

Statewide Opioid Reporting Directive (SWORD) 2022 Annual Report June 2021-May 2022



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Introduction

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 Statewide Opioid Reporting Directive (SWORD). Following each suspected overdose, EMS responders call the CPCC's 1-800-222-1222 line to report the event and answer a series of questions. CPCC specialists record the information and enter a portion of the data into the Overdose Detection Mapping Application Program (ODMAP), a federal mapping application. In its first three years of operation, the SWORD program has collected 13,943 overdose cases, including 4,583 cases from June 1, 2021 to May 31, 2022. The collected data and mapping enables local, state and federal public health and public safety agencies to respond in a timely manner to overdoses in their respective communities.

When SWORD/ODMAP triggers a spike alert, based on a preset number of overdoses in a county in any 24 hour period, Department of Public Health (DPH) epidemiologists review the following: SWORD Toxicall narratives (EMS), DPH Syndromic Surveillance System (Emergency Department visits), and Medical Examiner (OCME) data. Based on this review, if a threat is determined, DPH will issue a public health advisory.

SWORD Highlights

- There were 4,583 suspected overdoses reported by EMS to the SWORD program between June 1, 2021 and May 31, 2022, **a 6.1% decrease over the previous year**. Beginning in August 2021, SWORD reported overdoses were lower every month over the preceding year with the exception of October 2021 and February 2022.
- Males accounted for 71% of the overdoses; and females accounted for 29%. The age group that experienced the most opioid overdoses were those between the ages of 35 and 39.
- When the drug of exposure was known: 79% of the overdoses were due to heroin or fentanyl powder, 19% due to prescription pills (including possible counterfeit pills containing fentanyl) and 2% due to methadone or Suboxone®.
- Bystanders administered naloxone in 16% of the overdose cases where 911 was called.
- The vast majority of opioid overdose patients were transported to a hospital emergency department. Only 7% of nonfatal overdose patients who received naloxone refused transport.
- The majority of reported overdoses occurred in residences (60%). 37% of reported overdoses occurred in a public area, with 12% occurring in a motor vehicle. 87% of all fatal overdoses occurred in a residence.

Limitations

The SWORD database is not a complete database of all opioid overdoses in Connecticut. It includes only those overdoses where 911 is called and EMS responders report the overdose to CPCC. The database is dependent on EMS compliance with reporting the event. SWORD estimates EMS compliance to be 70% statewide, but compliance may vary significantly by municipality. Another limitation is the underreporting of fatal overdose by EMS responders. It is estimated that SWORD contains only 20 to 30% of opioid overdose fatalities. EMS responders are often unable to determine cause of death because of the lack of paraphernalia (i.e., needle in arm, heroin bags, etc.) at the scene. In addition, patients who die after EMS transports to the hospital and overdose deaths where EMS was not called to respond are not reported.

SWORD Report Findings

Overview

Between June 1, 2021 and May 31, 2022 the SWORD program received 4,583 suspected overdoses

(nonfatal and fatal) reported by EMS responders. The following data and graphs illustrate suspected overdoses by month, suspected overdoses by day of the week and hour of day, age, gender, and naloxone administration.

