

Model Design.

Linear Regression Prediction Model

We developed our first prediction model using a nested cross-validation design, employing least absolute shrinkage and selection operator (LASSO) as screening algorithm followed by a linear regression model. After separating training from test data, and holding out the test data for evaluation, the training data was split into four outer folds, which were used to fit four linear regression models. The high number of covariates in our datasets and expected collinearity between multiple related covariates necessitated using LASSO to restrict the number of variables available to the linear regression to prevent overfitting. Within each outer fold, ten inner folds were used to determine the LASSO's optimal value of λ . The parameter λ is the weight for the L1 penalty used by LASSO. LASSO's L1 loss restricts covariates' coefficients to a hypercube centered at the origin, resulting in poorly predictive covariates' coefficients being set to zero, effectively excluding the variable. The parameter λ was determined as the value that minimized cross-validated mean squared error for a Gaussian family fit using 10-fold cross-validation. All covariates with coefficients of zero at the optimal λ value were excluded, and a linear regression fitted on remaining covariates. The best performing model of the four produced in each outer fold was chosen based on minimum mean squared error (MSE) when predicting on the respective outer fold validation set. A final linear regression model was then fit on all the training data, restricted to the covariates used in the best of the outer fold models. Test set data was only used to evaluate the performance of the model once it was trained on all the training data. This procedure was repeated on all seven datasets.

Random Forest Prediction Model

The second prediction model was developed using a similar nested cross-validation design but utilizing a random forest algorithm in place of linear regression. A non-parametric approach, random forest is a tree-based bagging method, where many decision trees are grown on a sample drawn from the training set with replacement. To minimize correlation between the trees, at each split the trees can only select from a random subset of all available covariates. The multiple trees are then aggregated to produce a single model. Random forest is adept at handling high dimensional data, and its ability to rank covariates by importance is well-suited to our goal of determining predictive ability of different data sources.

After separating training from test data, and holding out the test data for evaluation, the training data was split into four outer folds which were used to fit random forest models. As described above, 10-fold cross-validation within each outer fold was used to optimize a LASSO algorithm, which was employed to screen out poorly predicting variables from the random forest. The random forest itself underwent a second 10-fold cross-validation to tune the learning hyperparameters by a gridsearch: *ntree* (number of trees grown: 1000 or 5000); *mtry* (number of variables randomly sampled at each split: 3, 6, 9, 12, or 19); *nodesize* (minimum number of data points allowed in a terminal node, a stopping criterion: 5, 10, or 15). Within each inner fold, 30 random forests with each combination of hyperparameters were fit, with the set of hyperparameters producing the lowest MSE on the corresponding inner fold validation set saved. The mode of each hyperparameter across the 10 sets of best-performing values was selected to specify a random forest that was then trained on the corresponding outer fold's training data, to produce four candidate random forest models, one for each outer fold. The best-performing set of covariates and hyperparameters were chosen based on minimum MSE for each outer fold

