

STATEWIDE OPIOID REPORTING DIRECTIVE (SWORD)

2021 ANNUAL REPORT

JUNE 2020 - MAY 2021

Connecticut Department of Public Health
410 Capitol Ave, Hartford, CT06106



Connecticut Department of Public Health
Keeping Connecticut Healthy



Introduction

- Connecticut has lost 7,695 people, between 2012 and 2020, to an overdose, according to the Connecticut Office of the Chief Medical Examiner (OCME). Between 2019 and 2020, fatal unintentional (accidental) overdoses rose by 14.5%, from 1,200 (2019) to 1,374 (2020).
- Opioids are the main drug causing overdoses in Connecticut, involved in 93% of fatal overdoses in 2020, an increase from 83% in 2012. Eighty-four percent of the opioid overdoses involved the synthetic opioid fentanyl.
- Overdoses involving fentanyl are of concern due to: a small amount which can cause an overdose, the range in potency, and the risk of fentanyl adulterating other drugs across the illicit drug market. An emerging concern is clandestinely produced fentanyl pills.
- Public health professionals and healthcare systems require actionable data to address the pervasive drug threats on the community.
- The Statewide Opioid Reporting Directive (SWORD) was developed to provide near real-time overdose information and enable local, state and federal public health and public safety agencies to respond to overdoses in their respective communities.

SWORD HIGHLIGHTS

- There were 4,859 suspected overdoses reported by EMS to the SWORD program between June 1, 2020 and May 31, 2021, an 8% increase over the previous year.
- Males accounted for 74% of the overdoses; and females accounted for 26%.
- The age group that experienced the most opioid overdoses were those between the ages of 30 and 44.
- When the drug of exposure was known: 81% of the overdoses were due to heroin or fentanyl powder, 17% due to pills and 2% due to methadone or Suboxone®.
- Bystanders administered naloxone in 16% of the overdose cases where 911 was called.
- 95% of nonfatal overdose victims who received naloxone were transported to the hospital.
- 61% of overdoses occurred in a residence of any type and 37% occurred in a public area. 15% of overdoses occurred in motor vehicles.
- Overdoses were consistent throughout the week, with small increases as the weekend approached.
- Overdoses were highest in August; the most overdoses in any eight hour block was Friday between 1:00 P.M. and 9:00 P.M.

SWORD

- SWORD was created pursuant to Public Act No. 18-166, Sec. 5, in response to the 2016 Connecticut Opioid Response (CORE) strategic plan to combat the opioid epidemic.
- CORE included recommendations to increase tracking of naloxone and increase data sharing across agencies to monitor and facilitate rapid responses, to “outbreaks” of overdoses.
- SWORD is a collaboration between the Connecticut Department Public Health (DPH) Office of Emergency Medical Services (OEMS) and Injury and Violence Prevention and Surveillance Unit, the Connecticut Poison Control Center (CPCC) at UConn Health, the High Intensity Drug Trafficking Areas (HIDTA) program, and Connecticut’s emergency medical providers.

Background

- Since June 1, 2019, Connecticut Emergency Medical Services (EMS) responders have reported suspected opioid overdoses to the Connecticut Poison Control Center (CPCC) as part of the SWORD.
- Following each suspected overdose, EMS responders call the CPCC's 1-800-222-1222 line and answer a series of questions about the event. CPCC specialists follow up with the hospital for outcome detail for those patients transported.
- CPCC Specialists record the information into their ToxiCALL software and then enter a portion of the data into the Overdose Detection Mapping Application Program (ODMAP), a federal mapping application.
- In its inaugural two years of operation, SWORD has collected 9,365 overdose cases, including 4,859 cases from June 1, 2020 to May 31, 2021.



EMT calls Poison Control



Poison specialist records information



Poison Control follows up with patient at hospital.

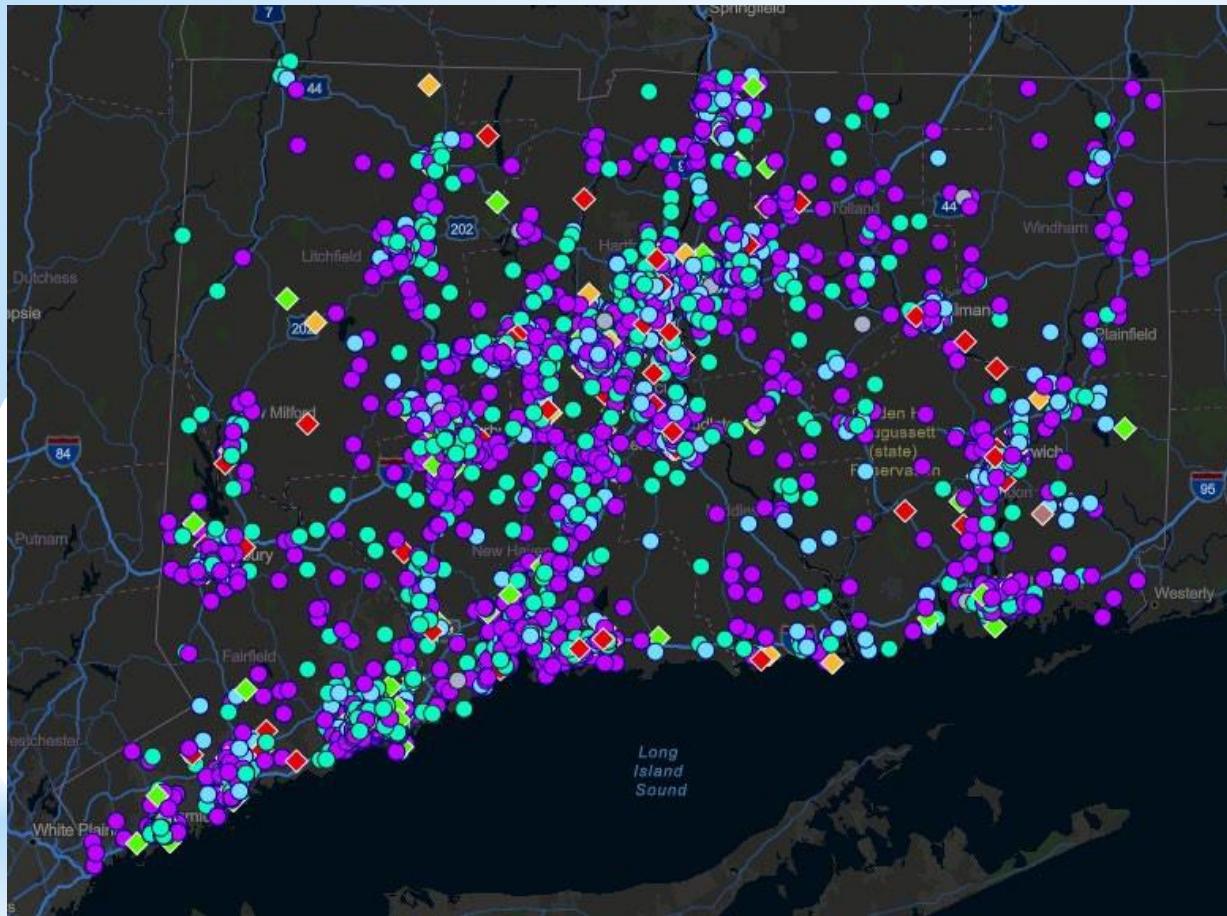


Data collection helps spot dangerous trends
and develops prevention techniques.

Limitations

- The SWORD data is not a complete database of all opioid overdoses in Connecticut. It includes only those overdoses where 911 was called and EMS reported the overdose event to CPCC.
- The database is dependent on EMS compliance with reporting, which is estimated to be at 70%, but may vary significantly by municipality.
- Fatal overdoses are underreported to SWORD. It is estimated that SWORD contains 20 to 30% of all opioid fatalities. This is due to: EMS unable to determine cause of death due to the lack of paraphernalia (needle in arm, heroin bags, etc.) at the scene and patients who die after EMS transports to the hospital.
- SWORD does not include overdoses where 911 was not called.

ODMAP View

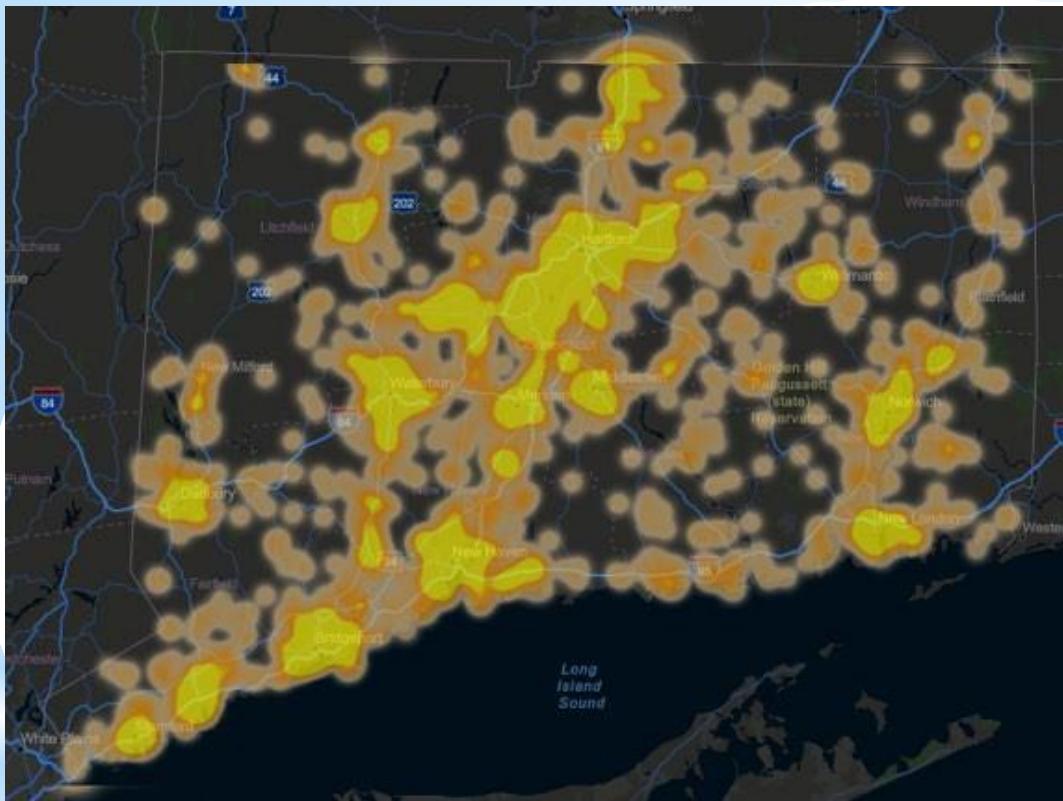


Suspected Overdoses

- ◆ Fatal: No Naloxone
- ◆ Fatal: Single Dose Naloxone
- ◆ Fatal: Multiple Doses Naloxone
- ◆ Fatal: Naloxone Unknown
- Non-Fatal: No Naloxone
- Non-Fatal: Single Dose Naloxone
- Non-Fatal: Multiple Doses Naloxone
- Non-Fatal: Naloxone Unknown
- Unknown

