LANCASTER COUNTY
OVERDOSE FATALITY REVIEW

ANNUAL REPORT

2023

Contents

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Dedication

Our work is dedicated to those who have lost their lives to addiction, and to their loved ones who shared their stories with us.

Executive Summary

- In 2023, the Overdose Fatality Review Team (OFR Team) reviewed 10 deaths caused by fentanyl, alone or in combination with another drug.
- The demographics of the individuals reflected the overall population of individuals who have died from overdose in Lancaster County (most are males, ages 25-54, white/non-Hispanic race).
- The toxicology reports showed that the individuals used multiple substances in addition to fentanyl, including cocaine, methamphetamine, alcohol, marijuana, and xylazine.
- The individuals who died had many interactions with community systems: healthcare, criminal justice, schools, and workplaces. All of these settings have opportunities to improve substance use prevention efforts, recognize and respond to substance use with effective interventions, and support recovery.
- Nearly all of the individuals received some form of substance use treatment, but these experiences were short-term and disconnected, often across multiple counties. Similarly, most of them had known mental health issues that were not consistently treated throughout their lives.
- Most of the individuals had periods of sobriety, sought help for their substance use at least once, and had social support from family members or friends.
- The OFR Team created a series of recommendations to prevent future overdoses in Lancaster County. These recommendations are summarized below:
    - **Anti-Stigma**: Reduce stigma about substance use disorder and treatment
    - **Care Coordination**: Improve care coordination for the complex system of substance use treatment services
    - **Corrections:** Increase services for mental health and substance use in prison and for re-entrants
    - **Medications for Substance Use Disorder:** Expand evidence based use of medications for substance use disorder
    - **Employment:** Promote prevention, treatment, and recovery in the workplace
    - **Family Services:** Increase use of family support services for family members of overdose victims
    - **Harm Reduction:** Expand availability of Narcan, drug-testing tools, and educational materials promoting the message to “Never Use Alone”
    - **Mental Health:** Continue to screen for mental health in primary care and increase training opportunities for the general public to respond to mental health concerns
    - **Support Services:** Offer recovery support and case management for individuals not eligible for other services under traditional substance use disorder criteria
    - **School-Based Interventions:** Support prevention and treatment programs in schools
    - **Trauma-Informed Practice:** Evaluate and expand the use of trauma-informed practice in substance use treatment programs
    - **Xylazine-Related Interventions:** Implement harm reduction and treatment interventions focused on the newly emerging substance xylazine

About Overdose Fatality Review

In 2017, a cross-sector group of individuals and organizations formed Joining Forces, a collaborative effort to reduce deaths from opioids and heroin. This group gathers data and coordinates evidence-based approaches to overdose prevention, treatment, and recovery across the community. Penn Medicine Lancaster General Health (LG Health) provides backbone support for this collaborative.

In 2022, members of Joining Forces and other community partners began planning for a local Overdose Fatality Review (OFR) team. In 2023, the Lancaster County Commissioners officially established the OFR team with LG Health as the lead agency.

The purpose of an Overdose Fatality Review team is to bring community members together to find successes and gaps in our prevention, treatment, and recovery systems and to identify opportunities to prevent overdose deaths. About each death, we ask: "What could we, as a community, have done to prevent this person's death and others like it?"

To achieve these goals, the Team:

- Meets every other month to review cases of overdose deaths
- Gathers and share information, as allowable by law, about the key events and experiences leading up to individual overdose deaths
- Conducts interviews with next of kin to learn about an individual's life and death, and provide support and resources to the next of kin and other loved ones
- Identifies factors that put individuals at risk for drug overdose and opportunities for overdose prevention
- Maintains a database of information gathered during case reviews
- Develops written recommendations for improving overdose prevention in Lancaster County and advocates for recommendations to be implemented
- Creates regular reports for the community on data collected, recommendations developed, and recommendations implemented

Individual Case Studies

Throughout this report, we share anecdotes about the lives of people who have died from the disease of addiction. Our goal is to help the community understand the complex chain of events that leads to substance use, addiction, and death.

