substance abuse treatment facility
2 Left a substance abuse treatment program
3 Missed a substance abuse treatment appointment
4 Substance use relapse

Guidance:
Substance use relapse: To select the substance-use relapse, there must be other documentation besides this overdose death. The decedent had a history of misusing opioids or an opioid use disorder and returned to using opioids after a period of not using opioids for at least one week. People abstaining from opioid use after prolonged use lose their tolerance to the opioids during their period of abstinence. Loss of tolerance puts them at higher risk for overdose because they may return to the dosage they had been taking when they last used. A dose of heroin that

previously was sufficient to create feelings of euphoria may result in an overdose after a period of abstinence.

Reference: SUDORS 4.2.b Recent Opioid Use Relapse (Guidance)

12.8) In the 12 months prior to death, was substance use disorder treatment recommended by a health professional and/or identified by the family, but the decedent did not receive care?

Var: SURecommendation

Skip Logic: None

Definition: Indicates whether the decedent did not receive substance use treatment recommended to him or her.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

12.8a) Were there <u>known</u> barriers to accessing substance use disorder treatment?

Var: SUBarrier

Skip Logic: Answer only if SURecommendation = Yes (1)

Definition: Indicates whether there were known barriers to accessing substance use disorder treatment.

Response Options: Select only one.
0 No
1 Yes

Guidance: None

Reference: None

12.8b) What were the <u>known</u> barriers to accessing substance use disorder treatment?

Var: SUBarrierType

Skip Logic: Answer only if SUBarrier = Yes (1)

Definition: Indicates the **known barriers** to accessing substance use disorder treatment.

Response Options: Check all that apply.
1 Lack of insurance coverage
2 Limited treatment resources/providers/long waiting lists
3 Transportation problems
4 Other, Specify _____

Guidance: None

Reference: None

13.Trauma History

13.1) As an adult, did the decedent have a known or documented history of the following trauma or violence?

Var: TraumaAdult

Skip Logic: None

Definition: Indicates whether the decedent had any **known** traumatic or violent events as an adult.

Response Options: Check all that apply
0 None
1 Natural disaster
2 Physical violence, perpetrator
3 Physical violence, victim
4 Sexual violence, perpetrator
5 Sexual violence, victim
6 War
7 Pandemic (for example, COVID-19 or coronavirus)
8 Other, Specify _____

Guidance:
An adult is a person over age 18.

Reference: None

13.2) In the 14 days prior to death, did the decedent have a known or documented history of the following trauma or violence?

Var: TraumaStressor

Skip Logic: Answer only if TraumaAdult not equal None (0)

Definition: Indicates whether the decedent had any **known** traumatic or violent events 14 days prior to death.

Response Options: Check all that apply.
0 None
1 Natural disaster
2 Physical violence, perpetrator
3 Physical violence, victim
4 Sexual violence, perpetrator
5 Sexual violence, victim
6 War

7 Pandemic (for example, COVID-19 or coronavirus)
8 Other, Specify _____

Guidance: None

Reference: None

13.3) Did the decedent have a known or documented history of any of the following adverse childhood experiences?

Var: ACES

Skip Logic: None

Definition: Indicates whether the decedent had any **known or documented** history of adverse childhood experiences.

Response Options: Check all that apply.
0 None
1 Emotional abuse
2 Physical abuse
3 Sexual abuse
4 Mother treated violently
5 Substance abuse in the household
6 Mental illness in the household
7 Parental separation or divorce
8 Incarcerated household member
9 Emotional neglect
10 Physical neglect

Guidance: None

Reference: CDC ACEs list,
https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

14. Criminal Justice History

14.1) Did the decedent have any known or documented criminal justice history?

Var: CJHistory

Skip Logic: None

Definition: Indicates whether the decedent had any known or documented history of involvement with the criminal justice system.

Response Options: Check all that apply.
0 None
1 Arrest
2 Incarceration
3 Community supervision
4 Post-adjudication programs and/or specialty courts
5 Pre-arrest/pre-charge diversion programs
6 Other, Specify _____

Guidance:
- Incarceration includes juvenile detention, jail, and prison,
- Community supervision includes probation and parole.
- Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include a specialty court such as drug court, mental health court, veteran's treatment court, treatment court, etc.
- Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

Reference: None

14.2) Over the decedent's life, number of known arrests.

Var: ArrestNumber

Skip Logic: Answer only if CJHistory = Arrest (1)

Definition: Indicates the **total number of known** arrests for the decedent.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: None

Reference: None

14.2a) Age (in years) at first known arrest?

Var: ArrestAge

Skip Logic: Answer only if CJHistory = Arrest (1)

Definition: Indicates how old the decedent was at his or her **first known** arrest.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: None

Reference: None

14.2b) What was the first known arrest offense?

Var: ArrestReason

Skip Logic: Answer only if CJHistory = Arrest (1)

Definition: Indicates the primary/most serious offense for the **first known** arrest.

Response Options: Select only one.
1 Driving while impaired
2 Drug possession
3 Drug possession with intent to distribute/deliver or manufacture
4 Property
5 Traffic offense, other than driving while impaired
6 Violent crime
7 Status offense
8 Other, Specify _____
9 Unknown

Guidance:
Status offense is a noncriminal act that is considered a violation or illegal because of the individual's age (for example, running away).

Reference: None

14.2c) Over the decedent's life, number of known arrests that included a drug-related charge.

Var: DrugArrestNumber

Skip Logic: Answer only if CJHistory = Arrest (1)

Definition: Indicates the **total number of known drug-related** arrests the decedent had.

Response Options: Numerical
0
1–120 years
999 for unknown

Guidance: None

Reference: None

14.3) Over the decedent's life, number of known incarcerations.

Var: IncarcerationNumber

Skip Logic: Answer only if CJHistory = Incarceration (2)

Definition: Indicates the **total number of known** incarcerations the decedent had.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: Incarceration includes juvenile detention, jail, and prison time.

Reference: None

14.3a) Age (in years) at first known incarceration.

Var: IncarcerationAge

Skip Logic: Answer only if CJHistory = Incarceration (2)

Definition: Indicates how old the decedent was at his or her **first known** incarceration.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: Incarceration includes juvenile detention, jail, and prison.

Reference: None

14.3b) Was the decedent known to have received any of these services while incarcerated?

Var: IncarcerationServices

Skip Logic: Answer only if CJHistory = Incarceration (2)

Definition: Indicates services the decedent received for any incarceration, not just the most recent incarceration.

Response Options: Check all that apply.
0 None
1 Counseling or other mental health services
2 Educational
3 Employment/vocational
4 Medication-assisted treatment (MAT)
5 Other, Specify _____

Guidance: None

Reference: None

14.3c) At the time of overdose incident, was the decedent incarcerated?

Var: IncarcerationOD

Skip Logic: Answer only if CJHistory = Incarceration (2)

Definition: Indicates whether the decedent was incarcerated at the time of the overdose incident.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: Incarceration includes juvenile detention, jail, and prison.

Reference: None

14.3d) Type of facility

Var: IncarcerationFacility

Skip Logic: Answer only if IncarcerationOD = Yes (1)

Definitions: Indicates in what type of facility the decedent was incarcerated at the time of the overdose.

Response Options: Select only one.
1 Jail
2 Prison
3 Juvenile detention
4 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

14.3e) For the most recent known incarceration, date of entry.

Var: EntryDate

Skip Logic: Answer only if CJHistory = Incarceration (2)

Definition: Indicates the **date of entry** for the **most recent known** incarceration.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

14.3f) For the most recent known incarceration, date of release.

Var: ReleaseDate

Skip Logic: Answer only if CJHistory = Incarceration (2) and IncarcerationOD = No (0)

Definition: Indicates the **date of release** for the most recent known incarceration.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
This question is not answered for individuals who overdosed while incarcerated.

You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

14.4) Over the decedent's life, number of known episodes of community supervision.

Var: SupervisionNumber

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates the **total number of known** episodes of community supervision the decedent had. Community service includes probation and parole.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: None

Reference: None

14.4a) Over the decedent's life, total known time (in months) under community supervision.

Var: SupervisionTime

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates the total known time (in months) the decedent was under community supervision throughout his or her life.

Response Options: Numerical
1–998 months
999 for unknown

Guidance: None

Reference: None

14.4b) Age (in years) when placed on <u>first known</u> community supervision.

Var: SupervisionAge

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates how old the decedent was when placed on his or her first known community supervision.

Response Options: Numerical
1–120 years
999 for unknown

Guidance: None

Reference: None

14.c) Was the decedent <u>known</u> to have received any of these services while under community supervision?

Var: SupervisionServices

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates services the decedent received for any community supervision throughout his or her life, not just the most recent.