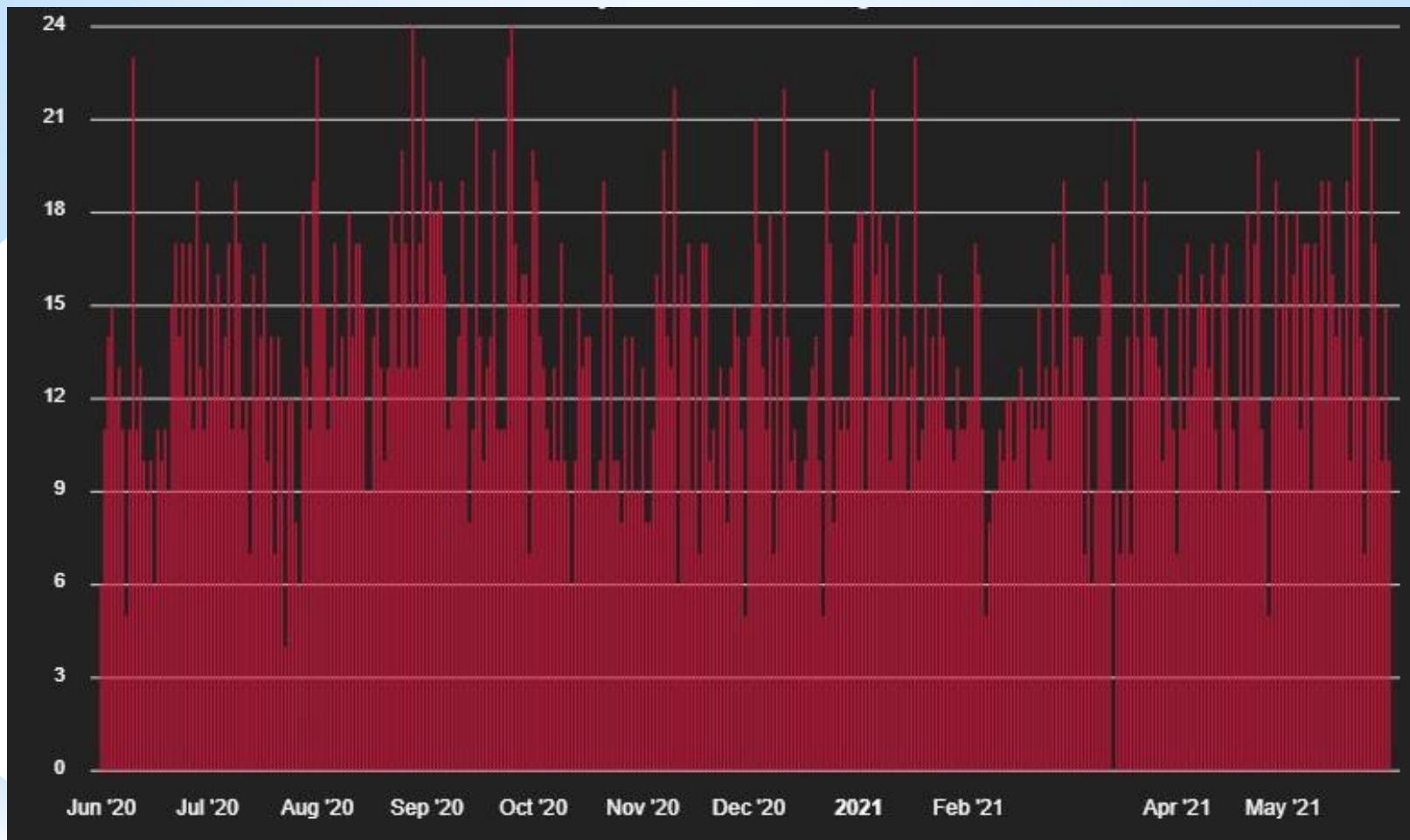
ODMAP displays suspected overdoses with icons which indicate whether the overdose was fatal (diamond) or non-fatal (circle) or unknown (square). The colors correspond to the naloxone dose.

OD Heat Map



ODMAP Heat Maps can be produced at the state to local level (Hartford above, right) to show areas of high overdose activity. These maps can be produced at various time intervals to show changing trends.

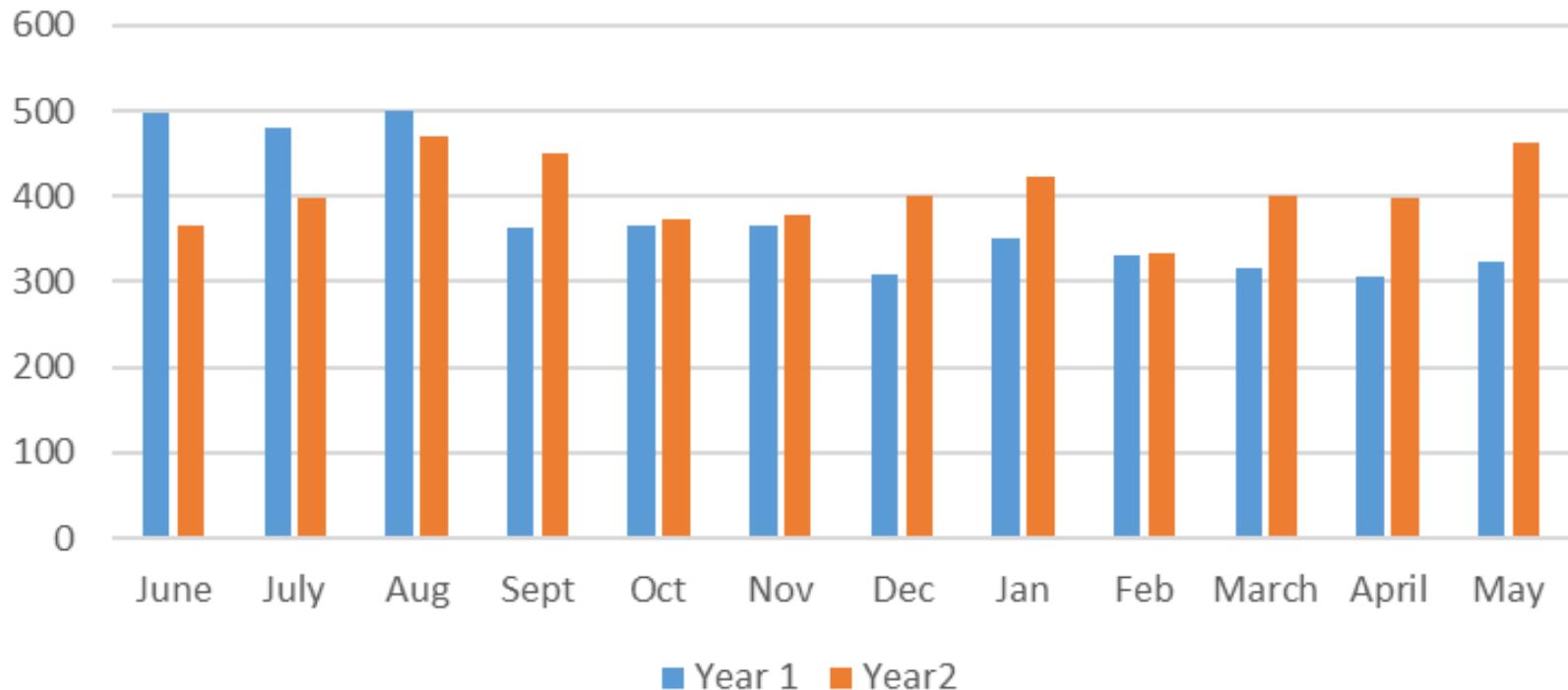
Suspected Overdoses by Day, June 2020 - May 2021



There were 13.31 suspected overdoses per day for the time period. The maximum number of overdoses in a single day was 24 on August 28, 2020 and September 25, 2020.

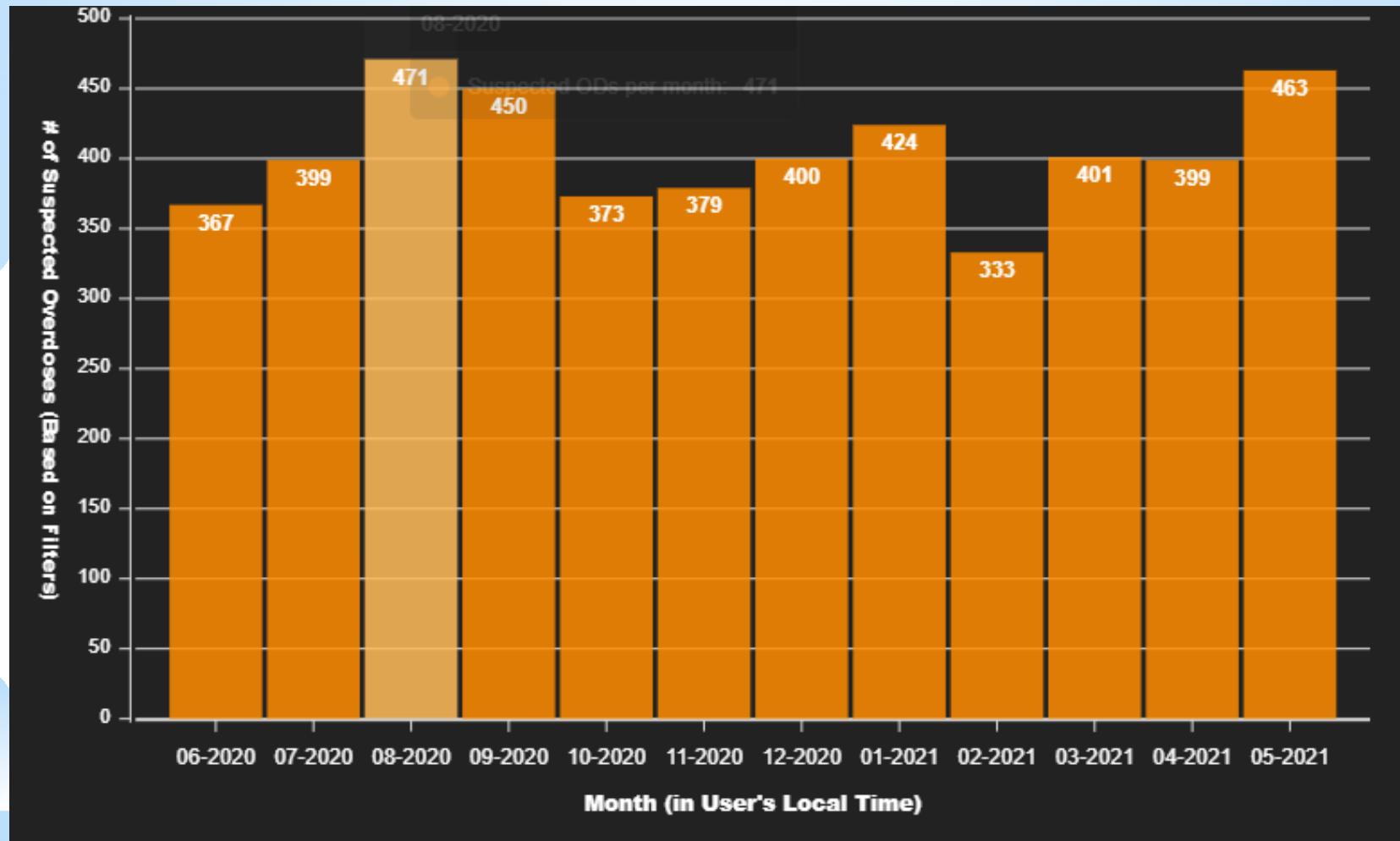
Suspected Overdoses by Month, June 2020 - May 2021