To understand opportunities for preventing overdose, it is important to consider the entire life course – from childhood until the fatal overdose occurs. We found many opportunities for prevention in these stories, and many lessons to learn about how our community can better support people at risk.

Names and identifying details have been changed to protect their privacy.

Methodology

OFR aims to understand why overdose deaths occur and how they could have been prevented. The philosophy of OFR is that overdose fatalities could have been prevented with the right actions, interventions, and/or responses.

In 2023, the team selected cases to review based on the following criteria:

- Geography: Death occurred within Lancaster and decedent was a resident of Lancaster County
- Cause of Death: All deaths involved fentanyl, which is the most common cause of overdose death in our County.
- Demographics/Risk Factors: We aimed for diverse representation of sex/gender, race, ethnicity, and age to represent the deaths occurring in our County. We ensured that case reviews included the highest-risk groups based on local epidemiologic data (males, Hispanic/Latino or Black race, age 25-54).
- Data Availability: Toxicology reports were available and coroner's investigation was completed. A next of kin interview was completed and/or substantial information was available from agency records for review.

Team members without legal restrictions on sharing information searched their agency records for information about the person who died. Volunteers with professional background in counseling interviewed the next of kin, if this person was willing. The team facilitator searched public records, such as obituaries and arrest records. Team members brought all findings to the team meeting for discussion, and the group discussed all relevant events throughout the timeline of the person's life.

The main benefit of OFR is that it gathers qualitative data that describes in detail how and why overdoses occur.

The data manager captured OFR data in REDCap, a secure HIPAA-compliant database. The database was developed and recommended for national use by the Comprehensive Opioid, Stimulant, and Substance Use Program. The database captures quantitative and qualitative data about demographics, death scene information, toxicology, healthcare access, health and mental health history, substance use, trauma, criminal justice history, social services and education history, and recommendations.

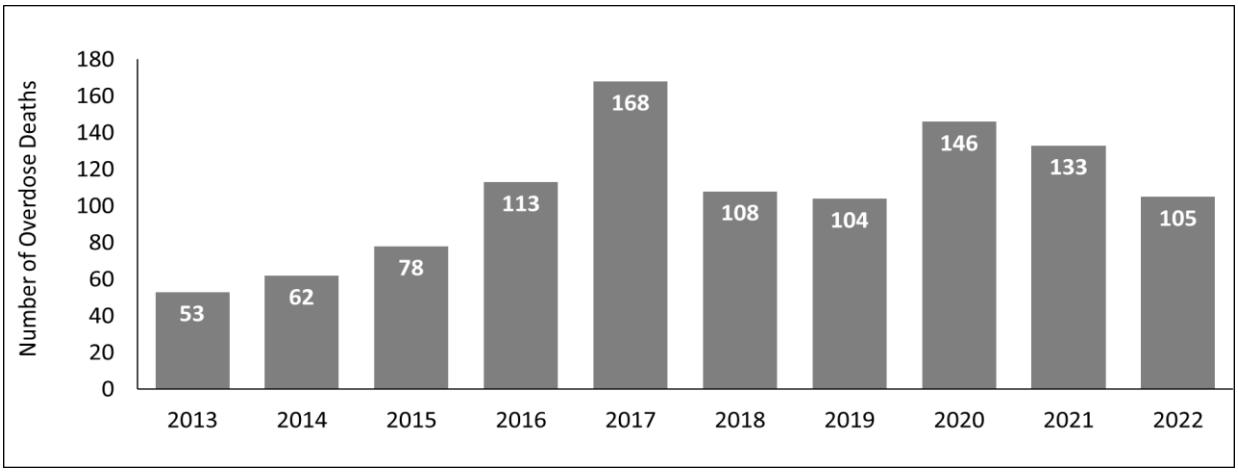
The main benefit of OFR is that it produces qualitative data that describes in detail how and why overdoses occur. OFR produces detailed data to explain a complex issue, complements existing quantitative data, highlights many opportunities for prevention, and presents a more complete picture about the lives of people who die from drug overdoses. The limitations of these data are that they are time consuming to gather, complex to analyze, and cannot be generalized to the entire population.