Response Options: Check all that apply.
0 None
1 Counseling or other mental health services
2 Educational
3 Employment/vocational
4 Medication-assisted therapy (MAT)
5 Other, Specify _____

Guidance: None

Reference: None

14.4d) At the time of overdose incident, was the decedent under community supervision?

Var: SupervisionOD

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates whether the decedent was under community supervision at the time of the overdose incident. This includes probation and parole.

Response Options: Select only one.
0 No
1 Yes
9 Unknown
Guidance: None

Reference: None

14.4e) For the <u>most recent known</u> community supervision, date of initiation.

Var: SupervisionDate

Skip Logic: Answer only if CJHistory = Community supervision (3)

Definition: Indicates the **date of initiation** for the decedent's most recent known community supervision.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

14.5) Date of entry for the <u>most recent known</u> post-adjudication program and/or specialty courts.

Var: SpecCourtDate

Skip Logic: Answer only if CJHistory = Post-adjudication programs and/or specialty courts (4).

Definition: Indicates the date of the decedent's most recent known date of entry in a post-adjudication program and/or specialty court. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

14.5a) For the most recent post-adjudication program and/or specialty court, please specify the type of program or court.

Var: SpecCourtType

Skip Logic: Answer only if CJHistory = Post-adjudication programs and/or specialty courts (4).

Definition: Indicates the decedent's most recent type of post-adjudication program and/or specialty court. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Response Options: Check all that apply.
1 Drug court
2 Domestic violence court
3 Reentry court
4 Veterans treatment court
5 Mental health court
6 Homeless court
7 Deferred prosecution
8 Post-arrest diversion
7 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

14.5b) Did the decedent complete the requirements for the most recent post-adjudication program and/or specialty court?

Var: SpecCourtRequirements

Skip Logic: Answer only if CJHistory = Post-adjudication programs and/or specialty courts (4).

Definition: Indicates whether the decedent completed post-adjudication program and/or specialty court requirements. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

14.5c) Why did the decedent NOT complete post-adjudication program and/or specialty court requirements?

Var: SpecCourtWhyNot

Skip Logic: Answer only if SpecCourtRequirements = No (0)

Definition: Indicates the reasons the decedent **did not** complete post-adjudication program and/or specialty court requirements. Post-adjudication programs include post-conviction or post-plea interventions, which may or may not include specialty court. Specialty courts include courts such as drug court, mental health court, veteran's treatment court, treatment court, etc.

Response Options: Check all that apply.
1 Absconded
2 Disruptive behavior
3 Failed drug test
4 Missed meeting
5 New crime
6 Self-reported use
7 Unsuccessful treatment
8 Other, Specify _____
9 Unknown

Guidance:
Absconded means that a person fails to surrender for custody at the appointed time.

Reference: None

14.6) What is the <u>most recent known</u> date of pre-arrest/pre-charge diversion?

Var: PreArrestDate

Skip Logic: Answer only if CJHistory = Pre-arrest/Pre-charge diversion (5)

Definition: Indicates the date of the decedent's most recent known pre-arrest/pre-charge diversion. Pre-arrest/pre-charge diversion programs include connecting individuals to treatment/services or supervision rather than arresting or charging.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").
06/99/2007 for June 2007 with the day unknown
99/99/2007 for 2007 with the month and day unknown
99/99/9999 for the year, month, and day unknown

Reference: None

14.7) In the 14 days prior to death, did the decedent have any of the following known or documented interactions with the criminal justice system?

Var: CJStressors

Skip Logic: None

Definition: Indicates whether the decedent experienced any interactions with the criminal justice system in the 14 days prior to death.

Response Options: Check all that apply.
0 None apply
1 Arrested
2 Released from a correctional institution
3 Placed on community supervision
4 Released from community supervision
5 Decedent's partner incarcerated
6 Decedent's partner arrested
7 Decedent's partner released from a correctional institution
8 Decedent's partner placed on community supervision
9 Decedent's partner released from community supervision
10 Decedent's child incarcerated
11 Decedent's child arrested

12 Decedent's child released from a correctional institution
13 Decedent's child placed on community supervision
14 Decedent's child released from community supervision
15 Other, Specify _____

Guidance: None

Reference: None

15.Social Services History

15.1) Did the decedent have a known or documented history of receiving any of these social services?

Var: SSHistory

Skip Logic: None

Definition: Indicates the decedent's **known or documented** history receiving social services.

Response Options: Check all that apply.
0 None
1 Child care benefits
2 Children's Health Insurance Program (CHIP)
3 Foster care
4 Head Start
5 Housing assistance (subsidized housing, housing vouchers, public housing)
6 Low-income home energy assistance program (LIHEAP)
7 Unemployment insurance
8 Medicaid
9 Supplemental Nutrition Assistance Programs (SNAP or "food snaps")
10 Supplemental Security Income (SSI)
11 Temporary Assistance for Needy Families (TANF or "welfare")
12 Unaccompanied Alien Children
13 Vocational/job training
88 Other, Specify _____

Guidance: None

Reference:
Federal government benefits, https://www.usa.gov/benefits

15.2) At the time of death, was it known or documented that the decedent was receiving any of these social services?

Var: SocialService

Skip Logic: Answer only if SSHistory not equal "None" or (1)

Definition: Indicates social service benefits the decedent was **known** to be receiving at the time of his or her death.

Response Options: Check all that apply.
0 None
1 Child care benefits

2 Children's Health Insurance Program (CHIP)
3 Foster care
4 Head Start
5 Housing assistance (subsidized housing, housing vouchers, public housing)
6 Low-income home energy assistance program (LIHEAP)
7 Unemployment insurance
8 Medicaid
9 Supplemental Nutrition Assistance Programs (SNAP or "food snaps")
10 Supplemental Security Income (SSI)
11 Temporary Assistance for Need Families (TANF or "welfare")
12 Unaccompanied Alien Children
13 Vocational/job training
88 Other, Specify _____

Guidance: None

Reference:
Federal government benefits, https://www.usa.gov/benefits

15.3) Did the decedent have a known or documented history of having his/her children removed from their home by child protective services?

Var: CPSHistory

Skip Logic: Answer only if SSHistory not equal "None" or (1)

Definition: Indicates whether the decedent was known to have his/her children removed from their home by child protective services.

Response Options: Select only one.
0 No
1 Yes
8 Not applicable, decedent did not have children

Guidance: None

Reference: None

15.3a) Where was/were the child or children placed?

Var: CPSPlacement

Skip Logic: Answer only if CPSHistory = Yes (1)

Definition: Indicates where the child was placed.

Response Options: Check all that apply.
1 Kinship (with family)
2 Foster care
8 Other, Specify _____
9 Unknown

Guidance: None

Reference: None

15.4) At the time of death, was there a known open child protective services case involving the decedent as a potential perpetrator?

Var: CPSPerpetrator

Skip Logic: Answer only if CPSHistory = Yes (1)

Definition: Indicates whether the decedent had a known child protective case as a potential perpetrator at the time of death.

Response options: Select only one.
0 No
1 Yes

Guidance: None

Reference: None

15.4a) Were the child protective services allegations substance-use related?

Var: CPSPerpetratorSU

Skip Logic: Answer only if CPSPerpetrator = Yes (1)

Definition: Indicates whether child protective services allegations were substance use-related.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

15.5) At the time of death, was there a known open child protective services case involving the decedent as a victim?

Var: CPSVictim

Skip Logic: Answer only if CPSHistory = Yes (1)

Definition: Indicates whether the decedent had a known child protective services case as a victim at the time of death.

Response options: Select only one.
0 No
1 Yes
8 Not applicable, decedent was not a child

Guidance: None

Reference: None

15.5a) Were the child protective services allegations substance use-related?

Var: CPSVictimSU

Skip Logic: Answer only if CPSVictim = Yes (1)

Definition: Indicates whether child protective services allegations were substance use-related.

Response Options: Select only one.
0 No
1 Yes
9 Unknown

Guidance: None

Reference: None

15.6) As a child, was the decedent ever known to be removed from his or her home?

Var: HomeRemoval

Skip Logic: Answer only if CPSHistory = Yes (1)

Definition: Indicates whether the decedent was ever known to be removed from his or her home.

Response Options: Select only one.
0 No

1 Yes

Guidance: None

Reference: None

15.7) In the 14 days prior to death, did the decedent have any <u>known or documented</u> child protective services-related stressors?

Var: CPSStressors

Skip Logic: None

Definition: Indicates whether the decedent experienced any child protective services-related stressors in the 14 days prior to death.

