

# How Broome County counts opioid deaths

Dr. Christopher Ryan 2:29 p.m. EST February 26, 2016



(Photo: Provided photo)

An early step in controlling any public health problem is measuring its scope. For several years, the Broome County Health Department has been conducting surveillance on the problem of opioid dependence.

Public health surveillance is ongoing, systematic collection, analysis and interpretation of data about a health problem, with timely dissemination of findings to those in a position to take actions for controlling it. A good surveillance system is transparent, consistent and reproducible. It specifies clearly in advance what exactly is being counted and how.

For opioid dependence, we could count from a number of data points. Each of these "indicators" has its strengths and weaknesses, and monitoring opioid deaths is not as simple as some might imagine.

The definitive source for cause-of-death data is the death certificate. The certifier completes the certificate based on what they know of the patient's medical history, observations at the death scene, and findings on an autopsy if done. The completed certificate is sent to the New York State Department of Health, where the data are verified and converted to final diagnoses.

The latest New York state data that we have analyzed, as of October 2015, showed 20, 20, 21 and 27 opioid overdose deaths in 2010, 2011, 2012 and 2013, respectively, in Broome County.

There is always a tradeoff between precision and timeliness. While awaiting state data, we use a "local" copy of the death certificate data available to the health department for more timely, but unavoidably less complete, analysis.

The words indicating cause of death are not standardized. We have seen death certificates which list the cause of death as "polypharmacy" and "multiple drug toxicity." Either of these could be explained by a patient who succumbs to recognized side effects of medicines after a long hospitalization for a serious illness and have no relation to opioids.

We compare the certificates against a standardized list of opioid names developed by the Council of State and Territorial Epidemiologists. This rational approach has the virtues of being transparent and consistent. This approach yields a count of 20 opioid overdose deaths in 2013; 26 in 2014; and 15 in 2015.

Naloxone (Narcan) has been widely used by EMS and hospital clinicians to treat opioid overdose and offers another window into the problem, including non-fatal events. For the past two years, it has also been deployed widely with law enforcement officers. The administration of naloxone by EMS in Broome County is recorded in an electronic database operated by the Susquehanna Regional EMS Council. A review of this data shows monthly Naloxone administration rates for Broome, Tioga and Chenango counties combined peaked at 48 in one month in summer 2015, and have held at 10 to 25 since that time.

A good surveillance system must disseminate findings to those who are in a position to take action. All of the above findings have been provided regularly to the Broome Opioid Abuse Council since its inception in December 2014. They also have been presented to the local medical community.

We are careful never to disclose information that could compromise the privacy of individuals or families. In a small and close-knit community like ours, with easy access to online obituaries and social media, this is a real risk. When in doubt, we err on the side of privacy. We don't disclose small increments in case counts or provide counts for small geographic areas.

As a statistician, I know that a systematic and reliable surveillance system is an important part of addressing the problem of opioid dependence in our region. As a family doctor, I am ever mindful that every "case" represents a lost life, lost hopes and lost dreams.

We must not lose sight of the big picture: 26 is too many, six is too many, one is too many. We may never get to zero, but that is our goal. In this effort, I trust that all of us in Broome County will do what we have always done: care for our neighbors effectively, cooperatively and compassionately.

*Dr. Christopher Ryan is the Broome County medical director.*



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