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

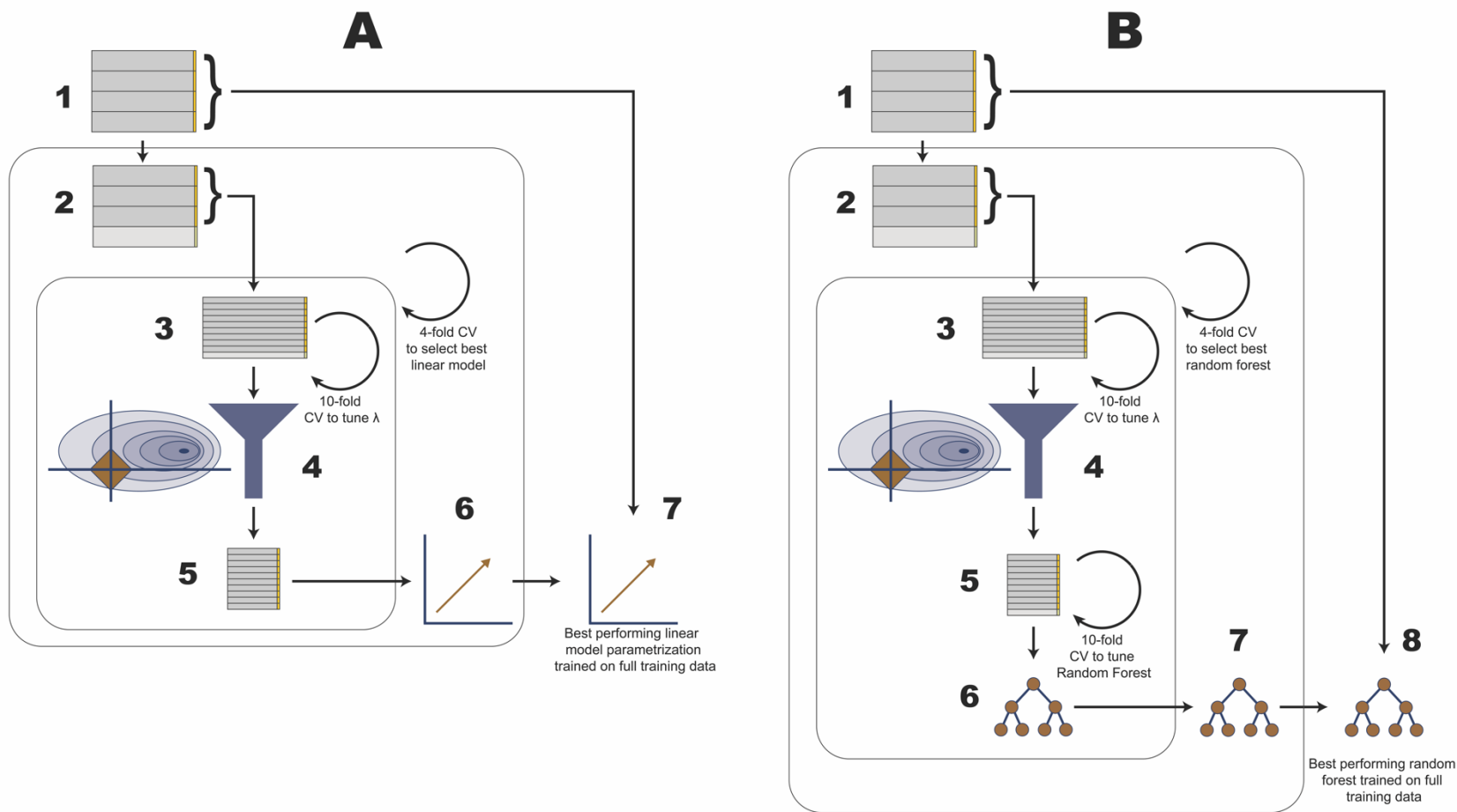
Supplementary Materials

random forest when predicting on the corresponding outer fold validation set. A final random forest was then fit on all the training data using the best-performing set of covariates and hyperparameters. Test set data was only used to evaluate the performance of the model once it was trained on all the training data. This procedure was repeated on all seven datasets.

Template Code:

Simulated data and template code for these analyses can be accessed at this [link](#). The R markdown (.rmd) file provided gives a walkthrough of these methods with simulated data.

Supplemental Figure 1



Supplemental Figure 1. Schematics of Models Used to Predict Overdoses at the Census Block Group Level in Rhode Island 2019-2021.

(A) Schematic of the Linear Model. In step 1, the full training data is divided into 4 random folds. In step 2, three of these folds are used as outer training data, with the respective outer validation data colored lighter grey. In step 3, for each outer fold the outer fold training data is subdivided into 10 inner folds used to cross-validate the λ L1 penalty value for least absolute shrinkage and selection

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with
Machine Learning in Rhode Island
Supplementary Materials

operator (LASSO). In step 4, the optimal λ value is used to specify a LASSO model used to select variables for inclusion in the candidate linear models. In step 5, a linear model is trained on the outer training data using the variables selected in step 4, and in step 6 the four outer fold candidate linear models are compared to each other based on minimum outer validation set mean squared error. In step 7, a linear model is fit to all of the training data subset to the variables producing the best performing outer fold model in step 6. Not pictured is subsequent evaluation of the fully trained model on the respective test set.

(B) Schematic of the Random Forest. In step 1, the full training data is divided into 4 random folds. In step 2, three of these folds are used as outer training data, with the respective outer validation data colored lighter grey. In step 3, for each outer fold the outer fold training data is subdivided into 10 inner folds used to cross-validate the λ L1 penalty value for least absolute shrinkage and selection operator (LASSO). In step 4, the optimal λ value is used to specify a LASSO model used to select variables for inclusion in the candidate linear models. In step 5, a random forest is trained on the outer training data using the variables selected in step 4, with hyperparameters tuned using a second round of inner 10-fold cross validation. In step 6, One candidate random forest for each outer fold is trained on all outer fold training data using the best performing hyperparameters and variables selected in step 5. In step 7 the four outer fold candidate random forests are compared to each other based on minimum outer validation set mean squared error. In step 8, a random forest is fit to all of the training data, using the hyperparameter values and variables producing the best performing outer fold model in step 7. Not pictured is subsequent evaluation of the fully trained model on the respective test set.