SWORD Reported Suspected Opioid Overdoses
by Month/ Year 1 and Year 2



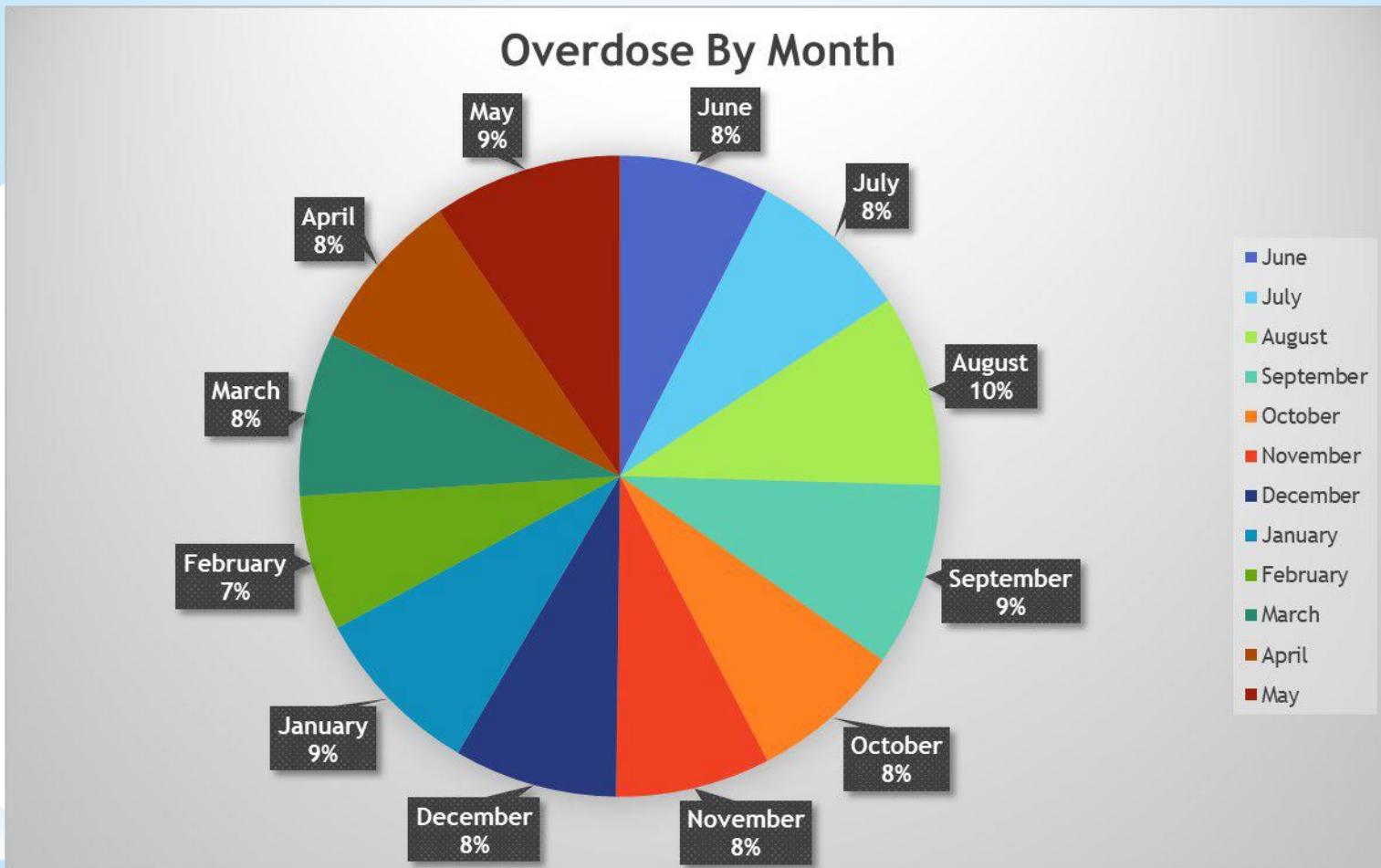
Beginning in September 2020, SWORD reported overdoses were higher every month over the preceding year.

Suspected Overdoses by Month, June 2020 - May 2021



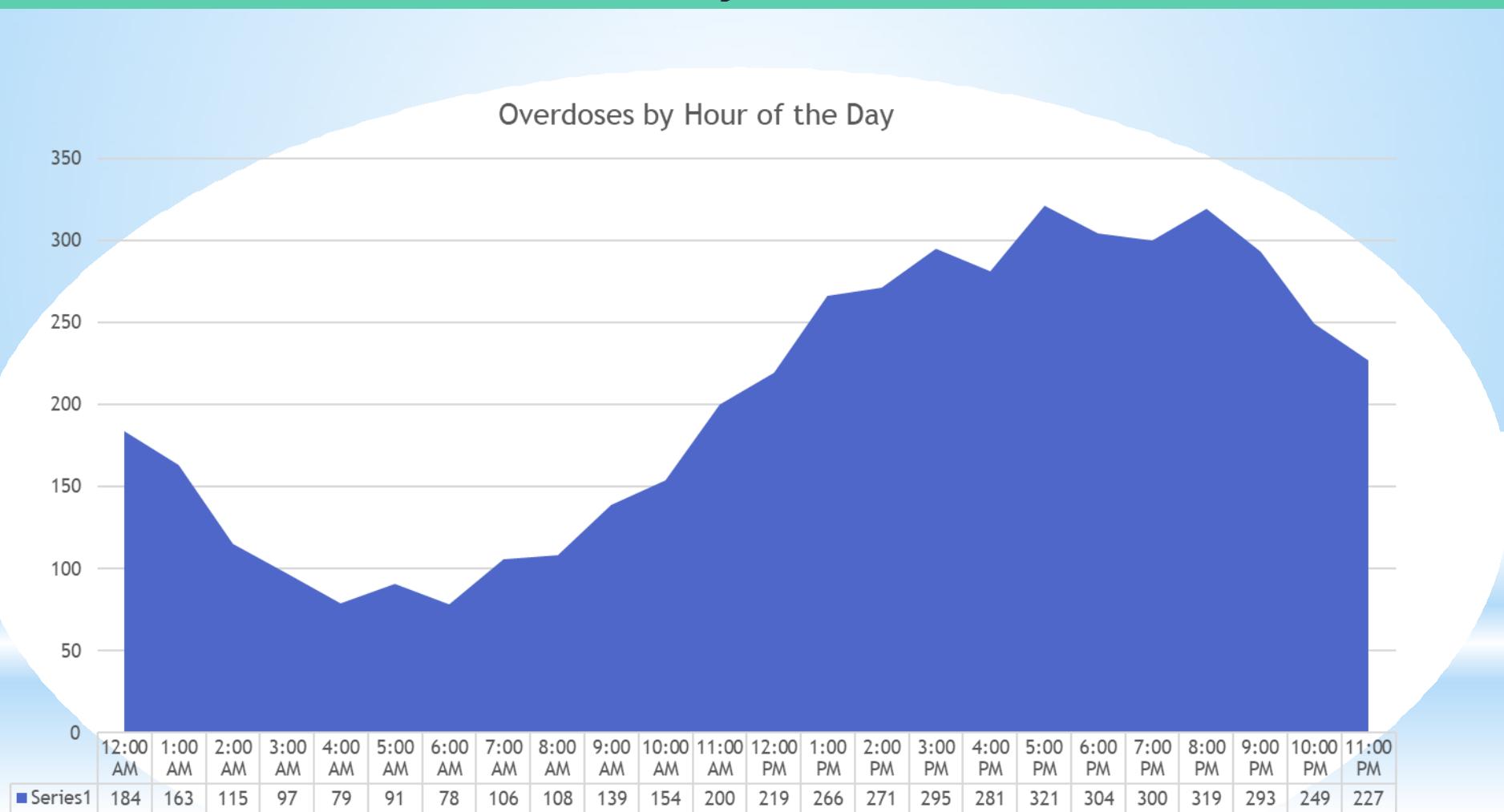
Suspected overdoses have been the highest in August.

Suspected Overdoses by Month, June 2020 - May 2021



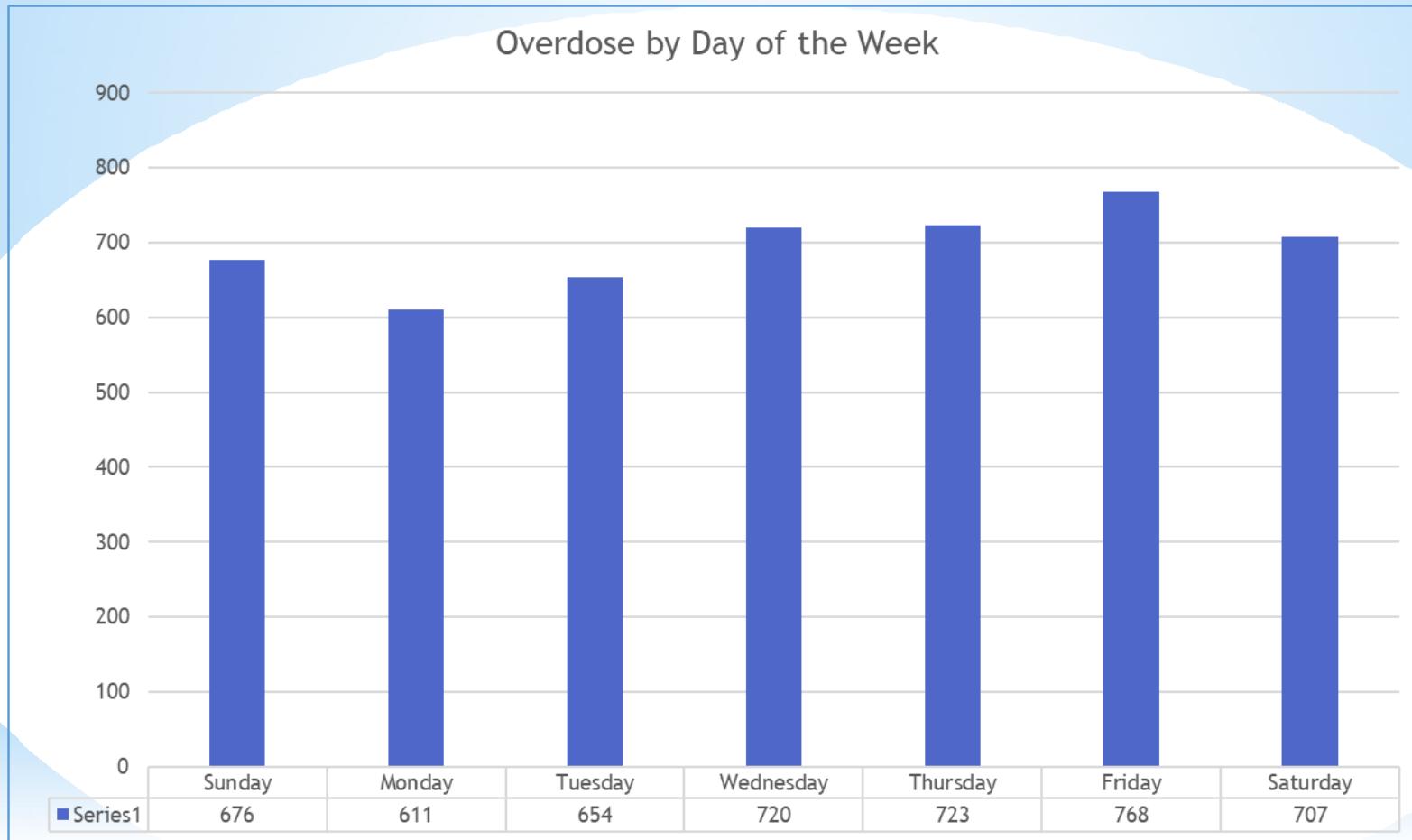
Overdoses by month stayed in a range between 7% to 10% of annual overdoses.

Suspected Overdoses by Hour, June 2020 - May 2021



The most overdoses occurred between 5:00 P.M. and 6:00 P.M. and 8:00 P.M. and 9:00 P.M.