Response Options: Check all that apply.
0 None
1 Decedent's child entered the foster care system
2 Decedent entered the foster care system/was removed from the home
3 Had a child protective services case opened involving the decedent as a victim
4 Had a child protective services case open involving the decedent as a perpetrator
8 Not applicable, did not have a child and the decedent was not a child

Guidance: None

Reference: None

16.Education History

16.1) Did the decedent have any known or documented history of problems at school?

Var: EducationHistory

Skip Logic: None

Definition: Indicates whether there is a known or documented history of performance or behavior issues at school.

Response Options: Check all that apply.
0 No
1 Decreased academic performance/achievement or failing grades
2 Disciplinary problems at school (such as detention or suspension)
3 Dropped out of school and did not receive a GED
4 Truancy or absenteeism
5 Social exclusion

Guidance: Regardless of age, whether an individual was known to have significant problems at school with performance and/or behavior.

Reference: None

16.2) In the 14 days prior to death, did the decedent have any known or documented education-related stressors?

Var: EducationStressors

Skip Logic: Skip if EducationHistory = No (0)

Definition: Identifies possible life stressors that were school- or education-related in the 14 days before death.

Response Options: Check all that apply.
0 None
1 Decreased academic performance/achievement or failing grades
2 Disciplinary problems at school (such as detention or suspension)
3 Dropped out of school and did not receive a GED
4 Truancy or absenteeism
5 Social exclusion
8 Not applicable, not school-aged or going to school as an adult

Guidance: Indicates what type of school stressor was experienced 14 days prior to death.

Reference: None

17.Recommendations

Questions 175–178 capture any initial recommendations that were identified when reviewing the case. Each recommendation concept identified for each case should be captured separately. The section allows for looping through questions for each recommendation (up to five recommendations).

This section is different from the Recommendation Monitoring module, in which the recommendation will be drafted, revised, and monitored in detail over time after multiple cases have been reviewed.

17.1) Did the review of the case identify any recommendations?

Var: RecommendationIdentified

Skip Logic: None

Definition: Indicates whether any recommendations were identified from the case review.

Response Options: Select only one.
0 No
1 Yes

Guidance: Recommendation does not need to be fully formalized or identified to select "yes."

Reference: None

17.2) Recommendation

Var: Recommendation1 (if more than one: Recommendation2, Recommendation3, Recommendation4, and Recommendation5)

Skip Logic: Answer only if Recommendation = Yes (1) or RecommendationAnother = Yes (1).

Definition: Brief summary of initial recommendation identified. Limit to 280 characters.

Response: Text
[limit to 280 characters]

Guidance: Initial recommendation idea captured in 280 characters or less.

The following should not be included:

- Personal identifying information such as names of towns, streets, people, providers, law enforcement departments, hospitals, business, etc.
- Specific dates

- Abbreviations
- Incomplete sentences (they are hard to understand)

Reference: None

17.3) What types of recommendation strategies were identified?

Var: RecommendStrategy1 (if more than one: RecommendStrategy2, RecommendationStrategy3, RecommendationStrategy4, and RecommendStrategy5)

Skip Logic: Answer only if Recommendation = Yes (1) or RecommendationAnother = Yes (1).

Definition: Indicates for each recommendation the strategy(strategies) or focus area(s).

Response Options: Check all that apply.
1 Access to care/treatment
2 Care coordination, referral and follow-up
3 Community coalition/collaboration
4 Criminal justice/law enforcement intervention
5 Data and statistics
6 Death and law enforcement investigation
7 Grief/loss support
8 Harm reduction
9 Information/data sharing
10 Naloxone
11 PDMP
12 Prevention education/awareness
13 Social determinants of health (e.g., housing stability)
14 Other, Specify _____

Guidance: Check all that apply to best describe the recommendation.

Reference: None

17.4) Jurisdictional levels responsible for implementing the recommendation

Var: RecommendationJurisdiction1 (if more than one: RecommendJurisdiction2, RecommendationJurisdiction3, RecommendationJurisdiction4, and RecommendJurisdiction5)

Skip: Answer only if Recommendation = Yes (1)

Definition: Identify the level of jurisdiction responsible for implementing each recommendation.

Complete RecommendJurisdiction1 for RecommendationStrategy1, RecommendationJurisdiction2 for RecommendationStrategy2, and so on until RecommendationJurisdiction5 for RecommendationStrategy5.

Response Options: Check all that apply.
1 Local
2 State
3 National
4 Tribe

Guidance: Each type of recommendation must be implemented at different jurisdiction levels.

Reference: None

17.5) Did this case generate another recommendation?

Var: RecommendationAnother

Skip Logic: If the answer to this question is "yes," loop back to Recommendation2, Recommendation3, Recommendation4, or Recommendation5.

Definition: Indicates whether another recommendation was identified.

Response Options: Select only one.
0 No
1 Yes

Guidance: Recommendation does not need to be fully formalized or identified to select "yes."

Reference: None

18.Case-Specific Community Context

Questions 179–197: Based on the defined community geographical scope, provides context about the community in which the individual lived.
The measures in this section are subjective in nature and rely on the Overdose Fatality Review team's members and their awareness of the community to determine the degree to which they agree with the responses offered. Some measures provide only "yes" or "no" categories. If OFR team members are unsure, they should select "no." Other measures are a three-point Likert scale.

The community is defined based on where the decedent lived and how specific the OFR team decides to be when defining the community (county, city, neighborhood, ZIP code); see question 178.

Skip Logic: None for this data section (Case-Specific Community Context)

18.1) Community context

Var: CommunityCounty, CommunityCity, CommunityNeighborhood, CommunityZip

Definition: Indicates at what community level the community context variables are completed.

Response Options: Text
County, Specify _____
City, Specify _____
Neighborhood, Specify _____
ZIP code, Specify _____

Guidance:
Provides geographical context for the community in which the decedent lived. Determine which community context most closely represents the community in which the decedent lived.

- Use "not applicable" for community level not applicable.
- Use "99999" for unknown ZIP code.

Examples:
If a rural, homogeneous county, you will provide county-level information. You will fill in as follows:

- CommunityCounty: [county name]
- CommunityCity: Not applicable
- CommunityNeighborhood: Not applicable
- CommunityZIP: 9999

If you have information at the city level that may vary from the county level, you will fill in as follows:

- CommunityCounty: [county name]
- CommunityCity: [city name]

- CommunityNeighborhood: Not applicable
- CommunityZIP: 9999

If a decedent is from a distinct neighborhood in a large metropolitan city, depending on the level of information you have about the neighborhood/ZIP code, you will fill in as follows:

- Option 1:
  - CommunityCounty: [county name]
  - CommunityCity: [city name]
  - CommunityNeighborhood: [neighborhood name]
  - CommunityZIP: 9999
- Option 2:
  - CommunityCounty: [county name]
  - CommunityCity: [city name]
  - CommunityNeighborhood: [neighborhood name]
  - CommunityZIP: [ZIP code]

Reference: Not applicable

18.2) Does the community have access to and monitor multiple data sources to guide prevention and intervention planning and strategies?

Var: MultipleData

Definition: Communities that use multiple data sources to understand and develop prevention and intervention strategies are more likely to be successful in targeting their activities.

Response Options: Select only one.
0 No
1 Yes

Guidance: Indicates whether the community actively uses and analyzes data from multiple data sources to help guide the planning and implementation of prevention and intervention strategies.

Reference: None

18.3) Does the community have a targeted naloxone distribution program?

Var: NaloxoneDistribution

Definition: Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs and first responders—with naloxone kits—which they can use in an emergency to save a life.

Response Options: Select only one.
0 No
1 Yes

Guidance: There are many different approaches to distributing naloxone to people at high risk of experiencing or witnessing an overdose. Effective approaches include community distribution programs, co-prescription of naloxone, and equipping first responders.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.4) Does the community have a coordinated rapid response team/plan to respond to spikes in overdoses, overdose-related deaths, or emerging drug trends?

Var: ResponsePlan

Definition: Having a rapid response plan to respond to a spike in overdoses can be helpful in preventing future overdose deaths.

Response Options: Select only one.
0 No
1 Yes

Guidance: Indicates whether the community has a known coordinated response.

Reference: None

18.5) Is the community considered a high-density-use and/or high-density-overdose area?

Var: HighDensity

Definition: Some communities or areas have higher overdose rates or use than others.

Response Options: Select only one.
0 No
1 Yes

Guidance: Indicates whether the area where the overdose death occurred is in an already defined high-risk/-rate or high-use area.

Reference: None

18.6) To what extent is MAT (medication-assisted treatment) available in the community?