CV, cross-validation. LASSO, least absolute shrinkage and selection operator.

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island
Supplementary Materials

Supplementary Table 1.

Covariate	Inclusion Count (% Eligible)	Mode Coefficient Sign	Mean Absolute Value of t Statistic	Data Source
Freestanding Ambulatory Surgical Center License Count	4 (100%)	+	4.21	Built Environment
Mental Health Facility Count	4 (100%)	+	2.89	Built Environment
Total Releases Among Persons Awaiting Trial	4 (100%)	+	2.81	RIDOC
Religious Organization Count	4 (100%)	+	2.55	Built Environment
Number of Residents Who Speak Spanish Only	14 (100%)	+	2.39	ACS
Total Releases Among Sentenced Persons	4 (100%)	+	2.36	RIDOC
Total Buprenorphine Prescriptions	4 (100%)	+	2.04	PDMP
Total Count of EMS Response to Nonfatal Opioid-Involved Overdose	3 (75%)	+	1.86	EMS
Number of Households with One Person with Disability	10 (71.4%)	+	1.73	ACS
Number of Workers with Commute 15 minutes or Less	13 (92.9%)	-	1.72	ACS
Public EMS Response to Nonfatal Opioid-Involved Overdose	2 (50%)	+	1.56	EMS
Number of Housing Structures Built in the 2010s	7 (50%)	+	1.44	ACS
Other Community Housing Service Count	2 (50%)	+	1.41	Built Environment
Number of Housing Structures with 3-4 Units	11 (78.6%)	+	1.38	ACS
Number of Residents with Highest Education Masters Degree	13 (92.9%)	-	1.37	ACS
Number of Housing Structures with 0 Vehicles	14 (100%)	+	1.31	ACS
All Drug Fatal Overdose Count	3 (75%)	+	1.14	SUDORS
Number of Housing Structures with 0 Bedrooms	7 (50%)	+	1.07	ACS
Number of Residents Enrolled in Pre-school	8 (57.1%)	-	1.05	ACS
Schools Count	3 (75%)	+	1.04	Built Environment
Per Capita Income in Past 12 Months	10 (71.4%)	-	1.03	ACS
Median New Prescriptions Less than 30 Days per Person	2 (50%)	-	0.93	PDMP

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

Supplementary Materials

Number of Households with Annual Income \$20000-\$24999	6 (42.9%)	+	0.93	ACS
Correctional Facility Count	1 (25%)	-	0.85	Built Environment
Median Daily MME Dispensed with Benzodiazepine Overlap	2 (50%)	+	0.8	PDMP
Number of Residents Who Speak Other Indo-European Language Only	7 (50%)	+	0.78	ACS
Total New Long Acting Prescriptions	2 (50%)	+	0.77	PDMP
Number of Housing Structures Built in the 1980s	5 (35.7%)	-	0.73	ACS
Number of Workers Who Work Out of State	5 (35.7%)	-	0.7	ACS
Number of Housing Structures with 50 or more Units	5 (35.7%)	+	0.65	ACS
Number of Housing Structures Heating with Wood	5 (35.7%)	+	0.65	ACS
Optometry License Count	2 (50%)	+	0.62	Built Environment
Behavioral Health, Developmental Disabilities and Hospitals, Mental Health, Behavioral Health Treatment Facility Count	2 (50%)	-	0.57	Built Environment
Cigarette Dealer License Count	2 (50%)	+	0.56	Built Environment
Average Daily MME Dispensed with Benzodiazepine Overlap	2 (50%)	+	0.55	PDMP
Physical Therapy License Count	1 (25%)	-	0.5	Built Environment
Total Days Supply of Buprenorphine	3 (75%)	+	0.5	PDMP
Number of Other Race Residents	4 (28.6%)	+	0.48	ACS
Number of Residents with Highest Education Professional Degree	6 (42.9%)	-	0.47	ACS
Chiropractic License Count	1 (25%)	-	0.45	Built Environment
Bus Stops Count	1 (25%)	+	0.44	Built Environment
Home Nursing Care Providers License Count	2 (50%)	-	0.44	Built Environment
Assisted Living Residence License Count	1 (25%)	-	0.43	Built Environment
Median Number of Rooms in a Housing Unit	10 (71.4%)	-	0.43	ACS
Number of Residents Enrolled in Grades 5-8	4 (28.6%)	+	0.43	ACS
Number of Residents Aged 18-24	3 (21.4%)	-	0.38	ACS
Number of Residents Unemployed	5 (35.7%)	+	0.38	ACS
EMS Response to Nonfatal Opioid-Involved Overdose for Persons Aged 55-64	1 (25%)	+	0.37	EMS