Suspected Overdoses by Day of Week, June 2020 - May 2021



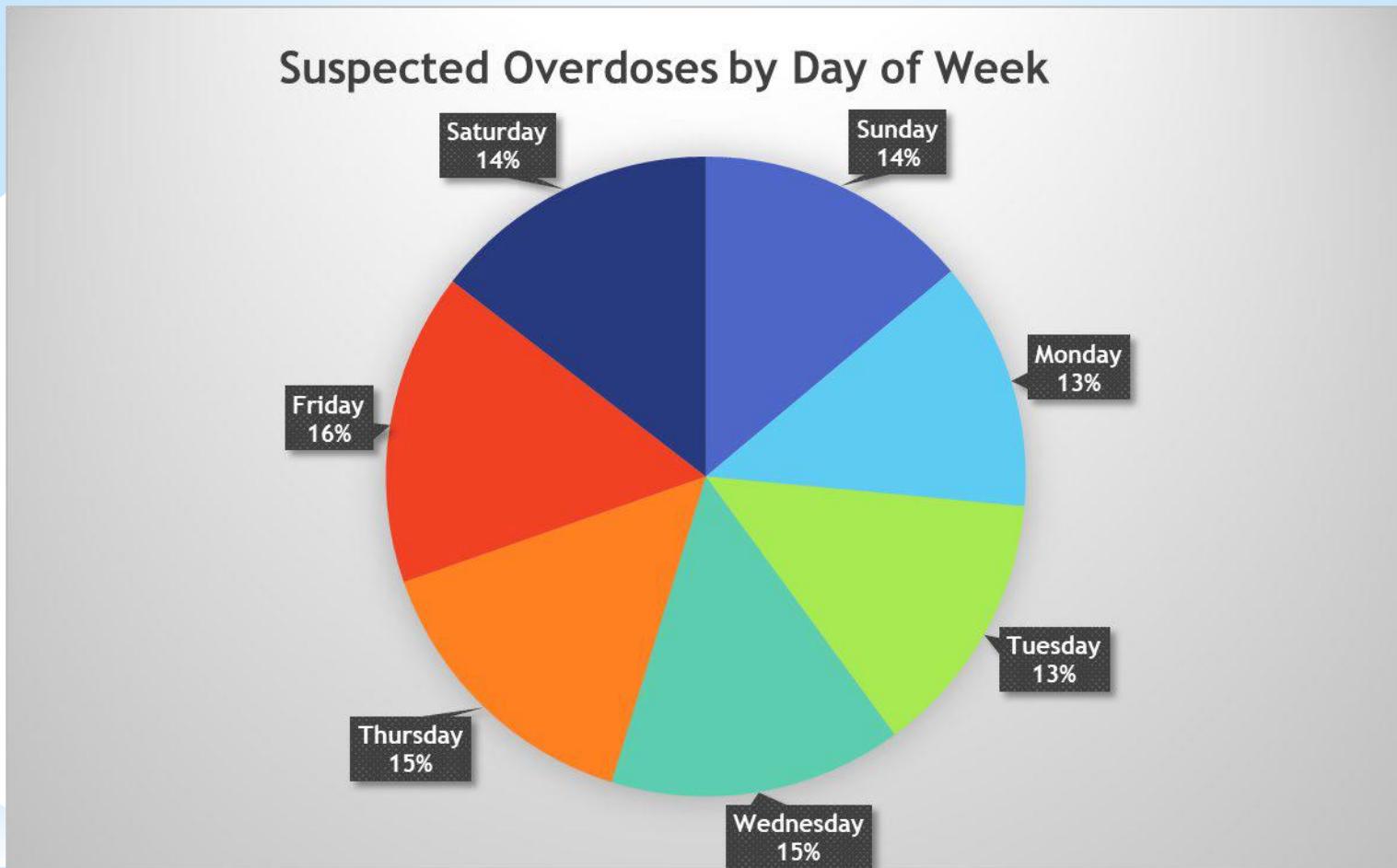
The most overdoses occurred on Fridays

Suspected Overdoses by Day and Hour of Week, June 2020 - May 2021

- The most overdoses in any time period was Friday night between 1:00 and 9:00 P.M.
- The most overdoses in any one hour block occurred on Friday afternoons from 3:00 to 4:00 P.M. and Thursday nights from 8:00 and 9:00 PM.

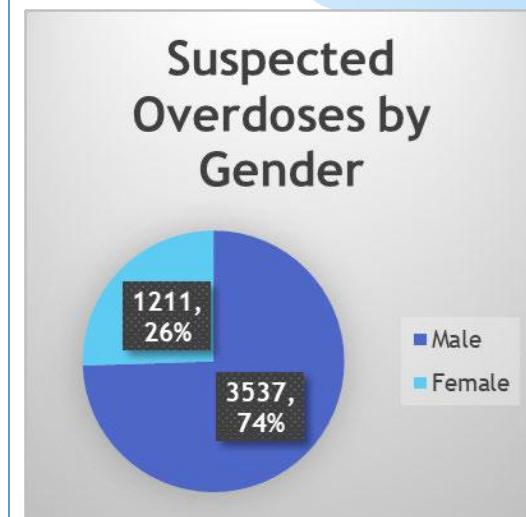
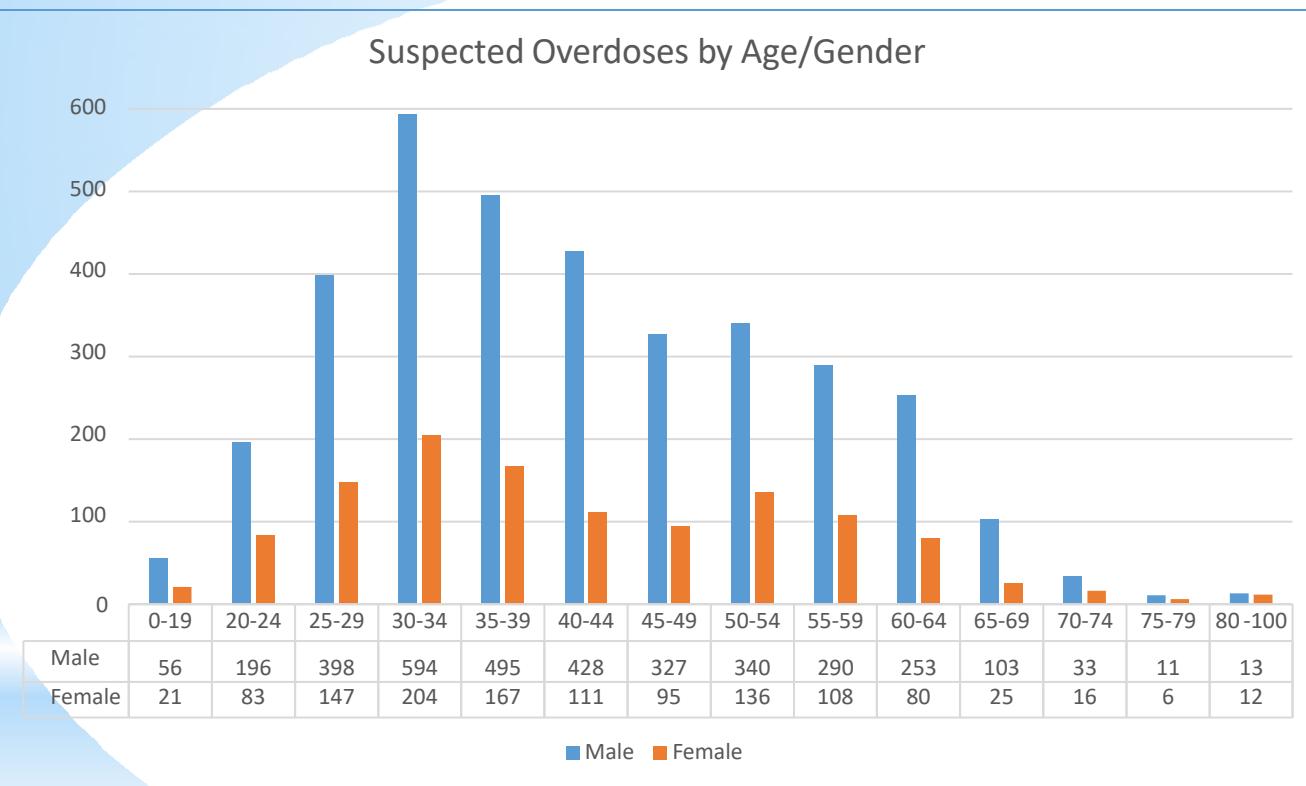
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM	28	16	27	24	27	27	27
1:00 AM	28	15	23	23	24	20	
2:00 AM	16	10	12	18	16	22	
3:00 AM	11	12	11	9	14	18	
4:00 AM	17	10	10	12	13	5	12
5:00 AM	12	10	14	14	14	14	13
6:00 AM	9	8	13	11	10	13	14
7:00 AM	22	15	14	10	11	21	13
8:00 AM	8	21	11	20	21	15	12
9:00 AM	19	9	24	21	23	20	23
10:00 AM	21	19	19	23	19	25	28
11:00 AM	34	22	28	31	30	32	23
12:00 PM	39	30	36	30	23	26	35
1:00 PM	33	37	31	43	42	43	37
2:00 PM	44	34	35	40	36	47	35
3:00 PM	44	33	31	35	41	70	
4:00 PM	44	43	45	42	35	42	30
5:00 PM	39	42	51	49	48	46	
6:00 PM	26	50	43	44	46	54	
7:00 PM	35	42	41	44	47	49	42
8:00 PM	48	33	39	41	69	48	41
9:00 PM	41	34	32	57	49	43	
10:00 PM	31	36	24	40	43	35	
11:00 PM	27	30	40	39	22	33	36

Suspected Overdoses by Day of Week, June 2020 - May 2021



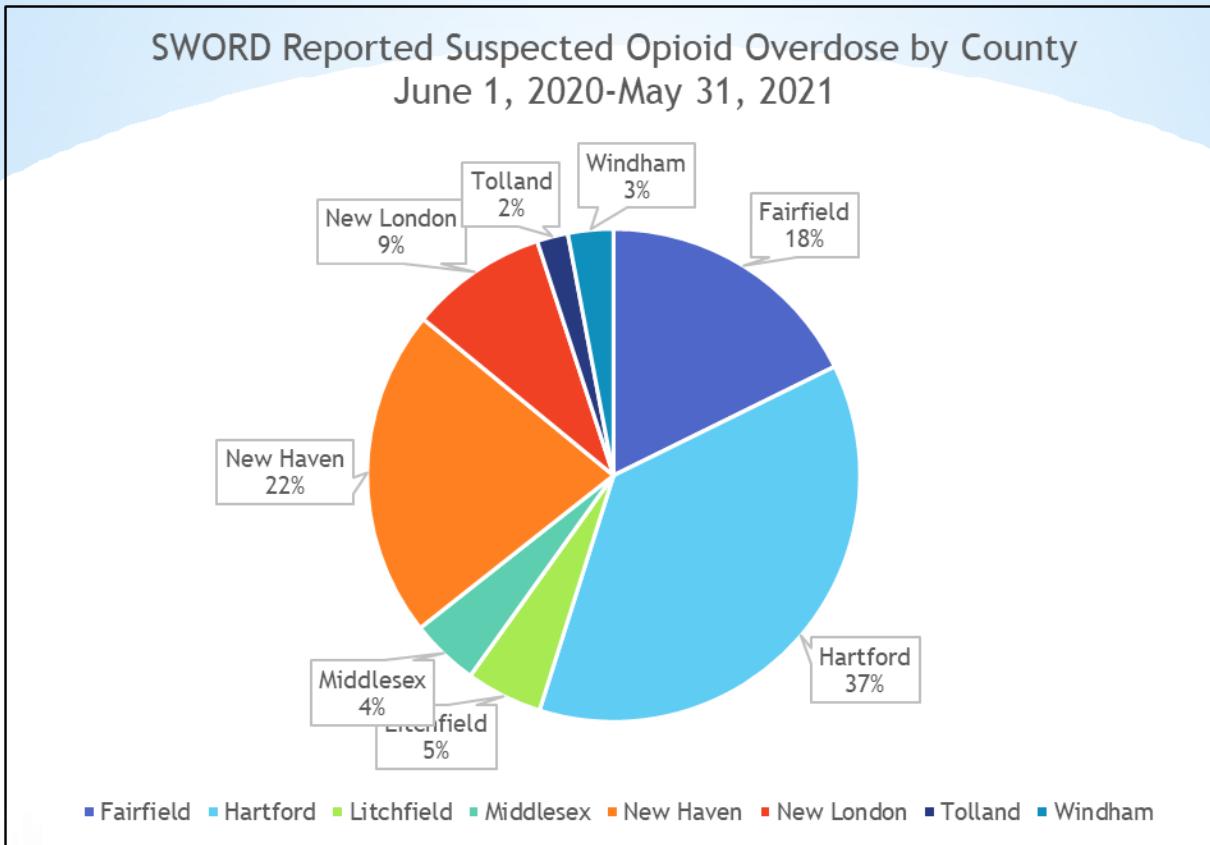
Overdoses were consistent throughout the week, with small increases as the weekend approached.

Suspected Overdoses by Age and Gender, June 2020 - May 2021



Most overdoses occurred in people between the ages of 30 and 44. 74% of all overdoses were male patients. Age and gender data was available for 98% of overdoses.

Overdoses by County, June 2020 - May 2021



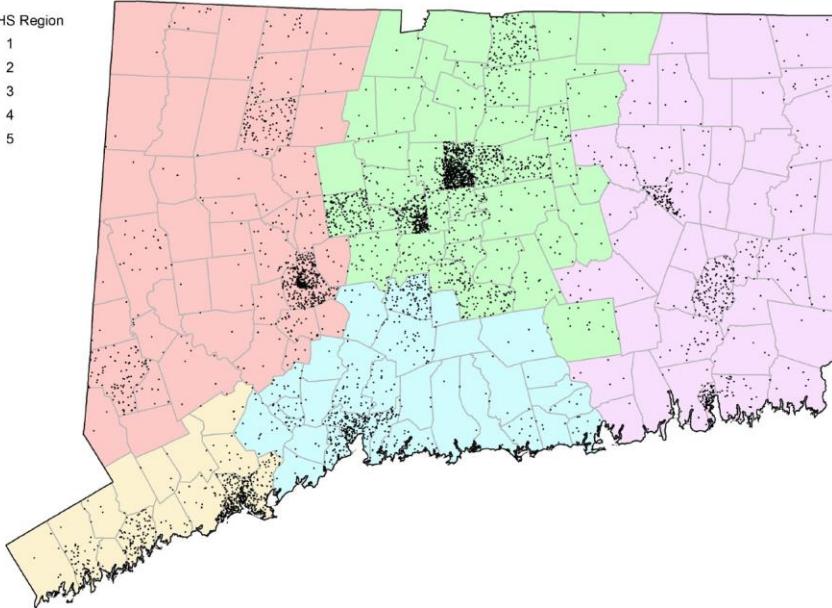
Most overdoses reported to SWORD were from Hartford County.