Var: MATAvailable

Definition: Medication-assisted treatment (MAT) is a proven pharmacological treatment for opioid use disorder. The backbone of this treatment is U.S. Food and Drug Administration (FDA)-approved medications. The agonist drugs methadone and buprenorphine activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria;

naltrexone blocks the effects of opioids. MAT is effective at reducing use and helping people to lead normal lives.

Response Options: Select only one.
0 Not available
1 Limited availability—waiting lists, limited providers, only one type available
2 Adequate availability—no waiting lists, easy access to all types of MAT

Guidance: Indicates whether MAT is unavailable, whether some is available or limited, or whether it is adequately available in the community.

Medication-assisted treatment includes three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone.

According to the U.S. Centers for Disease Control and Prevention (CDC), MAT works best when:

- It is combined with ancillary treatment strategies such as counseling and social support with fixed, safe, and predictable doses of medications.
- Public awareness of MAT as an effective medical intervention is promoted by local leadership. This helps to reduce stigma against MAT that discourages people from seeking this form of care.
- Entry into treatment is voluntary. Compulsory treatment programs through legal and social welfare systems are less effective than voluntary treatment.
- Patients have access to a variety of medication options. All patients are different, and treatment is best when individualized. Some people fare significantly better on buprenorphine than on methadone, and vice versa. Some may need to try several treatment options before discovering what works best, and some may not have access to all MAT medications.
- The challenges of receiving MAT are understood and mitigated. Many individuals face hurdles in receiving approval for MAT from their health insurance providers. Many methadone clinics require patients to attend daily to receive treatment. This can mean long, burdensome commutes at odd hours, which can conflict with professional, familial, or care-giving responsibilities. Those who live in rural areas, for example, may have to drive hours to receive care. Treatment is more successful when these obstacles are not placed in the way.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.7) To what extent is MAT (medication-assisted treatment) available to individuals upon release from jails or pre-trail detention?

Var: MATCJ

Definition: Identifies the level of MAT available to individuals upon release from jails or pre-trial detention. MAT should be made available as a standard of care for incarcerated individuals with opioid use disorder.
Those receiving MAT when they enter criminal justice settings may continue receiving this treatment, and those who are not on treatment may initiate and continue this form of care while incarcerated and then be linked with appropriate care providers to continue MAT upon release.

Response Options: Select only one.
0 Not available
1 Limited availability—limited number of facilities, limited types of MAT or specific populations (e.g., pregnant women)
2 Adequate availability—all types of MAT for all populations

Guidance: Indicates whether MAT is unavailable, whether some is available or limited, or whether it is adequately available to individuals upon release from jails or pre-trail detention.

Medication-assisted treatment includes three FDA-approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone.

According to the U.S. Centers for Disease Control and Prevention (CDC), MAT in criminal justice settings works best when:

- MAT is uninterrupted for those who were receiving care prior to incarceration. MAT can be initiated in criminal justice settings.
- Individuals have access to all available forms of MAT medication. This choice is essential, since some individuals fare much better (or worse) on one of these drugs than on others.
- An effective system for referral and linkage to care is in place so that individuals on MAT can receive a "warm handoff" to providers who are able to continue their care upon release. Otherwise, recently released individuals are forced to choose between enduring painful opioid withdrawal and quickly finding another source of opioids. The quickest and easiest sources of opioids are illicit ones.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.8) To what extent is buprenorphine-based MAT (medication-assisted treatment) initiated in local emergency departments?

Var: MATED

Definition: Identifies the extent to which buprenorphine-based MAT is initiated in local emergency departments.

Patients receiving care in emergency departments who have untreated opioid use disorder are referred to a provider for long-term buprenorphine-based MAT. This referral is accompanied by initial doses of buprenorphine or a short-term prescription that can be filled right away. The

patient can begin treatment immediately, instead of waiting several days for his or her appointment with a new provider.

Response Options: Select only one.
0 Not initiated
1 Limited availability/initiation—limited number of facilities or specific populations (e.g., pregnant women)
2 Adequate availability/initiation—buprenorphine-based MAT for all populations, standard practice among local emergency departments

Guidance: Indicates whether there is no buprenorphine-based MAT initiated, whether initiated in some EDs, or whether adequately initiated in area emergency departments.

According to the U.S. Centers for Disease Control and Prevention (CDC), there is no broadly accepted best practice for initiating patients into buprenorphine-based MAT in an emergency department. This intervention is very new, and researchers are still studying how best to serve patients' needs and assist them in engaging with care. Patients who are initiated in the emergency department are very likely there because they have experienced overdose crises. It can be expected that such experiences may change the meaning of treatment for these patients, and the value of treatment may change in an inconsistent or counterintuitive way over time.

What we do know, however, is that each instance of engagement in MAT, even if the patient eventually drops out of care, predicts higher success the next time treatment is sought. Furthermore, providing "bridging" doses of MAT medications to individuals seeking treatment greatly improves patient engagement in MAT care during treatment initiation—a key moment for those with opioid use disorder, when maintaining trust and stability is of utmost importance.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.9) To what extent are syringe service programs available in the community?

Var: SyringeService

Definition: Identifies the extent to which syringe services are available in the community. Sometimes called "needle exchange" or "syringe exchange," syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services, such as safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.

Response Options: Select only one.

0 Not available
1 Limited availability—not enough supplies/staff, only in part of the community, only targeting specific populations (e.g., homeless population), or one-for-one exchange policies
2 Adequate availability—entire community and population can access programs as needed

Guidance: Indicates whether syringe service is unavailable, whether some is available and limited, or whether it is adequately available in the community.

According to the U.S. Centers for Disease Control and Prevention (CDC), syringe services programs work best when:

- They provide an adequate supply of sterile syringes. Limiting the number of syringes an individual may receive reduces the effectiveness of the intervention. Programs with one-for-one exchange policies, for example, allow participants only as many syringes as the number of used syringes they return, thus undercutting the program's effectiveness. When no limits are set on the number of syringes distributed, participants are more likely to have clean syringes on hand when they need them, and they can provide syringes to many more people than can attend the program themselves, thus multiplying the program's effectiveness. This also increases participants' incentive to visit the program and interact with staff members and counselors.
- The needs and concerns specific to the local drug-using community are addressed and accommodated by the program.
- Program participants who are seeking treatment for opioid use disorder or for other physical or mental health concerns are offered assistance in accessing appropriate care.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.10) To what extent is wraparound follow-up care available after a nonfatal overdose?

Var: FollowUP

Definition: Follow-up services after a nonfatal overdose death can link individuals to care and prevent future overdoses and death.

Response Options: Select only one.
0 Not available
1 Limited availability—only in part of the community, only targeting specific populations
2 Adequate availability—entire community and population offered wraparound follow-up care

Guidance: Indicates whether follow-up service is unavailable, whether some is available and limited, or whether it is adequately available in the community to those who have experienced a nonfatal overdose.

Reference: None

18.11) To what extent is naloxone available among substance use disorder treatment providers?

Var: NaloxoneSUD

Definition: Naloxone distribution in treatment facilities (both inpatient and outpatient) targets individuals who are about to cease treatment to receive overdose response training and naloxone kits prior to their exit from those programs or facilities.

Response Options: Select only one.
0 Not available
1 Limited availability—limited providers, targeting only specific populations
2 Adequate availability—a standard practice among providers in the community

Guidance:
According to the U.S. Centers for Disease Control and Prevention (CDC), naloxone distribution in treatment centers works best when:

- Coverage of these distribution programs is universal, providing all individuals leaving treatment with the opportunity to be trained and receive naloxone kits. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.
- Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person's safety and well-being, even in the context of drug use.
- Close contacts of each individual (family, partners, and children) are also trained in naloxone administration and overdose response.
- Naloxone distribution in treatment centers works best when there is certainty in the supply chain and in funding. In treatment settings, an individual's insurance can cover the cost of naloxone.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.12) To what extent is naloxone available in criminal justice facilities (for example, courts, jails, and probation)?

Definition: Naloxone distribution in criminal justice facilities targets individuals who are about to be released from supervision to receive overdose response training and naloxone kits prior to their exit from those programs or facilities.

Response Options: Select only one.
0 Not available
1 Limited availability—limited locations, targeting only specific populations
2 Adequate availability—a standard practice among area criminal justice system facilities

Guidance:
According to the U.S. Centers for Disease Control and Prevention (CDC), naloxone distribution in treatment centers works best when:

- Coverage of these distribution programs is universal, providing all individuals leaving criminal justice settings with the opportunity to be trained and receive naloxone kits. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.
- Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person's safety and well-being, even in the context of drug use.
- Close contacts of each individual (family, partners, and children) are also trained in naloxone administration and overdose response.
- Naloxone distribution in criminal justice settings works best when there is certainty in the supply chain and in funding. In treatment settings, an individual's insurance can cover the cost of naloxone.