Background: Overdose Deaths in Lancaster County

Lancaster County has experienced increasing rates of drug overdose deaths since 2013, caused mainly by opioids. Deaths from drug overdoses increased rapidly from 53 in 2013 to 168 in 2017 in Lancaster County. Community organizations and individuals took urgent action to reduce overdoses by implementing evidence-based and data-driven public health practices. As a result, there was a significant decrease in deaths in 2018 and 2019. However, during the COVID-19 pandemic, deaths rose again in 2020 and 2021.

In 2022, there were a total of 105 deaths in Lancaster County. While this number is lower than the previous two years, it is double the number from a decade ago, and there are still more than 2 deaths each week.

Figure 1. Overdose Deaths in Lancaster County



In Lancaster County in 2022:[1]

- Fentanyl, a synthetic opioid, was present in the vast majority of overdose deaths (89.9%).
- Based on preliminary data, 73% of the deaths involved an opioid alone, and 27% involved an opioid plus a stimulant.
- 68% of the deaths were males, and 32% were females.
- 68% of those who died from overdoses were white, 8% were Black, 20% were Hispanic, and 0% were Asian. Overdose deaths among Black and Hispanic individuals are disproportionately high, compared with their share of the County population.
- 78% of the deaths were among individuals 25-54.

[1] OverdoseFreePA.org; Pennsylvania Department of Health. Office of Drug Surveillance and Misuse Prevention. November 2023 Reports.

2023 Overdose Fatality Reviews

Demographics

In 2023, the OFR team reviewed a total of 10 fatalities. All deaths occurred in Lancaster County, and all decedents were Lancaster County residents. The deaths occurred between May 2021 and December 2022. The team waits at least 6 months past the date of death to review a case. This waiting period is important to ensure that the review does not conflict with any legal investigation and to provide appropriate space before contacting the next of kin.

Our goal is to select cases that reflect the demographics of all overdose deaths in Lancaster County. The tables below show the age, sex, and race/ethnicity of the individuals whose deaths were reviewed this year. Overall, the majority of the cases we reviewed were males, between the ages of 25-54, and white race, reflecting the majority of the deaths in our county. We also intentionally selected females and individuals of Black and Hispanic race, to ensure our approach was equitable.

Age

	Number of decedents	Percentage of cases reviewed
Under 24	0	0%
25-34	4	40%
35-44	2	20%
45-54	2	20%
55-64	2	20%
65+	0	0%

Sex

	Number of decedents	Percentage of cases reviewed
Female	2	20%
Male	8	80%

Race/Ethnicity

	Number of decedents	Percentage of cases reviewed
Black Non-Hispanic	2	20%
White Non-Hispanic	7	70%
American Indian/Native American	1	10%
Hispanic/Latino	1	10%

Note: Individuals may have more than one racial/ethnic identity.

We were not able to gather certain important demographic information. For example, we did not usually receive information about individuals' gender identity or sexual orientation during our reviews.

Death Information

Our cases were selected to reflect the most common cause of overdose death in our community – which is fentanyl. All of the deaths reviewed this year were caused by fentanyl, alone or in combination with another drug. The toxicology reports also showed that the individuals used multiple substances, including cocaine, methamphetamine, alcohol, marijuana, and xylazine.

Cause of Death

	Number of decedents	Percentage of cases reviewed
Acute fentanyl and methamphetamine toxicity	1	10%
Acute fentanyl toxicity	8	80%
Multiple drug toxicity	1	10%

What substances were found?

Case Number	Fentanyl	Amphetamine	Methamphetamine	Cocaine	Alcohol	Marijuana	Phencyclidine	Xylazine
1	X	X	X		X			
2	X			X		X		
3	X		X			X		
4	X	X	X		X			
5	X					X		
6	X					X		
7	X			X			X	X
8	X	X	X	X		X		
9	X				X			
10	X				X	X		
Total	**10**	**3**	**4**	**3**	**4**	**6**	**1**	**1**

How were the drugs used?

These data are based on the medical examiner's report about the scene of the death. There may be evidence of more than one route of administration.