Note: County totals are dependent on EMS Service compliance in each county, which may be variable.

Naloxone Administration and Non-Fatal Overdoses by EMS Regions, June 2020 - May 2021

ODMAP
 Dot Density Map
 Non-Fatalities in Connecticut
 (1 dot represents 1 fatality)

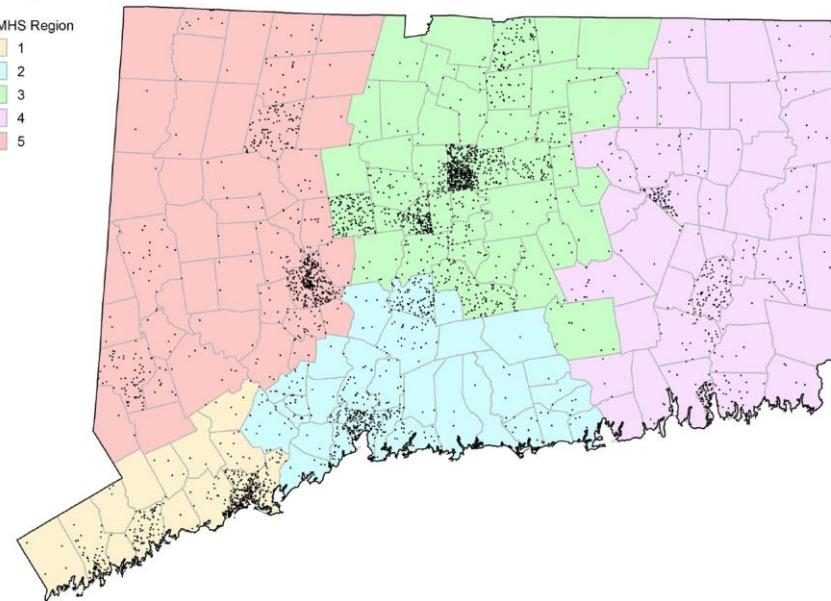
DEMHS Region
 1
 2
 3
 4
 5



Non-Fatal Opioid Overdoses

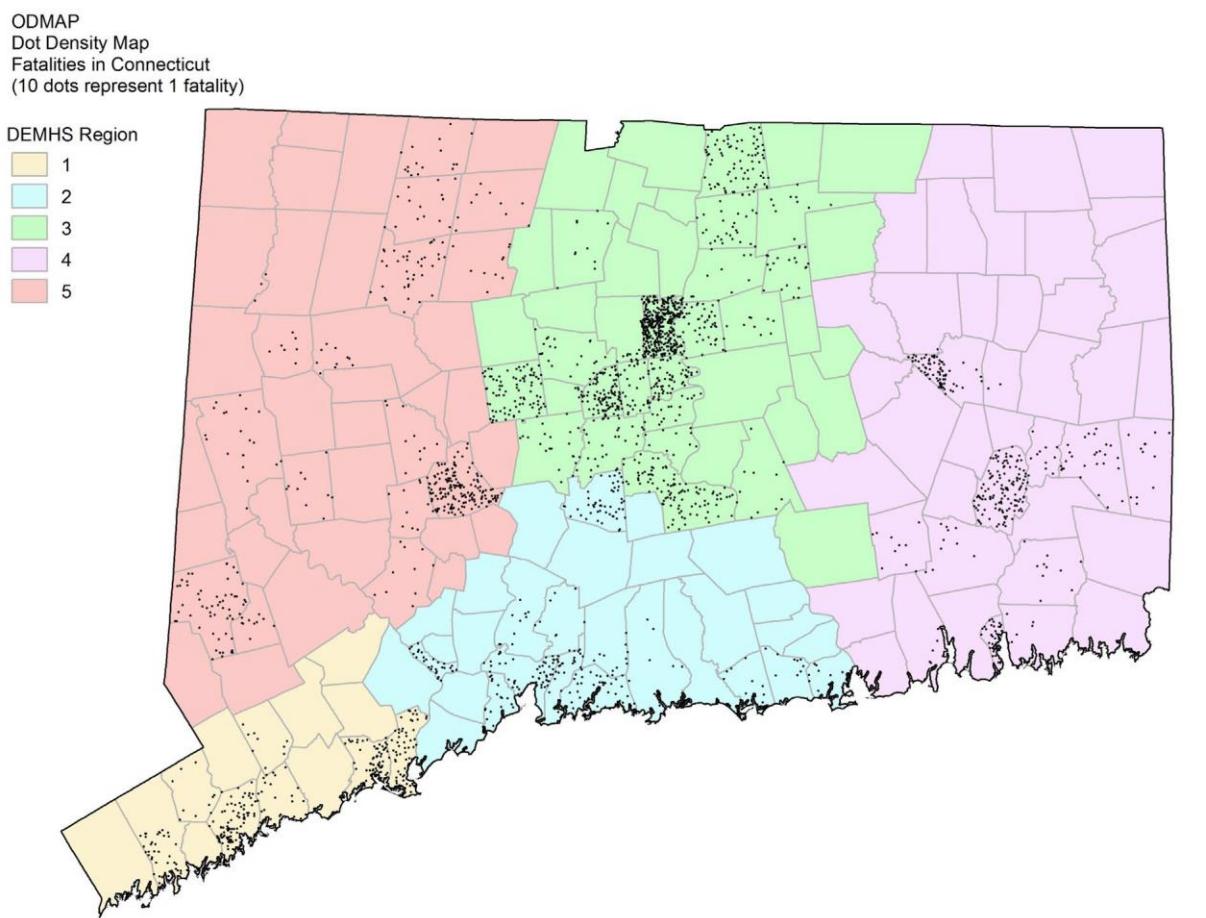
ODMAP
 Dot Density Map
 Naloxone in Connecticut
 (1 dot represents 1 fatality)

DEMHS Region
 1
 2
 3
 4
 5



Naloxone Administration

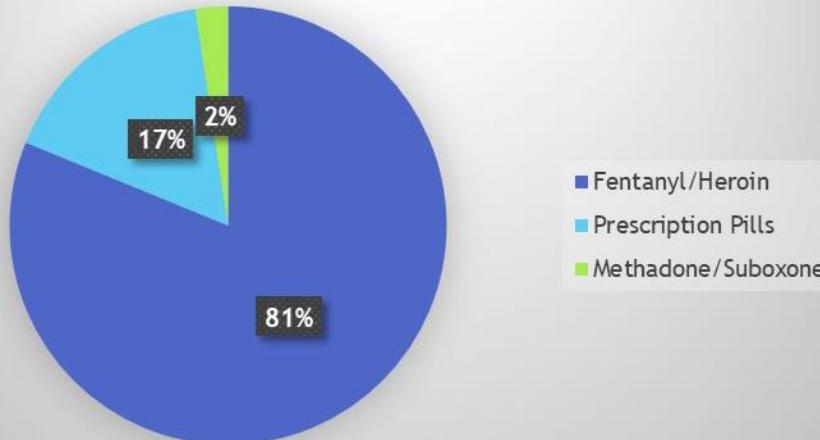
Fatal Overdoses by EMS Regions, June 2020 - May 2021



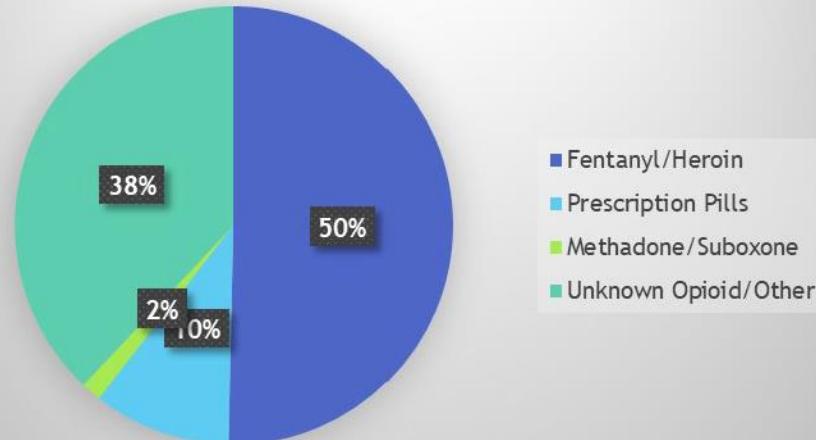
Dot Density Map: The dots on this map convey the intensity of an attribute and are randomly placed in proportion to a numeric attribute associated with an area.
NOTE: Data for this map was extracted from the ODMAP database maintained by HIDA.

Suspected Overdoses by Drug Exposure, June 2020 - May 2021

Opioid of Exposure When Known



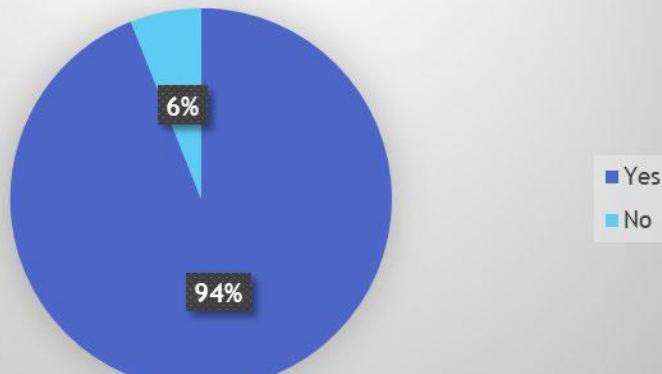
Opioid Drug of Exposure



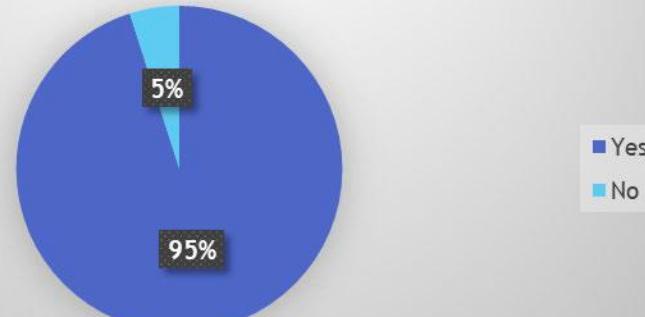
- When EMS reports a suspected overdose to the CPCC, they are asked to report the suspected opioid of exposure, such as heroin, fentanyl, oxycodone, etc. When the drug of exposure was known, 81% of the time the drug was either heroin or fentanyl.
- In this analysis, oxycodone and Percocet® were lumped together with other drugs as “prescription pills.” The category “prescription pills” includes all “pills” regardless of whether or not there was suspicion that the pill was counterfeit, diverted, or prescribed. In many of the cases, drugs were not found on scene and the patient refused to divulge what opioid they overdosed on. These were categorized as unknown opioid/other.