Reference: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

18.13) To what extent is naloxone available and used by law enforcement and other first responders?

Var: NaloxoneLE

Definition: Indicates the frequency of use of naloxone by local law enforcement and first responders.

Response Options: Select only one.

0 Not available
1 Limited availability—limited agencies, limited officers/staff
2 Adequate availability—a standard practice among law enforcement and other first responders

Guidance: Indicates the level of naloxone use by local law enforcement and first responders.

Reference: None

18.14) In the three months prior to the death, were there any significant overdose prevention-related policy changes in the community?

Var: PolicyChanges

Definition: Overdose prevention-related policy changes may include:

- Increasing and maximizing use of prescription drug monitoring programs
- Changing prescribing practices related to pain management
- Detecting and addressing inappropriate prescribing or opioid pain relievers

- Increasing access to substance use disorder treatment services, including medication-assisted treatment (MAT) for opioid addiction
- Expanding first responder access to naloxone

Response Options: Select only one.
0 No
1 Yes

Guidance: If, three months prior to the overdose death, there was a significant change in any overdose prevention-related policies in the community, select "yes."

Reference: Opioid Overdose Promising State Strategies, https://www.cdc.gov/drugoverdose/policy/index.html

18.15) In the three months prior to the death, were there any significant overdose prevention-related funds awarded to the community?

Var: PreventionFunds

Definition: Indicates whether there was an increase in prevention funding in the community.

Response Options: Select only one.
0 No
1 Yes

Guidance: Captures an increase in funding for community overdose prevention activities, such as naloxone distribution, treatment, transportation to and from treatment, awareness campaigns, coalition building, data analysis, etc.

Reference: None

18.16) In the three months prior to the death, were there any significant overdose prevention-related funds lost to the community?

Var: PreventionFundsLost

Definition: Indicates whether there was a decrease in prevention funding in the community.

Response Options: Select only one.
0 No
1 Yes

Guidance: Captures a decrease in funding for community overdose prevention activities, such as naloxone distribution, treatment, transportation to and from treatment, awareness campaigns, coalition building, data analysis, etc.

Reference: None

18.17) In the three months prior to the death, were there any changes in elected officials in the community?

Var: ElectedOfficials

Definition: Indicates whether there were local-level elected leadership changes.

Response Options: Select only one.
0 No
1 Yes

Guidance: Political leaders can set the tone for local prevention efforts and priorities.

Reference: None

18.18) In the 14 days prior to the death, were there any high-profile overdoses in the community?

Var: HighProfileOD

Definition: Indicates whether there were any high-profile overdoses in the community.

Response Options: Select only one.
0 No
1 Yes

Guidance: A high-profile overdose may be fatal or nonfatal and may include events such as a death by a political or prominent individual in the community, a public overdose death with a lot of media coverage, etc.

Reference: None

18.19) Was the death possibly connected or related to a contaminated/tainted batch or a community spike in overdoses?

Var: ODBatchSpike

Definition: Indicates whether this overdose death was likely related to a contaminated/tainted batch or a significant community spike in overdoses.

Response Options: Select only one.
0 No
1 Yes

Guidance: If the death was around the time of an identified spike in cases, for example, identified by ODMAP platform, or if there was a known batch of contaminated/tainted substance in the community, select “yes.”

Reference: ODMAP, www.odmap.org

19.Site-Only Variables

This section includes variables that will be stored locally and not be uploaded to a national database to protect personal health information. In addition, space is available for up to 15 (fifteen) site-specific variables/data elements that OFR sites want to capture.

19.1) Decedent's date of birth (DOB)

Var: DecedentDOB

Skip Logic: None

Definition: Captures the decedent's date of birth to assist with possible linking to data sets and case identification.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance: Indicates date of birth of decedent.

Reference: Not applicable

19.2) Address of overdose death

Var: ODAddress

Skip Logic: None

Definition: Captures the exact known street address location of the fatal overdose incident. This will allow for mapping and identification of fatal events to target outreach.

Response Options: Text.
Street address (e.g., "123 Main Street")
Note: Add as much known detailed information about the street address as possible.

Guidance: Indicates the exact street address location of the fatal overdose incident.

Reference: Not applicable

19.3 – 19.18) Site-specific data elements

Sites may generate their own variables. Sites will want to develop guidance for each of these variables using the following fields:

- Var
- Skip Logic
- Definition
- Response Options
- Guidance
- Reference

20.Narrative Section

This section allows for de-identified data summarizing the case to be stored.

Var: Narrative

Skip Logic: None

Definition: Narrative accounts of the incident serve multiple purposes:

- Briefly summarize the incident (who, what, when, where, and why).
- Provide supporting information on circumstances that the abstractor has endorsed in an incident.
- Provide the context for understanding the incident.
- Record information and additional detail that cannot be captured elsewhere.
- Facilitate data quality control checks on the coding of key variables.

Response Options: Text, limited to 250 words

Guidance:
The narrative summarizes the overdose fatality review findings. Throughout, refer to the decedent as "decedent." At a minimum, the following should be included in all narratives:

- Where the overdose occurred (or the decedent was found)—not a specific place or address, but a description such as "at home," "at work," or "on the street," such as listed in the "Type of location where overdose" data element
- Additional detail on all circumstances coded in the data source tab
- Timing of circumstances (e.g., released from jail immediately prior to the overdose)
- A description of other circumstances not captured in standardized coding

The following should not be included in any narratives:

- Personal identifying information such as names of people, towns, streets, law enforcement departments, and hospitals
- Specific dates
- Abbreviations
- Incomplete sentences (since they are hard to understand)

Reference: NVDRS, 1.5 Incident Narrative CME and 1.6 Incident Narrative LE (NarrativeCME and NarrativeLE) – Modified

Separate Data Instrument Modules

A. County Profile

This data section should be updated at least once annually for each county for which you have a case.

The county profile can be linked to each case using the following variables:
CountyProfileState = ResidenceState
CountyProfile = ResidenceCounty

The data for this section comes from the sources indicated for each variable.

Skip Logic: None for this data module (County Profile)

1A) State of county

Var: CountyProfileState

Definition: Indicates the state to which the county profile refers, also known as residence state.

Response Options: Select only one.
1 Alabama (AL)
2 Alaska (AK)
3 Arizona (AZ)
4 Arkansas (AR)
5 California (CA)
6 Colorado (CO)
7 Connecticut (CT)
8 Delaware (DE)
9 District of Columbia (DC)
10 Florida (FL)
11 Georgia (GA)
12 Hawaii (HI)
13 Idaho (ID)
14 Illinois (IL)
15 Indiana (IN)
16 Iowa (IA)
17 Kansas (KS)
18 Kentucky (KY)
19 Louisiana (LA)
20 Maine (ME)
21 Maryland (MD)
22 Massachusetts (MA)
23 Michigan (MI)
24 Minnesota (MN)

25 Mississippi (MS)
26 Missouri (MO)
27 Montana (MT)
28 Nebraska (NE)
29 Nevada (NV)
30 New Hampshire (NH)
31 New Jersey (NJ)
32 New Mexico (NM)
33 New York (NY)
34 North Carolina (NC)
35 North Dakota (ND)
36 Ohio (OH)
37 Oklahoma (OK)
38 Oregon (OR)
39 Pennsylvania (PA)
40 Rhode Island (RI)
41 South Carolina (SC)
42 South Dakota (SD)
43 Tennessee (TN)
44 Texas (TX)
45 Utah (UT)
46 Vermont (VT)
47 Virginia (VA)
48 Washington (WA)
49 West Virginia (WV)
50 Wisconsin (WI)
51 Wyoming (WY
52 American Samoa (AS)
53 Guam (GU)
54 Northern Mariana Islands (MP)
55 Puerto Rico (PR)
56 Virgin Islands (VI)
88 Not applicable, was not born in the United States
99 Unknown

Guidance: This helps link the correct county profile for the case. County profile and case record will be linked based on state and county.

Reference: Not applicable

2A) County

Var: CountyProfile

Definition: Indicates the county to which the county profile refers, also known as residence county.

Response Options: Text
[County Name]

Guidance: This helps link the correct county profile for the case. County profile and case record will be linked based on state and county.

Reference: Not applicable

3A) Date county profile updated

Var: CountyProfileDate

Definition: Indicates the date the profile was entered. The sources for the data are updated periodically.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance: Document the date the profile is updated.

Reference: Not applicable

4A) ODMAP Use

Var: CountyODMAP

Definition: Indicates the level of ODMAP reporting at the county level.