	Number of decedents	Percentage of cases reviewed
Evidence of injection	6	60%
Evidence of smoking	1	10%
Evidence of snorting/sniffing	3	30%
Evidence of vaping/vaporizing	1	10%

Bystanders

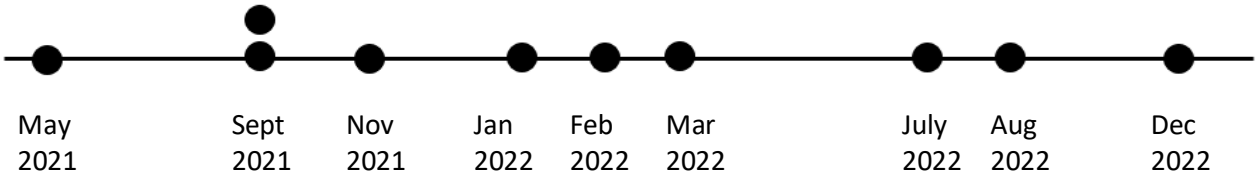
Most (9/10) of the individuals were using drugs alone when they died. There was only one case where another person witnessed the drug use that resulted in a fatal overdose. In this one case, the bystander administered naloxone. In all other cases, it was too late to provide naloxone when the person was discovered. In 4 cases, it appeared that the person was alone in the home, but in 5 cases, there was another person in the home at the time of death. These people were physically separated in another room and unaware that the decedent was using drugs.

	Number of decedents	Percentage of cases reviewed
Bystander present and aware of drug use	1	10%
Bystander home, but separated/unaware of drug use	5	50%
No bystanders present	4	40%

Substance Use History

- Most (6/10) of the individuals had a known nonfatal overdose prior to the fatal overdose.
- We often did not have precise information at the age at first use. For the 6 individuals who had an estimated age at first use, it ranged from 12 years old to early 20s.

Dates of Death



Health and Healthcare

Known Medical Issues

Complete medical records were not available to the team this year, due to legal restrictions on sharing information. The table below shows the known medical issues that the individuals experienced, based on the coroner's investigation, family interviews, and prison records. Mental health conditions were the most common known medical issue.

Medical issues	Number of decedents	Percentage of cases reviewed
Mental health condition	6	60%
Chronic illness (other than cancer)	3	30%
Injury requiring medical treatment	3	30%
Infectious disease	2	20%
Pain	2	20%

Emergency Department Visits in 12 Months Prior to Death

Overall, 4 individuals had a known emergency department visit in the 12 months prior to death, and 7 had an ED visit at some time in the 5 years prior to death. Two individuals had known emergency department visits for a non-fatal overdose in the 12 months prior to death.

Number of ED visits in last 12 months	Number of decedents	Percentage of cases reviewed
1	0	0%
2	1	10%
3	1	10%
4	0	0%
5	1	10%
6	1	10%
None or unknown	6	60%

Health Care Services

Most individuals (7/10) accessed healthcare services in the 12 months prior to death, and all (10/10) accessed healthcare services in the 5 years prior to death. The emergency department and primary care are the most common services accessed and could offer the best opportunity for intervention.

Services Accessed	In 5 Years Prior to Death	In 12 Months Prior to Death
Emergency department	7	4
EMS (emergency medical services)	2	1
Harm reduction services	3	1
Inpatient hospitalization	4	2
Specialty care	4	1
Primary care	6	2

Individual Case Study

At age 19, "Kurt" received prescription opioids for a work-related injury. At age 20, he visited the emergency department and requested help for withdrawal from heroin and morphine. He received a short-term medication and was released with instructions to follow up with a primary care provider. He experienced chronic pain and acute injuries to his back, knee, and arm throughout adulthood. He participated in physical therapy and requested pain medication, but providers were hesitant to provide opioids because of his substance use history. He had difficulty keeping medical appointments because of transportation problems and legal issues, and he was "dismissed" by his healthcare providers several times for missing appointments.

Mental Health

Known Mental Health Conditions

Mental health problems were very common in the cases we reviewed. Based on prison records, family interviews, and the coroner's investigation, we found evidence that 8 individuals had some history of mental health problems. The specific types are shown in the table below.

In addition, 4 individuals had attempted suicide or expressed suicidal thoughts.