Overdoses Transported to Hospital, June 2020 - May 2021

Nonfatal Overdoses Transported to Hospital

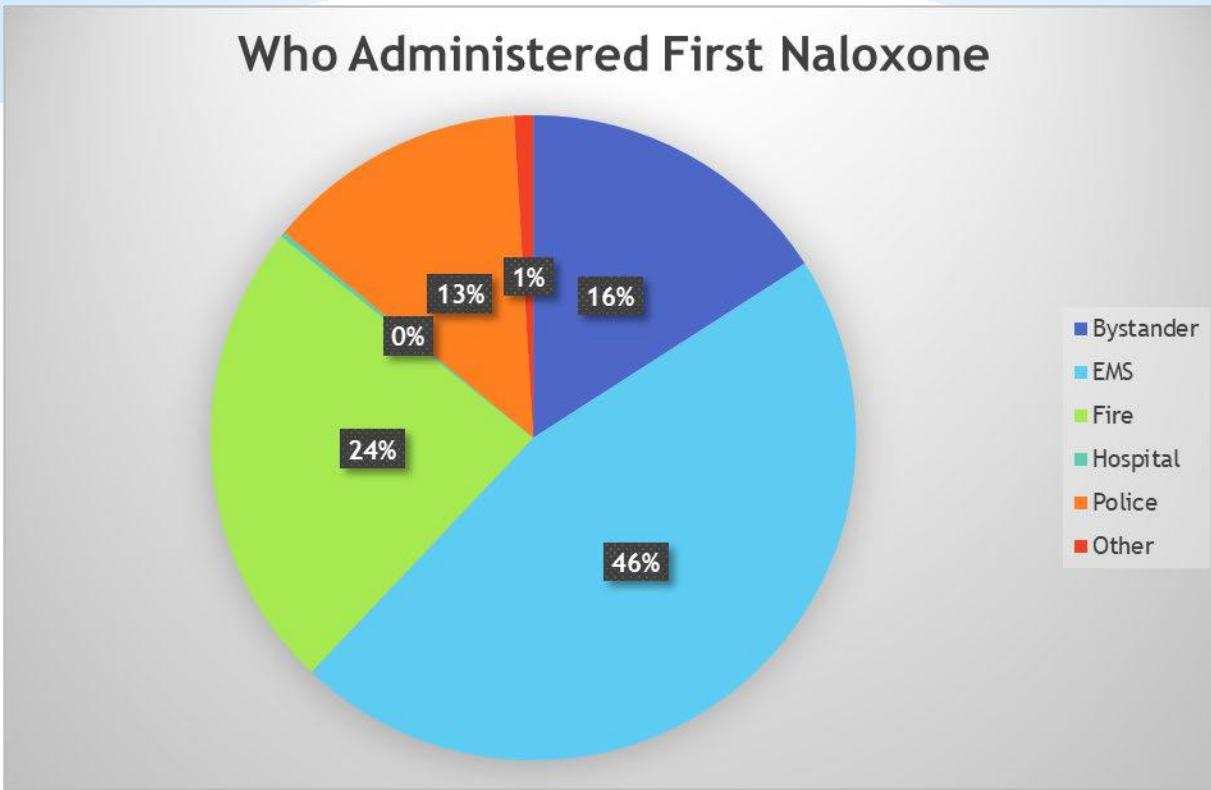


Nonfatal Overdoses Transported to Hospital After Naloxone Resuscitation



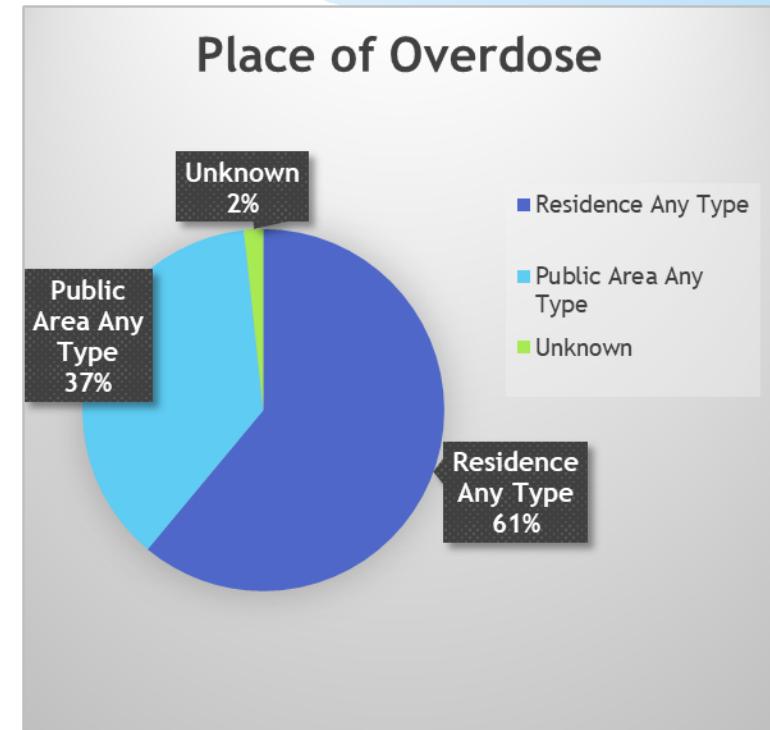
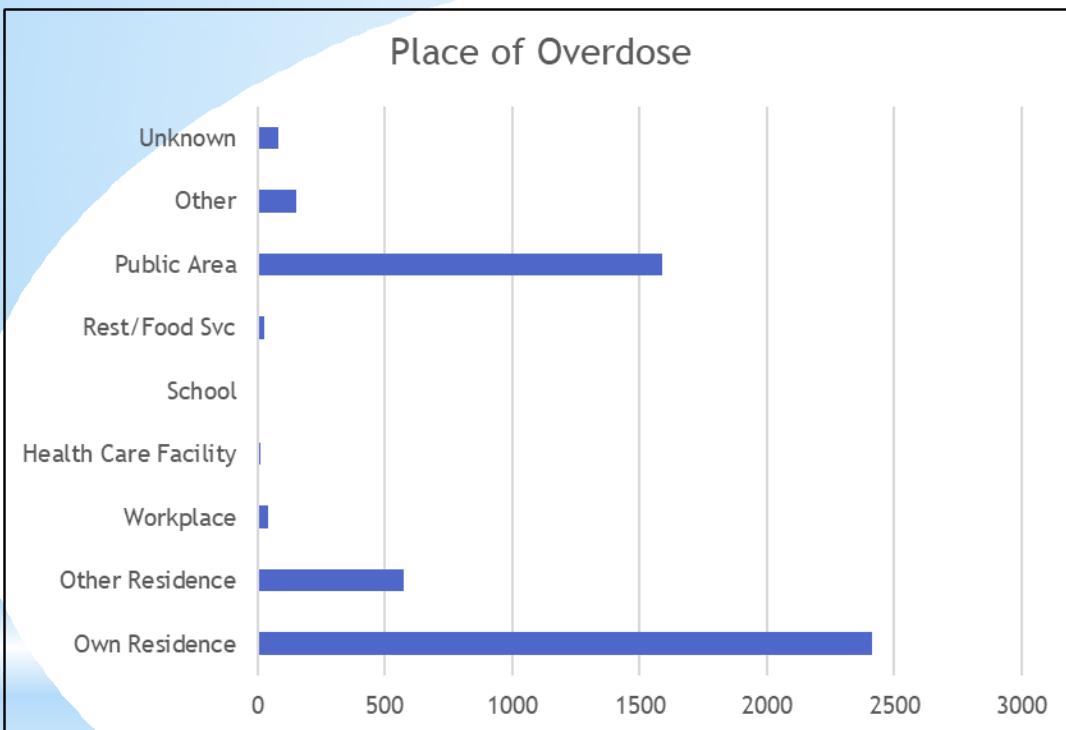
The vast majority of overdose patients are transported to the hospital emergency department. Only 5% of those who received naloxone refused transport.

Who Administered Naloxone First, June 2020 - May 2021



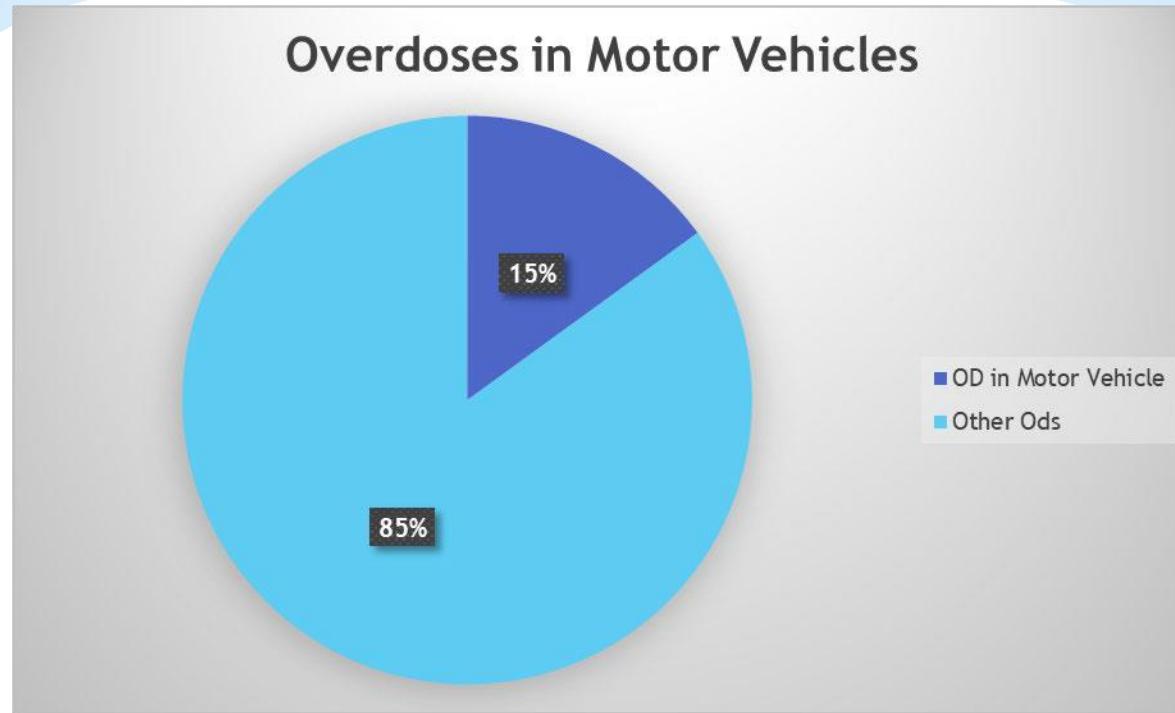
Over half of the reported naloxone administrations were done before EMS arrival (54%). In 16% of the overdoses when 911 was called, the patient received naloxone prior to the arrival of first responders. This does not account for the instances when bystanders may have administered naloxone to overdose patients and 911 was not called.

Place of Overdose, June 2020 - May 2021



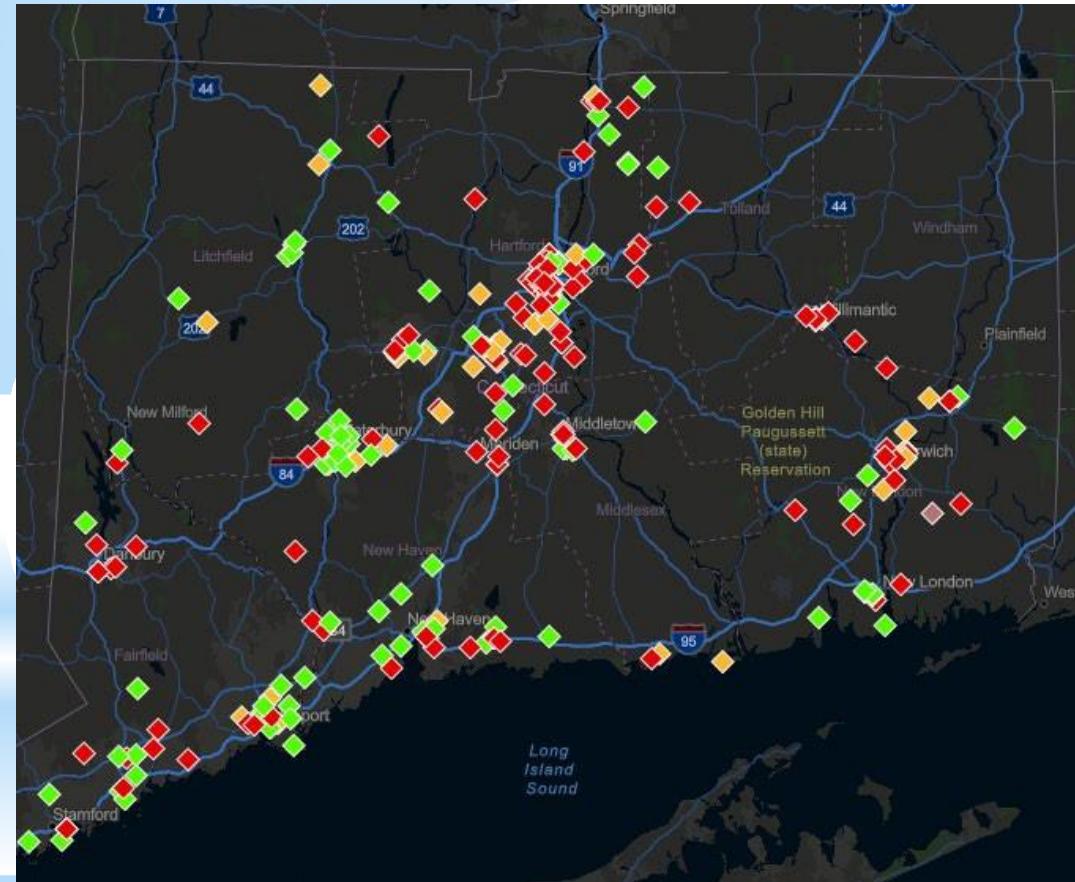
61% of overdoses were in places of residence and 37% were in a public area.