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

Supplementary Materials

Number of Households with Annual Income \$60000-\$74999	4 (28.6%)	+	0.37	ACS
Chemical Dependency Professional License Count	2 (50%)	+	0.34	Built Environment
EMS Response to Nonfatal Opioid-Involved Overdose for Persons Aged 45-54	1 (25%)	+	0.34	EMS
Total Persons Receiving Buprenorphine for at least 180 Days	2 (50%)	+	0.34	PDMP
EMS Stations Count	1 (25%)	+	0.29	Built Environment
Number of Asian Residents	2 (14.3%)	-	0.27	ACS
Number of Households with Annual Income Under \$10000	4 (28.6%)	+	0.27	ACS
Total Persons Ever Receiving Buprenorphine	1 (25%)	+	0.21	PDMP
Total Persons Initiating Buprenorphine	2 (50%)	+	0.21	PDMP
Number of Housing Structures Built in the 2000s	2 (14.3%)	+	0.2	ACS
Blood Testing and Screening Site License Count	1 (25%)	+	0.19	Built Environment
Number of Housing Structures with 20-49 Units	1 (7.1%)	-	0.17	ACS
Number of Residents with Highest Education Some College	1 (7.1%)	+	0.17	ACS
Number of Housing Structures Built in the 1950s	1 (7.1%)	-	0.14	ACS
Number of White Residents	2 (14.3%)	-	0.12	ACS
Number of Workers Commuting by Public Transportation	1 (7.1%)	+	0.11	ACS
Number of Residents Enrolled in College Graduate	2 (14.3%)	-	0.08	ACS
Number of Married Couple Families with Income Below the Poverty Level	1 (7.1%)	+	0.06	ACS
Number of Residents with Highest Education	1 (7.1%)	+	0.06	ACS
Number of Households with Supplemental Security Income in the Past 12 Months	1 (7.1%)	+	0.05	ACS
Number of Two or More Race Residents	1 (7.1%)	-	0.04	ACS
EMS Response to Nonfatal Opioid-Involved Overdose for Female Persons	2 (50%)	-	0.03	EMS
Number of Crowded Housing Units	3 (21.4%)	+	0	ACS

Supplementary Table 1. Linear Model Variable Importance Metrics When Predicting Fatal Overdose in Rhode Island 2019-2021

Notes: Variables ever selected by least absolute shrinkage and selection operator (LASSO) for linear models, ranked by mean absolute value of their *t*-values (with a null hypothesis that the

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at
the Neighborhood Level with Machine Learning in Rhode Island
Supplementary Materials

coefficient equals zero) in descending order as a proxy for variable importance. Mean absolute value t -values were calculated as means across total eligible models, with t -values of zero when a variable was not included in a model it was eligible for. For non-American Community Survey (ACS) variables, the maximum possible inclusion count by LASSO is 4, while for ACS variables the maximum is 14. Proportion (%) of inclusions when eligible is shown in parentheses.

ACS, American Community Survey data. EMS, Emergency medical service runs for overdose data. LASSO, least absolute shrinkage and selection operator. PDMP, Prescription drug monitoring program data. RIDOC, Rhode Island Department of Corrections prisoner release data. SUDORS, State Unintentional Drug Overdose Reporting Surveillance data. MME, Morphine milligram equivalent.

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island
Supplementary Materials

Supplementary Table 2.