	Number of decedents	Percentage of cases reviewed
Anxiety disorders	3	30%
Bipolar and related disorders	2	20%
Depressive disorders	5	50%
Dissociative disorders	1	10%
Schizophrenia	2	20%
Trauma- and stress-related disorders	1	10%

Mental Health Treatment

Mental health treatment records were not available to the team this year. However, from other sources, we learned that 6 individuals had received some mental health treatment in adulthood, often while in prison. Only 2 individuals had received treatment in the last 12 months prior to death, suggesting that several individuals may have had untreated mental health concerns when they experienced their fatal overdose. In next of kin interviews, several family members noted that the decedents experienced life stresses, such as job loss or death of loved ones, that may have also affected mental health.

Individual Case Study

"Rafael" had schizophrenia, anxiety, and depression. He received some treatment for mental health while he was in jail, but continued to experience symptoms of his conditions until his death. A few days prior to his death, Rafael expressed to his mother: "I can't do this anymore" and "You would be better off without me." People around her reassured her that Rafael would be OK. His mother later wished she had taken these comments more seriously and known what to do to help.

Trauma

Known Trauma Experiences

Trauma is a known risk factor for substance use. Without access to confidential records, such as medical records and social services records, we did not have complete access to information about trauma experiences. Our team only learned about trauma experiences from next of kin interviews. It is likely that there were other experiences we did not discover.

	Number of decedents	Percentage of cases reviewed
Emotional abuse or neglect	1	10%
Mental illness in the household	2	20%
Parental separation or divorce	2	20%
Sexual violence	1	10%
Substance abuse in the household	4	40%
Other	2	20%

Individual Case Study

As a child, “Evan” witnessed abuse of his mother by men, and he experienced sexual abuse. His mother struggled with addiction and mental illness throughout his life, and died of an overdose when he was 16. He started using marijuana at age 12. After being incarcerated, he had difficulty finding housing. He was kicked out of a recovery house, and came to the emergency room with no other place to go, not wanting to go to a shelter. His family feared he was homeless at times during the last three years of his life.

Criminal Justice

Criminal Justice Involvement

All of the individuals had a history of involvement with the criminal justice system. All had been arrested, and 8/10 had been incarcerated at least once. None were incarcerated at the time of death; 3 were known to be on community supervision (probation) at the time of death.

Type of involvement	Number of decedents	Percentage of cases reviewed
Arrest	10	100%
Community supervision	8	80%
Incarceration	8	80%
Post-adjudication/specialty court	2	20%

Number of Incidents

Many of the individuals had repeated interactions with the criminal justice system: multiple arrests and periods of incarceration. The individual with the most interactions had 15 arrests and 16 incarcerations. The individual with the least interaction had only one arrest, for a DUI, and completed probation requirements without incident.

	Range (Min – Max)	Median
Number of Arrests	1 - 15	5
Number of Incarcerations	3 - 16	6

Individual Case Study

"Isaiah" went to a juvenile detention center in 6th grade after fighting with a classmate. He had a difficult relationship with his family of origin, and people in his family used alcohol and drugs. Starting at age 18, he was in and out of prison for 16 years of his adult life for various charges, including forgery, assault, possession of drug paraphernalia, DUI, retail theft, and parole/probation violations. He received psychiatry and drug and alcohol services in prison, and earned a GED. He started using alcohol and cocaine at age 23. After his time in prison, he received several types of substance use treatment and maintained sobriety for many years. He continued to struggle with family stress and experienced panic attacks. During the COVID-19 pandemic, he lost his job and was sentenced to probation for a DUI soon after. He returned to inpatient rehabilitation treatment, but experienced a fatal overdose two months after leaving the facility.

Employment

Employment Status (at time of death)

The workplace can offer potential interventions to help prevent overdose deaths. Three of the individuals were employed at the time of their death, and many had years of employment experience in different roles and industries. One individual had a known occupational injury that led to his first use of prescription opioids. We also learned that some individuals had difficulty maintaining employment due to their addiction, mental health issues, and/or criminal justice record.