Overdoses in Motor Vehicles, June 2020 - May 2021



15% of overdoses occurred in motor vehicles. This includes parked cars, as well as vehicles with the motor running.

Fatal Overdoses, June 2020 - May 2021



- 14 Multiple Fatal Overdose Scenes
- 124 Received Naloxone
- 189 Presumed Dead on Scene
- 71 Transported to Hospital
(pronounced dead in ED on patient turnover)

SWORD received 260 reports of fatal opioid overdoses (estimated at 20% of annual total). Fatal overdoses are significantly underreported to SWORD for the following reasons:

1. Transported patients who die after EMS turnover at the hospital.
2. Lack of visible paraphernalia at a fatal scene discovered prior to EMS departure.
3. Lack of EMS ability to conduct on scene testing.

Paraphernalia



- EMS reports on paraphernalia found on the scene. These reports are valuable to public safety and health officials. This year there were numerous reports of cocaine contaminated with fentanyl, counterfeit Xanax® and Percocet® containing an unknown opioid (likely fentanyl).
- In Connecticut, heroin and fentanyl often come in glassine envelopes stamped with various “brands.” Identification of these brands at overdose scenes was shared with harm reduction and public safety.
- Some of the brands reported include: Back off, Devil, Dark Magic, Venom, Thank You, Peace Pipe, Pandamonium, Howl, Hall Pass, New World, 7UP, One Way, It’s Magic, Guy Fawkes, Red Head, Ride or Die, Red Dragon, Los Angeles Lakers, Devil’s rejects, Illuminati, Bugatti, Bad Boy, Hook me Up, Fireball, Dream, Cobra, Ultimate High Level, Strong, Mechanic, House Wins, Lose Yourself, Polo, Pink Woman, Diesel, Los Angeles Lakers, Star Lord, Thank You, Merry Christmas, King of Death, Out of this World, Oh Yeah, Strike dead, Takin’ Over, Four Kings, Lucky You, Love, Power Punch, Skull Crusher, Death Row, Party Rock, Pray for Death

Spike Alerts/Public Health Advisory

When SWORD/ODMAP triggers a spike alert based on a preset selected number of overdoses in a county in any 24 hour period, DPH epidemiologists review the following:

- All SWORD Toxicall narratives (EMS)
- DPH Syndromic Surveillance System (ED visits)
- Medical Examiner (OCME) data

Based on this review, if a threat is determined, DPH will issue a public health advisory to local public health and public safety.

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Date: 06/02/2021
To: Hartford Department of Health and Human Services
From: Connecticut Department of Public Health
Injury and Violence Surveillance Unit
860-509-8251
Erin.Mulhern@ct.gov

Public Health Notice: Fatal and Nonfatal Drug Overdose Incident

The Connecticut Department of Public Health Injury and Violence Surveillance Unit is providing the following information for situational awareness. Data are preliminary and are subject to change.

This overdose alert was generated by data from DPH Syndromic Surveillance System and ODMAP.

As of 9:00 PM on 05/28/2021, 13 non-fatal overdoses involving an opioid (heroin or fentanyl) were treated at area hospital emergency departments among residents serviced by the Hartford Department of Health and Human Services since 05/22/2021. This represents a 50% increase in overdose cases compared to the rest of May.

EMS data called into the CT Poison Control Center indicated that between 05/22/2021 and 05/28/2021: 33 overdoses (8 of these were fatal) were documented in Hartford County. Of these overdoses, 22 were due to an opioid. The Office of Chief Medical Examiner confirmed that seven (7) fatal cases were in residents serviced by the Hartford Department of Health and Human Services.

The Hartford Department of Health and Human Services Director has been notified as well as state officials at the CT Department of Public Health, Department of Mental Health and Addiction Services, and the CT Poison Control Center.

We are working closely with local authorities and partners to monitor the situation and will provide more details, as they become available.

Data Analysis: Naloxone Side Effects

SWORD examined the rate of side effects (nausea, vomiting, agitation) from single dose intranasal naloxone administration for suspected opioid overdose in Hartford, Connecticut for the period of June 1, 2019 to December 31, 2019.

- 33.5% of suspected opioid overdose patients suffered adverse effects after receiving a single dose of intranasal naloxone
- 20.5% of those who received 2 mg IN had side effects
- 38.1% who received 4 mg IN had side effects
- 6 patients who received doses of 0.5 mg and 1 mg via the intranasal route suffered no adverse effects



Data Analysis: Fatal Overdoses

A review of the December 2020 fatal overdoses found the following:

- 80% were male and 20% were female
- 82% occurred in residences; 9% in hotels; 9% in public places (car, porta-potty, business, etc.)
- 95% were unwitnessed
- 38% were discovered by family members
- 50% received resuscitative efforts
- 47% received naloxone but 0% received bystander naloxone
- 35% were transported to a hospital

This fatal overdose data, in comparison to all overdose data where 64% of overdoses occur in residences, suggests that using alone in a residence puts people at extremely high risk for fatal overdose, and the lack of naloxone in the residence is a contributing factor to the fatality.

Data Analysis: Pediatric Opioid Toxidrome Syndrome

- There were 10 EMS reported opioid poisonings of children under the age of three (range from 14 months to 2.5 years) in the past two years.
- The location of these calls included: residences, a homeless shelter, a motor vehicle, a bodega, as well as urgent care and physician offices.
- In seven of the cases EMS successfully resuscitated the patients with naloxone.
- Four of these patients required additional naloxone at the hospital.
- Positive toxicology results included: fentanyl, general opioid, cocaine and methadone.

Data Analysis: Fatal After Nonfatal Overdose

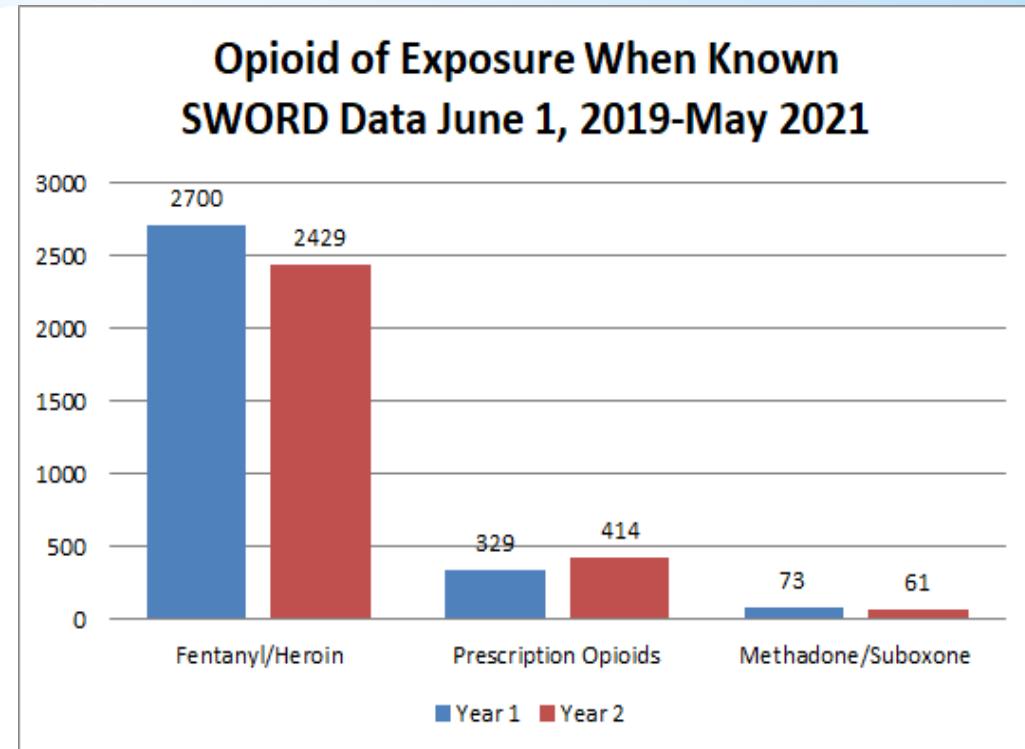
After review of the 219 SWORD reported fatal overdoses over a nine month period:

- 16% of the reported fatal overdoses had at least one SWORD reported nonfatal overdose within the past year prior to their death
- 12% had three or more SWORD reported overdoses
- 2% had reported a non fatal overdose in the week prior to their death
- Only one patient had a SWORD reported non fatal overdose in the previous week and refused transportation to the hospital

Data Analysis: Possible Shift to Counterfeit Pills

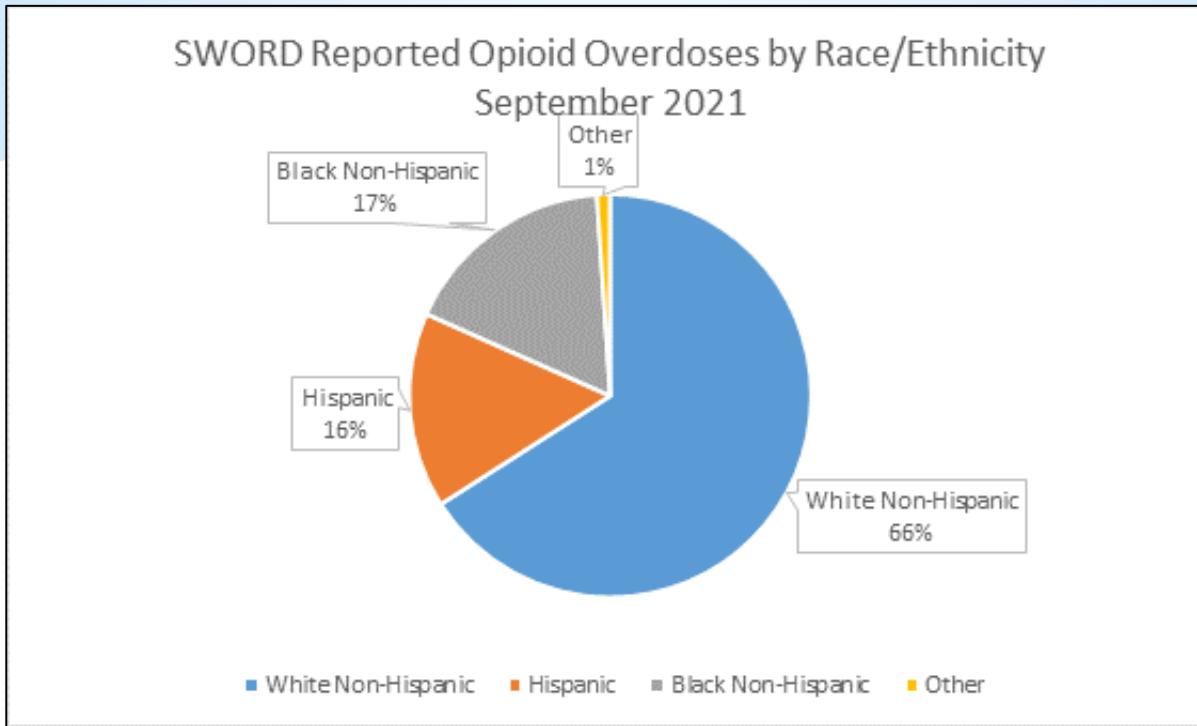
SWORD identified a small shift in overdose opioid drug of exposure (when the drug of exposure is known) from powdered heroin and/or fentanyl (84% down from 87%) to the use of prescription pills (up to 14% from 11%), while overdoses on methadone and/or Suboxone® remained steady at 2%.