Covariate	Inclusion Count (% Eligible)	Mean Increase in Node Purity	Data Source
Total Buprenorphine Prescriptions	4 (100%)	34.52	PDMP
Number of Housing Structures with 0 Vehicles	14 (100%)	32.8	ACS
Per Capita Income in Past 12 Months	13 (92.9%)	29.68	ACS
Total Releases Among Persons Awaiting Trial	4 (100%)	28.61	RIDOC
Median Number of Rooms in a Housing Unit	11 (78.6%)	26.84	ACS
Number of Workers with Commute 15 minutes or Less	14 (100%)	26.39	ACS
Number of Residents Who Speak Spanish Only	14 (100%)	25.5	ACS
Number of Households with One Person with Disability	10 (71.4%)	23.3	ACS
Number of Housing Structures with 3-4 Units	9 (64.3%)	21.31	ACS
Total Days Supply of Buprenorphine	2 (50%)	20.16	PDMP
Total Releases Among Sentenced Persons	4 (100%)	18.18	RIDOC
Number of Residents with Highest Education Masters Degrees	8 (57.1%)	16.62	ACS
Total Count of EMS Response to Nonfatal Opioid-Involved Overdose	3 (75%)	15.79	EMS
Number of Housing Structures Built in the 2010s	12 (85.7%)	13.93	ACS
Average Daily MME Dispensed with Benzodiazepine Overlap	2 (50%)	13.76	PDMP
Religious Organization Count	4 (100%)	12.84	Built Environment
Total Persons Initiating Buprenorphine	2 (50%)	11.35	PDMP
Number of Workers Who Work Out of State	6 (42.9%)	9.43	ACS
Number of Households with Supplemental Security Income in the Past 12 Months	6 (42.9%)	9.27	ACS
Number of Housing Structures Built in the 2000s	7 (50%)	8.68	ACS
Number of Housing Structures with 0 Bedrooms	7 (50%)	7.46	ACS
Number of Housing Structures Built in the 1980s	5 (35.7%)	7.25	ACS
Number of Housing Structures with 50 or more Units	5 (35.7%)	7.03	ACS
Number of Workers Commuting by Public Transportation	6 (42.9%)	6.8	ACS
Number of Residents Unemployed	5 (35.7%)	6.32	ACS

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at
the Neighborhood Level with Machine Learning in Rhode Island
Supplementary Materials

EMS Response to Nonfatal Opioid-Involved Overdose for Female Persons	2 (50%)	6.27	EMS
Total Persons Ever Receiving Buprenorphine	1 (25%)	6.24	PDMP
Number of Married Couple Families with Income Below the Poverty Level	6 (42.9%)	6.08	ACS
Number of Residents Enrolled in Grades 5-8	4 (28.6%)	5.99	ACS
Bus Stops Count	2 (50%)	5.84	Built Environment
Cigarette Dealer License Count	3 (75%)	5.79	Built Environment
Number of Residents Who Speak Other Indo-European Language Only	7 (50%)	5.77	ACS
Freestanding Ambulatory Surgical Center License Count	4 (100%)	5.59	BE
Number of Residents Aged 18-24	3 (21.4%)	5.32	ACS
Number of Residents with Highest Education Professional Degree	6 (42.9%)	5.18	ACS
Median Daily MME Short Acting	2 (50%)	5.1	PDMP
Mental Health Facility Count	4 (100%)	5.04	Built Environment
All Drug Fatal Overdose Count	2 (50%)	4.54	SUDORS
Public EMS Response to Nonfatal Opioid-Involved Overdose	2 (50%)	4.52	EMS
Cosmetology or Barber License Count	2 (50%)	4.02	BE
Number of Households with Interests and Dividends in the Past 12 Months	3 (21.4%)	3.93	ACS
Number of Residents Enrolled in Pre-school	4 (28.6%)	3.84	ACS
Number of Asian Residents	4 (28.6%)	3.29	ACS
Total Persons with Multiple Prescribers or Dispensers	1 (25%)	3.2	PDMP
Total Persons Receiving Buprenorphine for at least 180 Days	1 (25%)	3.16	PDMP
EMS Response to Nonfatal Opioid-Involved Overdose for Persons Aged 45-54	1 (25%)	3.09	EMS
Total Greater than 50 MME Long Acting Prescriptions	1 (25%)	2.98	PDMP
Average Days Supply of Long Acting Medication	1 (25%)	2.87	PDMP
Number of Other Race Residents	4 (28.6%)	2.71	ACS
Number of Residents Enrolled in College Graduate	2 (14.3%)	2.55	ACS
Number of White Residents	1 (7.1%)	2.51	ACS
Number of Residents with Highest Education	2 (14.3%)	2.42	ACS
Number of Households with Annual Income \$60000-\$74999	2 (14.3%)	2.33	ACS