Source: www.odmap.org

Response Options:
0 No – None of the jurisdictions report into ODMAP.
1 Yes, partial – Some of the jurisdictions report some suspected cases into ODMAP.
2 Yes, all – All jurisdictions are required to report all suspected cases into ODMAP.
9 Yes, unsure how many jurisdictions are reporting cases to ODMAP.

Guidance: Visit www.odmap.org and scroll down to the section on participating agencies. Select state and county.

Reference: Overdose Detection Mapping Application Program, www.ODMAP.org

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County Health Rankings
Variables 5A – 25A

These variables "are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. By ranking the health of nearly every county in the nation, the County Health Rankings help communities understand what influences how healthy residents are and how long they will live." Source: https://www.countyhealthrankings.org/

By searching the county health rankings website for the county, you can find the value for the following measures.

5A) Percent Rural

Var: CountyRural

Definition: Percentage of county population living in rural areas. Demographic variables are included as additional measures, since they provide background for understanding ranked measures while remaining relatively stable year to year.

Response Options: Percent (County value)
001.1 – 100.0

Guidance: Percent Rural measures the percentage of the population that lives in a rural area.

Reference: County Demographics (at the top of the county Health Outcomes table)
https://www.countyhealthrankings.org/

6A) Life expectancy

Var: CountyLifeExpectancy

Definition: Average number of years a person can expect to live. Life expectancy is a common and important population health outcome measure and can be easier to interpret than other mortality measures.

Response Options: Numerical with one decimal place (County value)
0.0 – 100.9

Guidance: Life Expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy accounts for the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across counties with different population sizes.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/length-of-life/life-expectancy

Reference: Health Outcomes, Length of Life (click on "Additional Health Outcomes")
https://www.countyhealthrankings.org/

7A) Frequent physical distress

Var: CountyPhysicalDistress

Definition: Percentage of adults reporting 14 or more days of poor physical health per month. Frequent physical distress is a corollary measure to poor physical health days. It provides a slightly different picture that emphasizes those who are experiencing more chronic, and likely severe, physical health issues.

Response Options: Percent (County value)
001 – 100%

Guidance: Frequent Physical Distress is the percentage of adults who reported 14 or more days in response to the question, “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-physical-distress

Reference: Quality of Life, Quality of Life (click on “Additional Health Outcomes”)
https://www.countyhealthrankings.org/

8A) Frequent mental distress

Var: CountyMentalDistress

Definition: Percentage of adults reporting 14 or more days of poor mental health per month. Frequent mental distress is a corollary measure to poor mental health days. It provides a slightly different picture that emphasizes those who are experiencing more chronic, and likely severe, mental health issues.

Response Options: Percent (County value)
001 – 100

Guidance: Frequent Mental Distress is the percentage of adults who reported 14 or more days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-mental-distress

Reference: Quality of Life, Quality of Life (click on “Additional Health Outcomes”)
https://www.countyhealthrankings.org/

9A) Food insecurity

Var: CountyFoodInsecurity

Definition: Percentage of the population that lacks adequate access to food. Lacking consistent access to food is related to negative health outcomes such as weight gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating.

Response Options: Percent (County value)
001 – 100

Guidance: Food Insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/food-insecurity

Reference: Health Behaviors, Diet and Exercise (click on "Additional Health Behaviors")
https://www.countyhealthrankings.org/

10A) Drug overdose deaths

Var: CountyODDeaths

Definition: Number of drug poisonings deaths per 100,000 population. Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin).

Response Options: Rate (County rate)
0 – 999

Guidance: Rates measure the number of events (e.g., deaths, births, etc.) in a given period (generally one or more years), divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. Drug Overdose Deaths is the number of deaths due to drug poisoning per 100,000 population. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths

Reference: Health Behaviors, Alcohol and Drug Use (click on "Additional Health Behaviors")
https://www.countyhealthrankings.org/

11A) Uninsured

Var: CountyUninsured

Definition: Percentage of the population under age 65 without health insurance. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. One key finding from the Kaiser Family Foundation report on access to health care is that "[g]oing without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."

Response Options: Percent (County value)
0 – 100%

Guidance: Uninsured is the percentage of the population under age 65 without health insurance coverage. A person is uninsured if he or she is currently not covered by insurance through a current/former employer or union, insurance purchased from an insurance company, Medicare, Medicaid, medical assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, veterans' assistance, or any other health insurance or health coverage plan.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/uninsured

Reference: Clinical Care, Access to Care
https://www.countyhealthrankings.org/

12A) Primary care physicians

Var: CountyPrimaryCare

Definition: Ratio of population to primary care physicians. Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Response Options: Ratio to 1 (County value)
0.1 – 9999.9

Guidance: Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals who would be served by one physician in a county if the population were equally distributed among physicians. For example, if a county had a population of 50,000 and had 20 primary care physicians, its ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one primary care

physician in the county, and zero indicates there are no registered primary care physicians in the county.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/primary-care-physicians

Reference: Clinical Care, Access to Care
https://www.countyhealthrankings.org/

13A) Mental health providers

Var: CountyMHProviders

Definition: Ratio of population to mental health providers. Access to care requires not only financial coverage, but also access to providers. Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Response Options: Ratio to 1 (County value)
0.1 – 9999.9

Guidance: Mental Health Providers is the ratio of the population to mental health providers. The ratio represents the number of individuals who would be served by one mental health provider in a county if the population were equally distributed across providers. For example, if a county had a population of 50,000 and had 20 mental health providers, its ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one mental health provider in the county, and zero indicates there are no registered mental health providers in the county.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/mental-health-providers

Reference: Clinical Care, Access to Care
https://www.countyhealthrankings.org/

14A) High school graduation

Var: CountyHSGraduation

Definition: Percentage of ninth-grade cohort that graduates in four years. Education is an important predictor of health. Completing more education is associated with being less likely to smoke and more likely to exercise, as well as better physical health and self-reported health.[1-3] Adults who are more educated are more often employed and tend to earn more than their less-well-educated counterparts.[3] A 1-point increase in high school GPA raises annual earnings in adulthood by about 12 percent in males and nearly 14 percent in females.[4]

Individuals graduating with a high school diploma are likely to have more health benefits than those who earn a Graduate Equivalency Diploma (GED). GED earners are about twice as likely to have worse self-reported health and physical limitations.[2]

It is important to note, as rates of high school and college completion increase, that there are growing race/ethnicity gaps in educational attainment over the past 20 years. In 2005, white recent high school graduates were 11 percentage points more likely to enroll in college than their black and Hispanic peers. In 2015, these gaps had decreased to 8 percentage points for black and 5 percentage points for Hispanic students.[3]

Response Options: Percent (County value)
001 – 100

Guidance: High School Graduation is the percentage of the ninth-grade cohort that graduates from high school in four years. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/education/high-school-graduation

Reference: Social and Economic Factors, Education
https://www.countyhealthrankings.org/

15A) Unemployment

Var: CountyUnemployment

Definition: Percentage of the population aged 16 and older unemployed but seeking work. The unemployed population experiences worse health and higher mortality rates than the employed population.[1-4] Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which, in turn, can lead to increased risk for disease or mortality, especially suicide.[5] Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.

Response Options: Percent (County value)
0 – 100%

Guidance: Unemployment is the percentage of the county's civilian labor force, aged 16 and older, that is unemployed but seeking work. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/employment/unemployment

Reference: Social and Economic Factors, Employment
https://www.countyhealthrankings.org/

16A) Children in poverty

Var: CountyChildPoverty

Definition: Percentage of people under age 18 in poverty. Children in Poverty captures an upstream measure of poverty that assesses both current and future health risk. Poverty and other social factors contribute a number of deaths comparable to leading causes of death in the United States, such as heart attacks, strokes, and lung cancer.[1] While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety than children living in high-income households.[2-4]

Response Options: Percent (County value)
0 – 100%

Guidance: Children in Poverty is the percentage of people under age 18 living in poverty.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/children-in-poverty

Reference: Social and Economic Factors, Income
https://www.countyhealthrankings.org/

17A) Income inequality

Var: CountyIncomeInequality

Definition: Ratio of household income at the 80th percentile to income at the 20th percentile. Income inequality within U.S. communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as social stressors. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents. Income inequality in a society has a strong causal connection to health, independent of the income of individuals.

Response Options: Ratio to 1 (County value)
0.1 – 9999.9

Guidance: Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. In other words, when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20 percent of households have higher incomes, and the 20th percentile is the level of income at which only 20 percent of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/income-inequality

Reference: Social and Economic Factors, Income
https://www.countyhealthrankings.org/

18A) Social associations

Var: CountySocialAssoc

Definition: Number of membership associations per 10,000 population. Minimal contact with others and limited involvement in community life are associated with increased morbidity and early mortality. Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. A study found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same groups.