	Number of decedents	Percentage of cases reviewed
Disabled	1	10%
Employed	3	30%
Retired	1	10%
Unemployed	3	30%
Unknown	2	20%

Industry (Most Recent Known Employment)

	Number of decedents	Percentage of cases reviewed
Construction	1	10%
Hospitality	3	30%
Manufacturing/Warehouse	3	30%
Professional/Administrative/Technical	1	10%

Individual Case Study

"Tommy" had a variety of jobs, mainly in the construction industry. According to his family, he was at his best when he felt connected to work. But his addiction history interfered with his ability to find and maintain employment. His last job was a good fit for him and he seemed to be happy, but he was terminated when his employer ran a background check. "He just wanted to work," according to his family, but this type of event often activated a return to drugs. Tommy also shared with a healthcare provider that unemployment and financial troubles were a source of stress for him.

Resilience and Recovery

Substance Use Treatment

We found evidence that 9 individuals had substance use treatment at some time in their adult life. One had treatment as an adolescent. For many individuals, treatment included multiple experiences with treatment in jail, inpatient, and outpatient treatment. We did not have complete records on treatment, but we found evidence that only one individual had received medication assisted treatment (suboxone).

Treatment Received	Number of decedents	Percentage of cases reviewed
Within 14 days prior to death	0	0%
Anytime within 12 months prior to death	3	30%
Anytime in adulthood	6	60%
No known treatment	1	1%

Periods of Sobriety

Most of the individuals had periods of abstinence from substance use, often during and after receiving substance use treatment. We learned that 2 individuals had been sober in the two weeks prior to their deaths, according to friends or family members. Recovery from addiction, a chronic condition, is a lifelong process. Returning to use is common, especially if individuals continue to experience untreated pain, mental health issues, and life stress. However, even short-term periods of sobriety are beneficial and demonstrate the potential for long-term recovery.

Known Time of Sobriety	Number of decedents	Percentage of cases reviewed
14 days prior to death	2	20%
Some time within 12 months prior to death	4	40%
At least once in adulthood	8	80%

Individual Case Study

According to her friends and family, “Kate” fought for her recovery for 10-15 years before her death. She engaged with substance treatment services multiple times, including support groups and harm reduction services. She had been arrested and incarcerated multiple times, but had no encounters with the criminal justice system for three years at the end of her life. It was not known if she had regular mental health or medical care, but she had a supportive social network. She had periods of sobriety, even as she struggled with anxiety, depression, and bipolar disorder and experienced the deaths of several important loved ones. A few days before she died, she survived an overdose and told friends that she planned to seek help again.

Social Support, Interests, Personal Qualities

The goal of the OFR process is to understand the full picture of a person's life, including their personal strengths and successes. These are some of the reflections we heard from family members and friends of the individuals who died:

- He had a good relationship with his probation officer.
- She had a heart of gold.
- He was proud of his heritage.
- He was very family-oriented and stayed connected to us over the years, despite the challenges with addiction.
- He was a car and sports fan.
- He spent the day before he died visiting with family, along with his sister.
- He earned his GED in prison, and had periods of sobriety throughout his life, sometimes for years.
- He studied computer science, and worked for the same company for 30 years.
- He was popular in school and never bullied.
- She was a loving mother, grandmother, and loyal friend.
- He struggled with ADHD, but still graduated high school.
- He loved live music, soccer, and his family dogs.

Recommendations

Anti-Stigma	Reduce stigma about substance use disorder and the use of medications for treatment, particularly among healthcare providers, individuals who use drugs, and their family members.
Care Coordination	Strengthen collaboration between primary care, mental health, and substance use treatment and recovery systems so that individuals can receive seamless care for both mental health and substance use disorders.
	Establish a community-wide system that provides case management, peer recovery support, crisis management, and reentry services to help individuals navigate complex care networks.
	Continue to expand integrated behavioral health services in primary care settings.
	For individuals leaving recovery housing, provide peer navigators or case managers and comprehensive aftercare plans to support their continued recovery.
	Screen patients and clients for social needs that may create barriers to treatment and recovery, and connect individuals with appropriate resources.
Corrections	Create a system to share information about individuals' mental health and substance use concerns across county prisons to improve access to services.
	Upon release from the prison system, connect individuals with peer recovery support and care coordinators to assist with medical, mental health, and substance use treatment services.
Employment	Implement workplace injury prevention programs and offer comprehensive health benefits for chronic pain management for employees.
	Enhance employment support services for individuals in recovery, including job placement assistance, legal support, skills training, and mentorship programs.
Family Support	Connect families of overdose victims with support services (including Joining Forces for Children, Safe Families, Compass Mark's Family Services Advocate, and the Post-Overdose Response Team).
Harm Reduction	Increase availability of naloxone and drug testing strips in a wider range of businesses and other community locations, and provide clear education on how to use them to reduce the risk of overdose death.
	Increase naloxone prescriptions by primary care providers.
	Continue to promote the message to "Never Use Alone" and offer resources such as the Never Use Alone national hotline (1-877-696-1996).