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

Supplementary Materials

EMS Response to Nonfatal Opioid-Involved Overdose for Persons Aged 55-64	2 (50%)	2.17	EMS
Median New Prescriptions Less than 30 Days per Person	2 (50%)	2.05	PDMP
Number of Housing Structures Heating with Wood	3 (21.4%)	2.02	ACS
Number of Residents Who Speak Other Language Only	4 (28.6%)	1.79	ACS
Number of Residents with Highest Education Some College	1 (7.1%)	1.76	ACS
Home Nursing Care Providers License Count	2 (50%)	1.64	Built Environment
Schools Count	1 (25%)	1.55	Built Environment
Number of Households with Annual Income \$20000-\$24999	1 (7.1%)	1.49	ACS
Physical Therapy License Count	1 (25%)	1.48	Built Environment
Number of Households with Annual Income Under \$10000	1 (7.1%)	1.31	ACS
Chemical Dependency Professional License Count	1 (25%)	1.1	Built Environment
Number of Housing Structures with 2 Bedrooms	1 (7.1%)	1.1	ACS
Number of Residents with Highest Education Associates Degree	1 (7.1%)	1.02	ACS
Number of Residents Aged 15-17	1 (7.1%)	0.92	ACS
Number of Workers with Commute 30-44 minutes	1 (7.1%)	0.87	ACS
Number of Residents Divorced	1 (7.1%)	0.85	ACS
Massage License Count	1 (25%)	0.81	Built Environment
EMS Stations Count	1 (25%)	0.74	Built Environment
Number of Housing Structures with 20-49 Units	1 (7.1%)	0.69	ACS
Blood Testing and Screening Site License Count	2 (50%)	0.68	Built Environment
Chiropractic License Count	1 (25%)	0.56	Built Environment
Other Community Housing Service Count	2 (50%)	0.43	Built Environment
Number of American Indian or Alaska Native Residents	1 (7.1%)	0.31	ACS
Correctional Facility Count	1 (25%)	0.22	Built Environment
Park and Ride Stops Count	1 (25%)	0.11	Built Environment

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at
the Neighborhood Level with Machine Learning in Rhode Island
Supplementary Materials

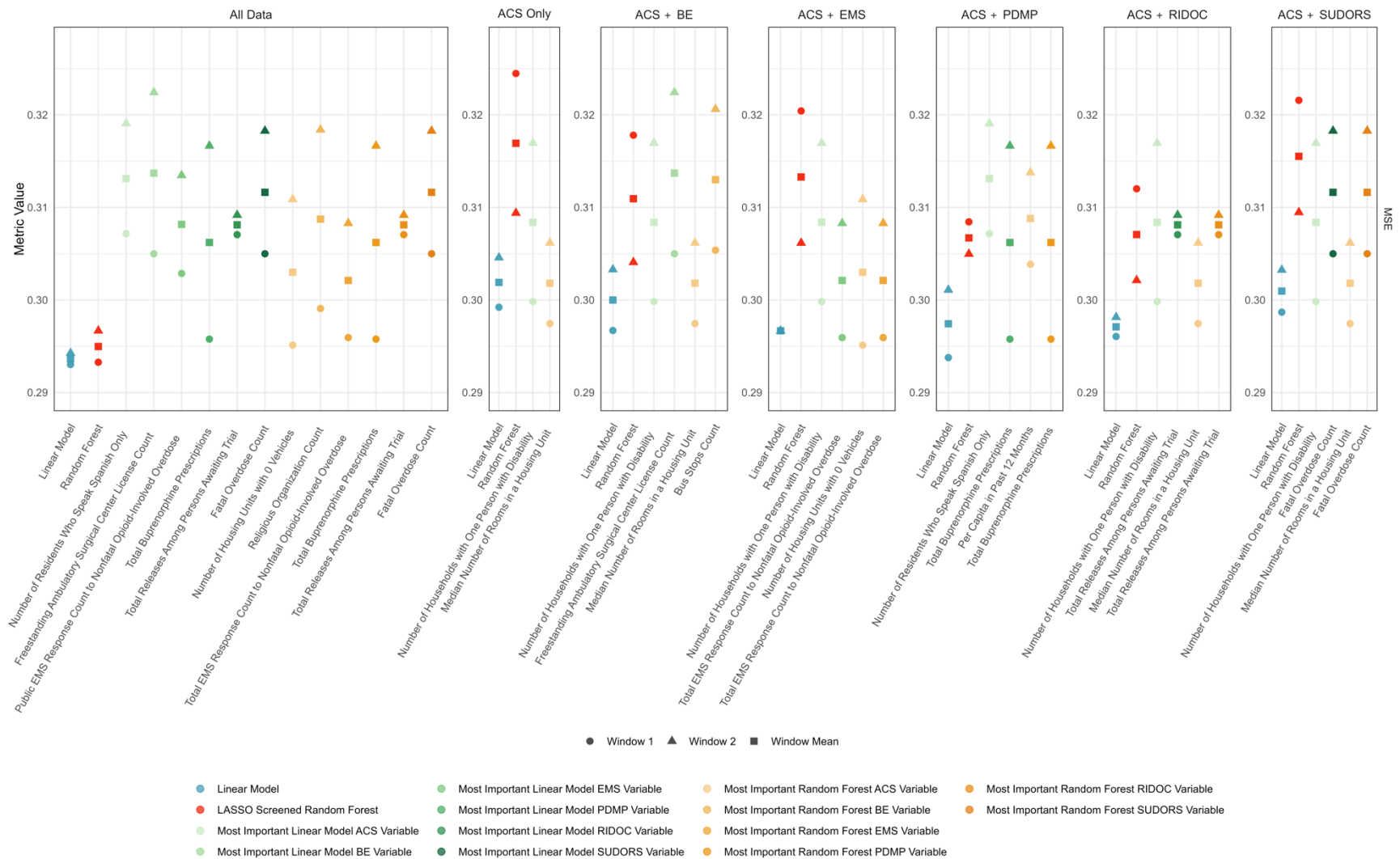
Supplementary Table 2. Random Forest Variable Importance Metrics When Predicting Fatal
Overdose for Census Block Groups in Rhode Island 2019-2021