Response Options: Numerical with one decimal place (County value)
0.0 – 100.9

Guidance: Social Associations measures the number of membership associations per 10,000 population. Rates measure the number of events in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/social-associations

Reference: Social and Economic Factors, Family and Social Support
https://www.countyhealthrankings.org/

19A) Violent crime

Var: CountyViolentCrime

Definition: Number of reported violent crime offenses per 100,000 population. High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. In addition, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such

as upper respiratory illness and asthma in neighborhoods with high levels of violence. Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime that residents view as serious.

Response Options: Numerical (County value)
0 – 9999

Guidance:
Violent Crime is the number of violent crimes reported per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/community-safety/violent-crime-rate

Reference: Social and Economic Factors, Community Safety
https://www.countyhealthrankings.org/

20A) Disconnected youth

Var: CountyDisconnectedYouth

Definition: Percentage of teens and youth adults aged 16–19 who are neither working nor in school. Youth disconnection portrays a dynamic between individuals and the society they live in. Disconnected youth are at an increased risk of violent behavior, smoking, alcohol consumption, and marijuana use and may have emotional deficits and fewer cognitive and academic skills than their peers who are working and/or in school. Approximately one in nine teenagers and young adults in the United States is currently referred to as disconnected: not in education, employment, or training. Several studies have shown that disconnected youth have a disproportionate share of related health problems including chronic unemployment, poverty, mental health disorders, criminal behaviors, incarceration, poor health, and early mortality.

Response Options: Percent (County value)
0 – 99 and not available

Guidance: Disconnected Youth is the percentage of teens and young adults aged 16 to 19 who are neither working nor in school. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/education/disconnected-youth

Reference: Social and Economic Factors, Education (click on “Additional Social & Economic Factors”)
https://www.countyhealthrankings.org/

21A) Median household income

Var: CountyMedianIncome

Definition: Median income—where half of the households in a county earn more and half of households earn less. Median household income is a well-recognized indicator of income and poverty, which can compromise physical and mental health. However, it is strongly correlated with children in poverty, which is already ranked and therefore not included as a ranked measure.

Response Options: Currency (County value)
1,000 – 999,999

Guidance: Median Household Income is the income where half of households in a county earn more and half of households earn less. Income, defined as "Total income," is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; and gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/median-household-income

Reference: Social and Economic Factors, Income (click on "Additional Social & Economic Factors")
https://www.countyhealthrankings.org/

22A) Children eligible for free or reduced-price lunch

Var: CountyFreeLunch

Definition: Percentage of children enrolled in public schools who are eligible for free or reduced-price lunch. Food insecurity and hunger are known to impair child development and increase risk of poor health outcomes.[1] The National School Lunch Program leads to substantial reductions in childhood food insecurity, poor health, and obesity.[2] Under the National School Lunch Act, eligible children (based on family size and income) receive adequate nutrition to help support development and a healthy lifestyle. In addition, eligibility for free or reduced-price lunch is a useful indicator of family poverty and its effect on children. When combined with poverty data, this measure can also be used to identify gaps in eligibility and enrollment.

Response Options: Percent (County value)
001 – 100

Guidance:

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/income/children-eligible-for-free-or-reduced-price-lunch

Reference: Social and Economic Factors, Income (click on "Additional Social & Economic Factors")
https://www.countyhealthrankings.org/

23A) Residential segregation—nonwhite/white

Var: CountySegregation

Definition: Index of dissimilarity where higher values indicate greater residential segregation between nonwhite and white county residents. Although most overtly discriminatory policies and practices promoting segregation—such as separate schools or seating on public transportation or in restaurants based on race—have been illegal for decades, segregation caused by structural, institutional, and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted acts of racism but has had little effect on structural racism such as residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, in addition, can create social and physical risks in residential environments that adversely affect health. Although this area of research is gaining interest, structural forms of racism and their relationship to health inequities remain understudied.

Residential segregation remains prevalent in many areas of the country and may influence both personal and community well-being. Residential segregation is considered a fundamental cause of health disparities in the United States and has been linked to poor health outcomes, including mortality; a wide variety of reproductive, infectious, and chronic diseases; and other adverse conditions. Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality health care, and restrictions to upward mobility.

Response Options: Numerical
0 – 999

Guidance: Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-White and White residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case).

The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either non-White or White residents who would have to move to different geographic areas to produce a distribution that matches that of the larger area. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/residential-segregation-non-whitewhite

Reference: Social and Economic Factors, Family and Social Support (click on "Additional Social & Economic Factors")
https://www.countyhealthrankings.org/

24A) Suicide

Var: CountySuicide

Definition: Number of deaths due to suicide per 100,000 population. Suicide serves as an important measure of the mental health of a county's population. Outside of the impact on the emotional and mental health of surviving friends, family members, and loved ones, suicide also has an economic impact, costing the United States an estimated $70 billion per year.

Response Options: Rate (County value)
0 – 99

Guidance: Suicide is the number of deaths from self-inflicted injuries per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/community-safety/suicides

Reference: Social and Economic Factors, Community Safety (click on "Additional Social & Economic Factors")
https://www.countyhealthrankings.org/

25A) Severe housing problems

Var: CountyHousingProb

Definition: Households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost

burdens have to face difficult trade-offs in meeting other basic needs. When most of a paycheck goes toward the rent or mortgage, it is difficult to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain.

Response Options: Percent (County value)
01 – 100

Guidance: Severe Housing Problems is the percentage of households with one or more of the following housing problems:

1. Housing unit lacks complete kitchen facilities.
2. Housing unit lacks complete plumbing facilities.
3. Household is overcrowded.
4. Household is severely cost-burdened.

https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems

Reference: Physical Environment, Housing and Transit
https://www.countyhealthrankings.org/

B. Recommendation Monitoring

This module is used to draft, revise, and monitor recommendation implementation. The module is updated with new case information as identified, and the recommendation is revised over time with new information and activities completed. This recommendation monitoring module may be used as a sort of work plan for recommendation implementation and tracking.

Skip Logic: None for this data module (Recommendation Monitoring)

1B) Public/edited version of recommendation

Var: RecommendText

Definition: This is a short public-facing recommendation, modified over time based on case review.

Response Option: Text (280-character limit)

Guidance: This recommendation does not include a lot of details or case information. It likely does not name/identify specific agencies or organizations that the recommendation is targeting.

Reference: None

2B) Working draft/narrative of recommendation

Var: RecommendationNotes

Definition: Original working recommendation text. Modified over time with more case details and specifics.

Response Option: Text

Guidance: This recommendation text is not public and is where specific agencies and/or organizations may be named.

Reference: None

3B) Date recommendation was identified/initiated

Var: RecommendIDDate

Definition: Indicates the date the recommendation was initially identified.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter “99” if month is unknown)
DD = Day (01–31, enter “99” if day is unknown)

YYYY = Year (1000–present, enter “9999” if year is unknown)

Guidance: The date of the case review that identified the recommendation.

Reference: None

4B) Cases that generated or are related to the recommendation

Var: RecommendedCases

Definition: Indicates Case IDs (Var: CaseID) that relate to the recommendation. The cases may have helped identify or revise the recommendation.

Response Options: Text
List of Case IDs separated by comma

Guidance: Any and all cases that helped inform the development of the recommendation.

Reference: None

5B) What data sources were shared at review meetings?

Var:RecommendDataType

Skip Logic: None

Definition: Indicates which data were shared or provided at the case reviews.

Response Options: Check all that apply.
1 Death certificate record information
2 Forensic record information
3 Medical care record information
4 PDMP record information
5 Behavioral health record information
6 Criminal justice record information
7 Social services record information
8 Family and social network interview information
9 Other, Specify_____

Guidance: Select the response that best describes the data provided for the case. Specify “other” response.

For example, if a behavioral health provider is present but does not provide data on this specific case, do not select “behavioral health record information.”

Reference: None

6B) What OFR members were present/represented at the review meetings?

Var: RecommendMemberType

Skip Logic: None

Definition: Indicates OFR members or partners (guest participants) present at the meetings.

Response Options: Check all that apply.
1 Child protective services
2 Community correction—probation and parole
3 Community prevention coalition
4 County sheriff's office
5 Court (not drug-related)
6 Drug treatment court
7 Education system
8 Emergency department
9 Emergency medical services
10 Faith-based services or healing leader
11 Harm-reduction program
12 HIDTA public health analyst
13 Hospital
14 Housing authority
15 Infectious disease
16 Jails
17 Local law enforcement
18 Medical examiner/coroner
19 Medication-assisted treatment provider
20 Mental health provider
21 Outpatient/primary care
22 PDMP
23 Pharmacists
24 Prison
25 Prosecutor's office
26 Public health
27 Recovery support services
28 Social services—child protective services
29 Substance abuse prevention
30 Substance use disorder treatment provider
31 Toxicologist
32 Tribal elder, community leader, or traditional healer
33 Other, Specify _____

Guidance:
Select the response that best describes those present at the case review, regardless of whether they provided data or information about the case. Specify “other” response.

