### Discerning Drug Mortality Patterns in a Large Database of Toxicology Results

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MICHIGAN MEDICINE

### Numbers

- 2017: 937
- 2016: 849
- 2015: 711
- 2014: 543
- 2013: 449
- 2012: 419 2011: 420
- 2011. 420

# Most Cases Have Multiple Drugs 80% of Cases have more than one drug in the blood An average drug death in Wayne County has 4 to 5 quantified drugs About 25% have 6 or more analytes 5% have more than 10 analytes

### Frequent Combinations

- Alcohol, Heroin
- Alcohol, Cocaine, Fentanyl and / or Heroin
- Alcohol, Carfentanil, Cocaine
- Alprazolam, Codeine, Hydrocodone
- Cocaine, Fentanyl, Heroin
- Multiple combinations thereof

Most Frequently Found Drugs in 2016				
	FENTANYL	430	OXYCODONE	32
	HEROIN	334	DIAZERAM	26
	COCAINE	322	OPIATE (NOS)	24
	ALCOHOL	84	FURANYL FENTANYL	23
	ALPRAZOLAM	71	U-47700	19
	HYDROCODONE	60	CLONAZEPAM	12
	CARFENTANIL	55	TRAMADOL	11
	MORPHINE	47	BENZODIAZEPINE	10
	ACETYL FENTANIL	39	OXYMORPHONE	8
	METHADONE	39	BUPRENORPHINE	7
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How to decide, in the presence of significant toxicology findings, what the primary vs. contributing causes of death are?

## Are there hidden patterns and drug combinations that are not evident with descriptive statistics?

### Postmortem Forensic Toxicology

Things are not always clear cut

- Postmortem redistribution
- Several drugs are present with equivocal concentrations
- $-\,$  You know there may be drug interactions but are not sure, and never will be
- $-\,$  There may pathologic findings that may be related to the drug you think caused death

- ....or maybe not

### There Are Tools to Better Understand Drug Use Patterns

We Have Used CHAID to look at drug use patterns
 - Chi<sup>2</sup> Automatic Interaction Detection

- A decision tree technique based on adjusted significance testing
- Originally used in marketing research
- Can be used for trend prediction, classification and interaction between variables
- Has been used in medicine to predict risk of heart failure, onset of delirium in ICUs and outcomes in methadone clinics























## Results

Morphine was best predictor of drug abuse as a cause of death

- $-\$  In our community this is almost always derived from heroin
- Chloroquine is commonly found with heroin
- If positive for morphine, next best predictor of drug abuse was codeine

Cases positive for morphine were also more likely to be associated with citalopram or alprazolam

### Results

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In cases negative for morphine, acetaminophen was next best predictor of drug abuse
 This was mainly co-occurrent with hydrocodone

- Acetaminophen, in aggregate data, is a good predictor of drug deaths
- · Acetaminophen/hydrocodone was more likely in the absence of methadone use
- In the absence of morphine, you were likely to find acetaminophen/hydrocodone or methadone

# Patterns Morphine is the best predictor of drug use as a cause of death Fentanyl is main predictor in the absence of morphine In cases positive for morphine, there is also an association with codeine and alprazolam In case negative for fentanyl, acetaminophen is still associated with drug deaths Cases positive for fentanyl and associated with midazolam tend to be non-drug deaths

### **Other Patterns**

- · Patterns change from year to year
- The increase in fentanyl and analogues has produced a different decision tree
  - Fentanyl is often found in morphine negative deaths
  - When fentanyl first appeared, it was almost always associated with morphine
  - Fentanyl + midazolam is probably hospital related
- Methadone + citalopram is uniformly lethal

### **Other Patterns**

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Cocaine positive deaths divided fairly evenly between  $\ensuremath{\mathsf{morphine}}(+)$  and  $\ensuremath{\mathsf{morphine}}(-)$  deaths

- If levamisole(+) not associated with drug deaths
   In homicides and some suicides
- Why levamisole (+) cocaine is associated with violent deaths in unknown

## Statistical Tools Have Limited Usefulness • You cannot understand what you don't see - A drug may not be part of the drug screen - You only find what you screen for - Many communities don't know what their drug use patterns are - Financial considerations • You need to comprehensively screen all deaths to derive a statistically meaningful decision tree - This means you need to collect a minimum set of data in every case

There is no substitute for thinking about toxicology results in the context of other clinical
 and pathologic findings.