Notes: Variables ever selected by least absolute shrinkage and selection operator (LASSO) for random forest models, ranked by variable importance in descending order. Variable importance is assessed as the average increase in node purity for the variable, or how much closer the predictions are to the true value after splitting on that variable (measured as decrease in residual sum of squares produced by nodes splitting on that variable averaged across all trees). Mean increases in node purity were calculated as means across total eligible models, with average increase in node purity values of zero when a variable was not included in a model it was eligible for. For non- American Community Survey (ACS) variables, the maximum possible inclusion count by LASSO is 4, while for ACS variables the maximum is 14. Proportion (%) of inclusions when eligible is shown in parentheses.

ACS, American Community Survey data. EMS, Emergency medical service runs for overdose data. LASSO, least absolute shrinkage and selection operator. PDMP, Prescription drug monitoring program data. RIDOC, Rhode Island Department of Corrections prisoner release data. SUDORS, State Unintentional Drug Overdose Reporting Surveillance data. MME, Morphine milligram equivalent.

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

Supplemental Materials



Supplementary Figure 2. Mean Squared Error by Model and Data Source Combination when Predicting Fatal Overdose for Census Block Groups in Rhode Island Using Data from 2019-2021

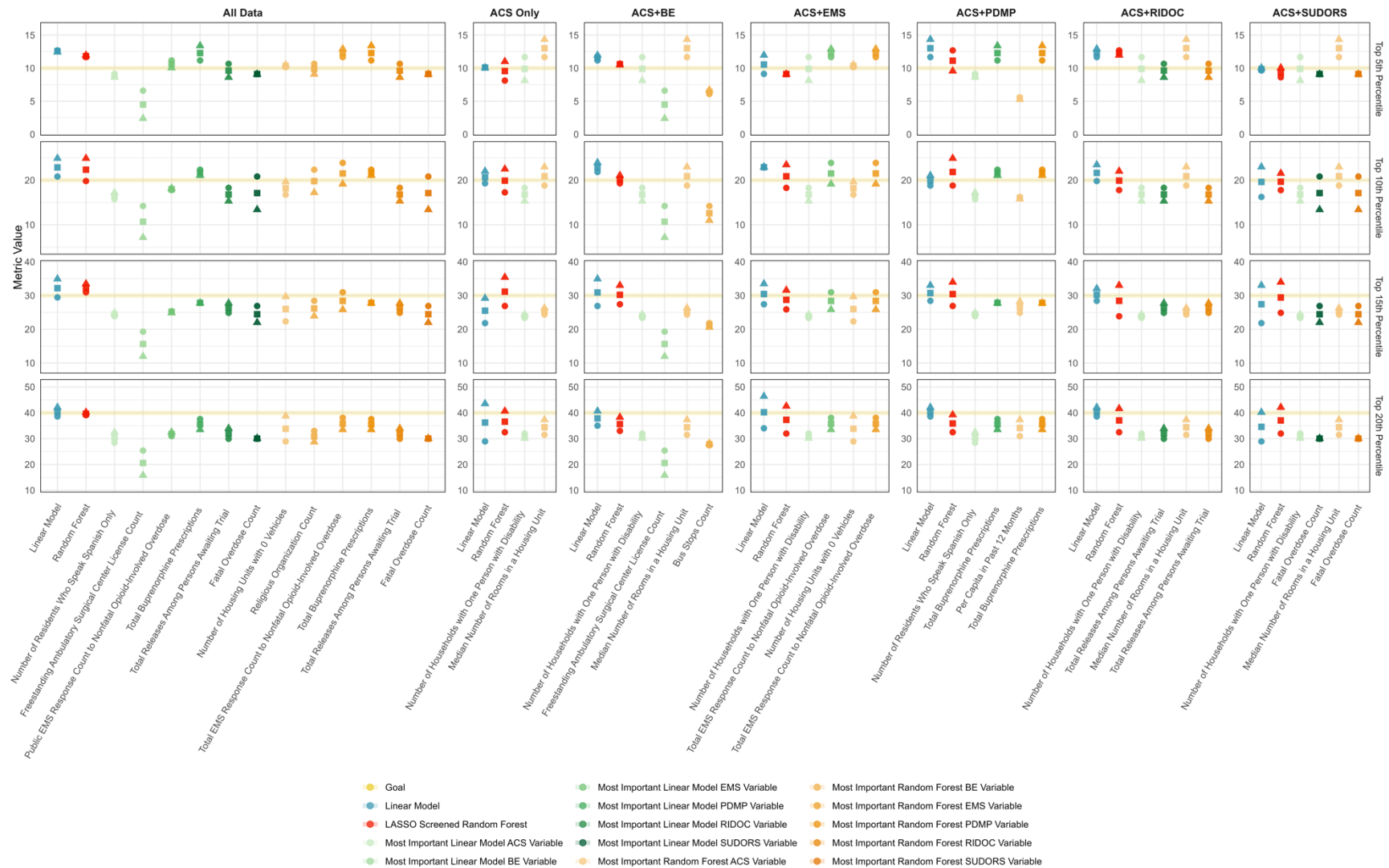
Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with
Machine Learning in Rhode Island
Supplemental Materials

Notes: Mean squared error for all models' predictions for census block group (CBG)-level fatal overdoses in Rhode Island on test set data unused in model training in evaluation windows 1 and 2. Window 1 and window 2 results are indicated by circle and triangle points, respectively, while the mean value over both evaluation windows is indicated by square points. Linear models indicated in blue, random forest models indicated in red. Univariate rankings by variables selected as most important from their data source from linear models are shaded green, and univariate rankings by variables selected as most important from their data source from random forests are shaded orange.