Note: OFR teams may want a meeting sign-in form that allows participants to select which professional sector they represent.

Reference: None

7B) Recommendation type

Var: RecommendType

Definition: Indicates type of recommendation.

Response Options: Check all that apply.
0 Quality Improvement
1 Systemic
2 Case-specific
3 Agency-specific
4 Population-specific
5 Research-related
6 Capacity-building
7 Other, Specify _____
9 Unknown

Guidance:
- Quality improvement—Addresses an issue to strengthen or improve the overdose fatality review process. For example, increase the length of meetings to allow for more time to develop recommendations.
- Systemic—Addresses a gap, weakness, or problem within a system or across systems. For example, improve communication between inpatient treatment providers upon discharge to an outpatient, medication-assisted therapy (MAT) provider by establishing an automated alert system.
- Case-specific—Addresses an information or data need related to a case. For example, determine whether an individual was seen by the VA hospital in the week prior to the death.
- Agency-specific—Addresses a service gap or failure within an agency. For example, improve internal records and communication to better track and follow up with patients who miss appointments.
- Population-specific—Addresses a need or issue to reduce a specific risk factor for overdose. For example, increase access to buprenorphine among incarcerated populations.
- Research-relatedAddresses a need to research a topic of issue area. For example, determine the number of deaths from prescription opioids for those who had prescriptions for opioids.
- Capacity-building—Addresses methods for sharing knowledge, developing skills, and creating institutional systems and capacity by providing training, technical consultation and services, information packaging, and dissemination and technology transfer

activities. For example, improve public health data and information systems to better count and monitor drug use and overdoses (nonfatal and fatal).

Reference: U.S. Centers for Disease Control and Prevention, Public Health Professional Gateway, Building Capacity. https://www.cdc.gov/publichealthgateway/funding/rfaot13.html (define capacity building)

8B) Prevention level
Var: RecommendLevel

Definition: Indicates the scope and level of prevention the recommendation addresses.

Response Options: Check all that apply.
1 Primary/universal
2 Secondary/selective
3 Tertiary/targeted

Guidance:
- Primary/Universal: Primary prevention or universal prevention efforts are efforts that prevent an overarching circumstance or increase health-promoting supports. The target audience is the public. For example, increasing access to affordable housing or preventing the initiation of substance use in a community.
- Secondary/Selective: Secondary prevention or selective prevention efforts are efforts that address an immediate circumstance leading up to the overdose death. The target audience is individuals and/or groups who are at increased risk. For example, increasing access among drug users and their social network to naloxone.
- Tertiary/Targeted: Tertiary prevention or targeted prevention efforts are efforts that decrease the impact of ongoing addiction or substance use disorder. The target audience is individuals who are already affected by the disease or outcome. For example, connecting nonfatal overdose victims in emergency departments with peer recovery coaches to identify treatment options.

Reference: None

9B) Focus population or issue

Var: RecommendFocus

Definition: Indicates the population or issue the recommendation is targeting.

Response Options: Check all that apply.
1 African Americans
2 American Indians/Alaska Natives
3 Asians
4 Whites
5 Hispanics

6 Children
7 Women and girls
8 Men and boys
9 Homeless
10 Gangs
11 Community
12 Sex workers
13 Schools
14 Witnesses
15 Domestic violence
16 Charging and sentencing
17 Mental health
18 Substance use
19 Supervision and reentry
20 Nuisance or license premise
21 Future research
22 Other, Specify_____

Guidance: None

Reference: None

10B) Jurisdictional levels responsible for implementing the recommendation

Var: RecommendationJursidictionScope

Skip: None

Definition: Identify which level of jurisdiction is responsible for implementing each recommendation.

Response Options: Check all that apply.
1 Local
2 State or territory
3 Federal
4 Tribe

Guidance: Each type of recommendation must be implemented at different jurisdiction levels.

Reference: None

1B) Agencies responsible for implementation

Var: RecommendAgency

Definition: Indicates the agencies responsible for implementing the recommendation.

Response Options: Check all that apply.
1 Community correction/probation and parole
2 Community prevention coalition
3 Drug treatment court
4 Education system
5 Elected officials
6 Emergency department or hospital
7 Emergency medical services
8 Faith-based services
9 Harm-reduction program
10 HIDTA public health analyst
11 Housing authority
12 Jails
13 Local law enforcement agency
14 Medical examiner's/coroner's office
15 Medication-assisted treatment providers
16 Mental health providers
17 Outpatient/primary care clinics
18 Pharmacies
19 Prosecutor's office
20 Public health
21 Sheriff's office
22 Social services/child protective services
23 Substance use prevention
24 Substance used disorder treatment provider
25 Other, Specify _____

Guidance: None

Reference: None

12B) Recommendation status

Var: RecommendStatus

Definition: Indicates current status on recommendation.

Response Options: Select only one.
0 Not yet started
1 In progress
2 On hold
3 Completed
9 Unknown

Guidance: Update status of recommendation when updating recommendation.
Reference: None

13B) Date of status update

Var: RecommendStatusDate

Definition: Indicates the date of the most recent status update.

Response Options: Date (format: MM\DD\YYYY)
MM = Month (01–12, enter "99" if month is unknown)
DD = Day (01–31, enter "99" if day is unknown)
YYYY = Year (1000–present, enter "9999" if year is unknown)

Guidance:
You must enter "MM" and "DD" as two-digit numbers (e.g., "06" for June, not "6").

- 06/99/2007 for June 2007 with the day unknown
- 99/99/2007 for 2007 with the month and day unknown
- 99/99/9999 for the year, month, and day unknown

Reference: None

14B) Short-term strategies

Var: RecommendShort

Definition: List short-term strategies to be implemented.

Response Options: Text

ShortStrategy 1:

ShortStrategy 2:

ShortStrategy 3:

ShortStrategy 4:

ShortStrategy 5:

Guidance: Add and update strategies as they are identified or happen.

Reference: None

15B) Medium-term strategies

Var: RecommendMedium

Definition: List medium-term strategies to be implemented.

Response Options: Text

MediumStrategy 1:

MediumStrategy 2:

MediumStrategy 3:

MediumStrategy 4:

MediumStrategy 5:

Guidance: Add and update strategies as they are identified or happen.

Reference: None

16B) Long-term strategies

Var: RecommendLong

Definition: List medium-term strategies to be implemented.

Response Options: Text

LongStrategy 1:

LongStrategy 2:

LongStrategy 3:

LongStrategy 4:

LongStrategy 5:

Guidance: Add and update strategies as they are identified or happen.

Reference: None

17B) Recommendation accomplishments

Var: RecommendationResults

Definition: Document tasks completed and associated results.

Response Options: Text

Guidance: Add and update the list of tasks and results as they happen.

Reference: None

18B) Media coverage notes

Var: RecommendMedia

Definition: Track any media coverage regarding this recommendation and related activities and cases.

Response Option: Text

Guidance: Update with media coverage and content as it happens.

Reference: None

19B) Contact information for agency that has the lead responsibility for implementing recommendation

Var: RecommendLead

Definition: Indicates the lead responsible agency for implementing the recommendation.

Response Options: Text
LeadFirstName:
LeadLastName:
LeadTitle:
LeadCompany:
LeadEmail:
LeadPhone: Number with dashes — ###-###-####

Guidance: None

Reference: None

20B) Supporting agency one: contact information

Var: RecommendSupport1

Definition: Indicates an individual or agency responsible for supporting the recommendation implementation.
Response Options: Text
Support1FirstName:

Support1LastName:
Support1Title:
Support1Company:
Support1Email:
Support1Phone: Number with dashes — ###-###-####

Guidance: None

Reference: None

21B) Supporting agency two: contact information

Var: RecommendSupport2

Definition: Indicates an individual or agency responsible for supporting the recommendation implementation.

Response Options: Text
Support2FirstName:
Support2LastName:
Support2Title:
Support2Company:
Support2Email:
Support2Phone: Number with dashes — ###-###-####

Guidance: None

Reference: None

22B) Supporting agency three: contact information

Var: RecommendSupport3

Definition: Indicates an individual or agency responsible for supporting the recommendation implementation.

Response Options: Text
Support3FirstName:
Support3LastName:
Support3Title:
Support3Company:
Support3Email:
Support3Phone: Number with dashes — ###-###-####
Guidance: None

Reference: None