It is suspected that the shift from heroin/fentanyl to pills may be accounted for by an increasing number of reports received of patients overdosing on prescription pills (Percocet® and Xanax®) that they purchased on the street which are suspected to be counterfeit pills laced with fentanyl.



Users and public health professionals should be aware that these pills are not subject to quality control and due to uneven mixing carry unpredictable amounts of active drug. One pill might have no active fentanyl while another could contain a lethal dose. It is expected that these counterfeit prescription pills will continue to account for an increasing number of opioid overdoses in the coming year.

Race and Ethnicity



- * Race/Ethnicity is a new field for SWORD data collection.
- * For September 2021 the first month tabulated, 66% of reported overdose patients were White non-Hispanic, 17% were Black non-Hispanic and 16% were Hispanic.

EMS Reporting to SWORD

CT EMS Statewide Opioid Reporting Directive

- Call CT Poison Control after any call where the patient is suspected of opioid use, causing decreased responsiveness, respiratory depression or death.
- Naloxone does not have to be given.

SWORD

Call Poison Control (PC) @ 1-800-222-1222, say "I need to speak with CT PC. I have a call for CT SWORD", give your name, service name, and ambulance number. Answer the following:

CT EMS Statewide Opioid Reporting Directive

- ① Patient Name
- ② Patient Age (DOB if possible)
- ③ Patient Gender
- ④ Incident address and type (pt. home, public area, unknown, etc.)
- ⑤ Opioid used (heroin, fentanyl, pill, unknown)
- ⑥ Route (IV, IN, PO, smoked, unknown)
- ⑦ Disposition (transport, refusal, dead, pt not found)
- ⑧ Naloxone given (Y or N), if yes:
 - a. delivery method (IN/IM/IV) and dose
 - b. who gave first dose (citizen, PD, FD, EMT, EMTP)
 - c. side effects noted? (Y or N) (emesis, agitation, other)
- ⑨ Describe bag stamp picture and/or name
-send pic to poisoncontrol@uchc.edu if possible; case # in subject line
- ⑩ Brief description of call

- CPCC specialists ask EMS providers 10 questions about the overdose case (as seen above)
- In 2021, race/ethnicity question was added

ODMAP Entry Form

ODMAP Home Contact Overdoses - Manage - National Map - BETA Account 

ENTER LOCATION

Use My Device Location

Use An Address

Address (include State, City & Zipcode)
Ex: 123 Anyroad, Anyplace, CA 12345

Use Coordinates

Latitude Ex: 35.048230

Longitude Ex: 176.0985405

CASE INFORMATION

Case Number	Age	Gender	Primary Suspected Drug
		Select	Select

Victim Was Taken to the Hospital
Select

Part of Multiple Overdose Victim Incident
Select

Motor Vehicle Involved
Select

Naloxone Administered By
Select

NON-FATAL OVERDOSES

Naloxone Administration Unknown

Single Dose (2mg IN or 0.4mg IV)
Naloxone Administered

Naloxone Not Administered

Multiple Doses (>2mg IN or >0.4mg IV)
Naloxone Administered

FATAL OVERDOSES

Naloxone Administration Unknown

Single Dose (2mg IN or 0.4mg IV)
Naloxone Administered

Naloxone Not Administered

Multiple Doses (>2mg IN or >0.4mg IV)
Naloxone Administered

ODMAP Home Contact Overdoses - Manage - National Map - BETA Account 

Incident Location Information

Use An Address

Address (include State, City & Zipcode)

300 Capitol Ave, Hartford, CT, 06106, USA

 Map It

Use Coordinates

Latitude

41.763368898664

Longitude

-72.6849561747072

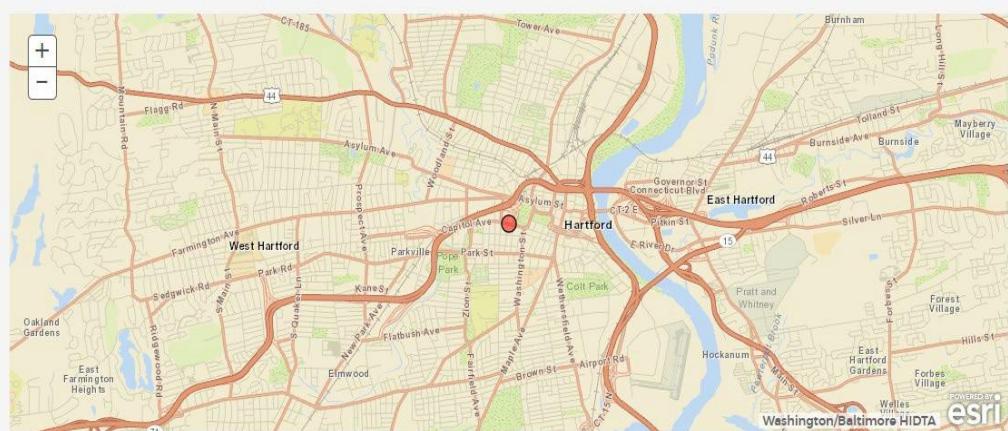
 Map It

Incident Date

07/22/2021

Incident Time

12:30



This location is correct.
Submit this location

Monthly SWORD Newsletter

CT EMS SWORD

Statewide Opioid Reporting Directive Newsletter

February 2021, Issue XXI

CT Opioid Heat Map

A heat map is a tool that provides data visualization and the strength or magnitude of the topic being displayed. Variation in color provides the viewer with indicators as to the intensity and location of the phenomenon.

The new ODMAP database, which produced this map, is capable of producing heat maps for cities, towns, and counties across the state.



SWORD Spotlight

Kudos to American Ambulance Service and to Stamford EMS for being vigilant in their reporting efforts to Connecticut Poison Control Services.

Consistent and committed reporting translates into real outcomes as local public health entities, and their community partners look to ODMAP for real time data relating to opioid overdoses.

Look further in this month's newsletter for reports that reveal data trends in Connecticut.

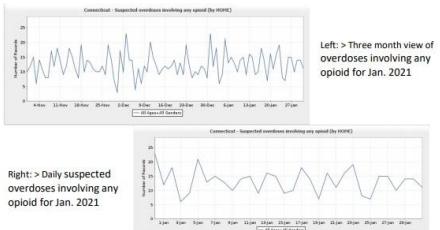
SWORD Reporting Translates into Real Results: Waterbury Health Dpt.

Jennifer L. DAWIT, LADC, LMFT, CAC CPS, OODA Program Coordinator, Prevention Coordinator, Waterbury Health Department

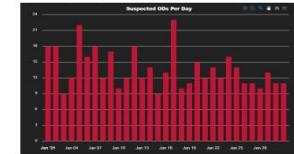
At the beginning of Waterbury's response to the opioid crisis approximately five years ago, there was very limited real-time overdose reporting data that could allow immediate response and program adjustment to meet the needs of persons affected in this community.

We relied heavily on Syndromic Surveillance reporting, and separate data sets each collected by Waterbury police and Waterbury fire. Fast forward to

cont. on pg. 3



Data, above, represents the total count of emergency department visits (Syndromic Surveillance) related to prescription and illicit opioid overdoses. Data reflects overdoses based on town/city resident. It does not include non-resident overdoses. Data subject to change.



The graph, at left, represents EMS reported opioid overdoses by incident day during January.

SWORD Statewide Reporting January 2021

In the month of December 2020, there were 424 calls to the CT Poison Control Center (CPCC) for SWORD. Of those calls, 404 were non-fatal and 22 resulted in fatalities. There were 349 total naloxone administered: 183 non-fatal multiple doses of naloxone administered, 155 non-fatal single dose naloxone, and 63 non-fatal with no nalox administered. At the beginning of Waterbury's response to the opioid crisis approximately five years ago, there was very limited real-time overdose reporting data that could allow immediate response and program adjustment to meet the needs of persons affected in this community.

The 424 cases involved suspected overdoses from all of our counties: Fairfield (92), Hartford (150), Litchfield (7 Midstate) (15), New Haven (86), New London (37), Tolland (12), and Windham (13). The age breakdown of the fatality is as follows: 0 to 18 years of age (5); 19 to 24 years of age (27); 25 to 34 years of age (113); 35 to 44 years of age (11 45 to 54 years of age (79); 55 to 64 years of age (63); 65 years of age and older (18); age unknown (6).

*Numbers subject to change

*TIP: Store the CPCC number in your cell for ease of use! 1-800-222-1222

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cont. from pg. 1: Waterbury Health Dpt.

The creation of ODMAP and the various features of this tool that allow for not only real-time county-based overdose spike alerts, but also provide important information such as bag stamps on-scene that helps our public safety and response efforts to more clearly understand the prevalence and lethality of illicit drugs on the street, and allows community providers to improve and further coordinate outreach and communication to at-risk persons and the places where they congregate.

Beginning in March, quarterly data surveillance meetings will be conducted with key representatives of all Waterbury emergency service, police, fire, hospital, medical, public health, and local medical and Trinity ambulance companies. Stakeholders will sit down to examine the data provided through SWORD, and other sources to set response goals for education,

Suspected OD's by month June 2019-January 2021



This graph shows the total suspected overdoses (fatal and non-fatal) called into CPCC by month since June 2019. (Other numbers were transferred from the ODMAP database system 2/3/2021)
The Statewide Reporting Directive began across the State on June 1, 2019.

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Data a Deeper Dive

Naloxone, an antidote for opioid poisoning, is known to cause adverse side effects in some patients, particularly those who are chronic opioid users, by putting them into opioid withdrawal if given in excessive amounts. Using ODMAP, we examined the rate of side effects from single dose naloxone administration for suspected opioid overdose in Hartford, Connecticut for the period of June 1, 2019 to December 31, 2019.

Results:

A total of 239 suspected nonfatal overdoses in the city of Hartford were reported to the Connecticut Poison Control Center during the study period of 7 months in which only one single dose of naloxone was administered. Of those 239 overdoses, 179 received the dose by the intranasal (IN) route, 40 by the intravenous route (IV) and 20 by the intramuscular (IM) route. 30.5% of patients suffered side effects from naloxone, including nausea, vomiting, and other withdrawal symptoms; 17.5% had side effects when the dose was given IV; 30% had side effects when given IM; and 33.5% had side effects when given IN. 20.5% of those who received 2 mg IV (7 of 34) had side effects versus 38.1% who received 0.5 mg (13 of 33) and 29.9% of patients who received doses of 0.5 mg (1) and 1 mg (1) via the intranasal route suffered no adverse effects.

Conclusions:

33.5% of suspected opioid overdose patients suffered adverse effects after receiving a single dose of naloxone. Patients receiving 4 mg IV had nearly twice as likely those receiving 0.5 mg to suffer side effects. EMS services who respond to the scene of an opioid overdose, should consider the potential for side effects when determining the route of naloxone administration. For those services who only administer

naloxone via the intranasal route, consideration should be given to using the 2 mg dose instead of the 4 mg dose provided rescuers are able to ventilate the patient with a bag-valve mask while waiting for the naloxone to take effect.

Future:

We are developing a larger research proposal, in conjunction with UConn Health, to determine if the results from this limited study hold true on a statewide scale.

Glassine Bags



A glassine Naloxone bag. "Nalox" is pictured on right. This logo was recently associated with a number of overdoses in Connecticut.

Do you need help accessing ODMAP Level 1 (Spike Alert Level) or Level 2 (Map Level)?

Click here to contact the ODMAP Helpdesk, or call (301) 489-1744



Department of Public Health

Office of Emergency Medical Services

Click here to contact OEMS regarding the SWORD page on our website

ODMAP, or feedback. Click here to check out the SWORD page on our website

Thank you for your participation!

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Poison Help
1-800-222-1222

CT DPH issues a monthly SWORD newsletter available on the DPH website. The newsletters includes stats, trends, local spotlights, research, and glassine bags reported.

<https://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/OEMS---SWORD>

Questions?

For additional questions or information about SWORD and this report, please contact Peter Canning at canning@uchc.edu or Katharine Hickcox at Katharine.Hickcox@ct.gov

SWORD is a collaboration between the Connecticut Department Public Health (DPH) Office of Emergency Medical Services (OEMS) and Injury and Violence Prevention and Surveillance Unit, the Connecticut Poison Control Center (CPCC) at UConn Health, the High Intensity Drug Trafficking Areas (HIDTA) program, and Connecticut's emergency medical providers.