CBG, Census block group. ACS, American Community Survey data. BE, Built Environment. EMS, Emergency medical service runs for opioid-involved nonfatal overdose data. LM, Linear Model. MSE, mean squared error. PDMP, Prescription drug monitoring program data. RF, Random Forest. RIDOC, Rhode Island Department of Corrections prisoner release data. SUDORS, State Unintentional Drug Overdose Reporting System prior period fatal overdose count data. Var, Variable.

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with Machine Learning in Rhode Island

Supplemental Materials



Supplementary Figure 3. Percent of Statewide Overdoses Captured by Census Block Groups Prioritized by Models in Rhode Island using data from 2019-2021.

Evaluating the Predictive Performance of Different Data Sources to Forecast Overdose Deaths at the Neighborhood Level with
Machine Learning in Rhode Island
Supplemental Materials

Notes: Percentage of statewide fatal overdoses in Rhode Island captured in the top 5th, 10th, 15th, and 20th percentiles of census block groups (CBGs) by predicted fatal overdose from the respective test sets in evaluation windows 1 and 2. The goal percentage of fatal overdoses to capture is shown in yellow. Window 1 and window 2 results are indicated by circle and triangle points, respectively, while the mean value over both evaluation windows is indicated by square points. Performance by linear models is shown in blue, and performance by random forest models are shown in red. Univariate rankings by variables selected as most important from their data source from linear models Data are shaded green, and univariate rankings by variables selected as most important from their data source from random forests are shaded orange.

CBG, Census block group. ACS, American Community Survey data. BE, Built Environment. EMS, Emergency medical service runs for opioid-involved nonfatal overdose data. LM, Linear Model. PDMP, Prescription drug monitoring program data. RF, Random Forest. RIDOC, Rhode Island Department of Corrections prisoner release data. SUDORS, State Unintentional Drug Overdose Reporting System prior period fatal overdose count data. Var, Variable.