Medications for Substance Use Disorder	Create a system to notify primary care providers about patient overdose deaths to promote evidence-based opioid prescribing practices and SUD treatment interventions.
	Enhance medication-assisted treatment (MAT) access by educating primary care providers about evidence-based MAT options.
Mental Health	Complete routine mental health screening in primary care and refer patients to mental health services.
	Continue to expand Mental Health First Aid; Question, Persuade, and Refer; and other training to empower family members to recognize and respond to mental health concerns in their loved ones.
Support Services	Offer recovery support and case management services to individuals who are ineligible for traditional substance use disorder treatment based on American Society of Addiction Medicine (ASAM) criteria.
School-Based Interventions	Continue to support school-based interventions for preventing substance use.
	Support students who are witnessing and experiencing trauma from familial substance use or loss of a loved one to overdose.
	Equip parents with resources and tools to recognize and address risk factors for substance use in their children.
	Support and enhance school-based Student Assistance Programs (SAPs) to address concerns about mental health and substance use among students.
Trauma-Informed Practice	Survey Lancaster County substance use treatment providers to assess current knowledge about trauma-informed practices and policies.
	Train substance use treatment providers in trauma-informed practices.
	Increase the availability of trauma-informed treatment resources and services for individuals with substance use disorder.
Xylazine-Related Interventions	Offer accessible and affordable wound care for individuals affected by xylazine, and teach individuals how to self-care for wounds.
	Expand education for probation and parole officers on xylazine use and management strategies.
	Update and expand Narcan training programs to include specific information about responding to xylazine-related overdoses.

Next Steps

This report will be shared widely with Lancaster County stakeholders who are involved in substance use prevention, treatment, and recovery support. In addition to distributing the print report, it will be available on lancasterjoiningforces.org and presented to the public at a community forum in February 2024.

There are many individual organizations working to implement the recommendations in this report. In addition, there are several collaborative groups in Lancaster County that are taking action to prevent overdose deaths. These groups include many of the key partners that will be working to implement the recommendations. These groups include:

- **Joining Forces**: Led by a multi-disciplinary Steering Committee, Joining Forces is a group of individuals and organizations working together to prevent harm from substance use in Lancaster County. **Joining Forces for Children** is a specialized sub-group of organizations working to support children and families affected by substance use disorder.

- **Let's Talk Lancaster**: Created in 2014, Let's Talk Lancaster is a group of organizations working to promote mental well-being in Lancaster County.

- **South-Central Pennsylvania Opioid Awareness Coalition**: This group of medical providers, representing most major healthcare systems serving Lancaster County, meets regularly to discuss evidence-based practices for treating and preventing substance use disorder.

- **Lancaster County Reentry Coalition**: A diverse group of stakeholders working to ensure successful reentry opportunities exist for every reentrant returning to their communities from jail or prison.

In addition, many of the recommendations in this report require support and flexible funding from state-level or national partners. Policymakers and funders should consider offering funding, reviewing and updating regulations, and creating incentives or policies to support the recommendations in this report.

The OFR Team will continue to meet every other month throughout 2024 to review additional cases of overdose deaths. This year, as an officially established OFR Team under Pennsylvania's Act 101 of 2022, the team plans to review additional records that were not available in the past. These records, including medical, education, mental health, and substance use treatment information, will add to our understanding and ability to prevent future overdose deaths.