Figure 1: Suspected Overdoses by Month, June 2019-May 2022

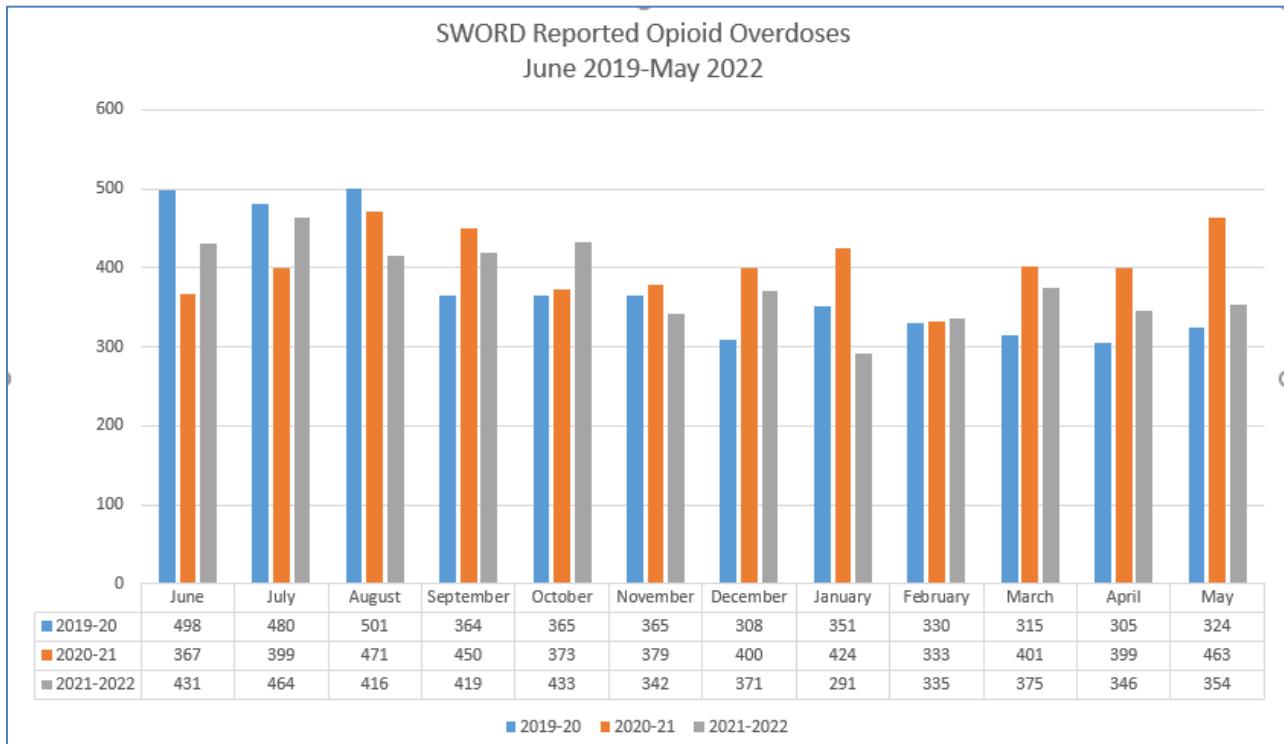


Figure 1 illustrates SWORD reported opioid overdose by month. Since August 2021, monthly overdose totals were lower every month over the previous year with the exception of October 2021 and February 2022.

Figure 2: Suspected Overdoses by Day of the Week and Hour of the Day, June 2021-May 2022

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM	24	19	22	27	30	22	37
1:00 AM	33	8	18	19	20	20	30
2:00 AM	22	13	14	15	20	18	24
3:00 AM	15	12	15	12	14	20	23
4:00 AM	13	16	11	11	10	17	33
5:00 AM	16	10	11	4	7	8	24
6:00 AM	16	10	12	10	21	16	15
7:00 AM	11	9	10	13	15	17	12
8:00 AM	18	16	15	16	17	19	14
9:00 AM	18	12	17	14	27	20	16
10:00 AM	20	21	23	15	18	26	18
11:00 AM	22	34	30	20	31	28	24
12:00 PM	29	31	26	27	33	26	33
1:00 PM	30	32	30	29	40	44	38
2:00 PM	32	28	33	39	34	45	39
3:00 PM	36	37	43	50	38	40	39
4:00 PM	36	34	25	51	38	35	41
5:00 PM	41	30	31	44	36	43	28
6:00 PM	28	42	44	52	50	43	30
7:00 PM	33	44	36	37	55	44	45
8:00 PM	24	40	37	54	43	41	33
9:00 PM	29	34	38	40	41	52	41
10:00 PM	27	26	34	41	30	36	49
11:00 PM	16	27	25	31	26	37	36

Figure 2 illustrates the peak time of suspected overdoses occurred between 1:00 P.M. and 10:00 P.M. Most overdoses occurred on Thursdays from 7:00 P.M. to 8:00 P.M. and Wednesdays from 8:00 P.M. to 9:00 P.M.

Figure 3: Suspected Overdose by Age and Gender, June 2021-May 2022

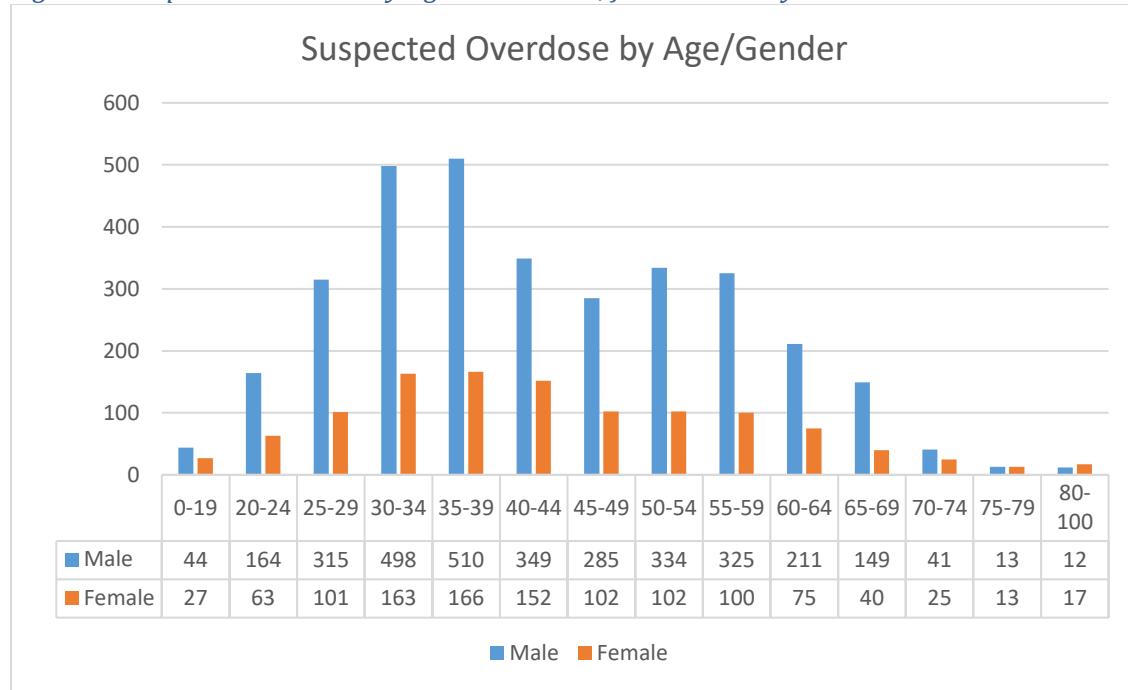


Figure 3 illustrates that more males than females experienced an overdose. Most overdoses occurred among people between the ages of 30 and 44.

Figure 4: Who Administered First Naloxone, June 2021-May 2022

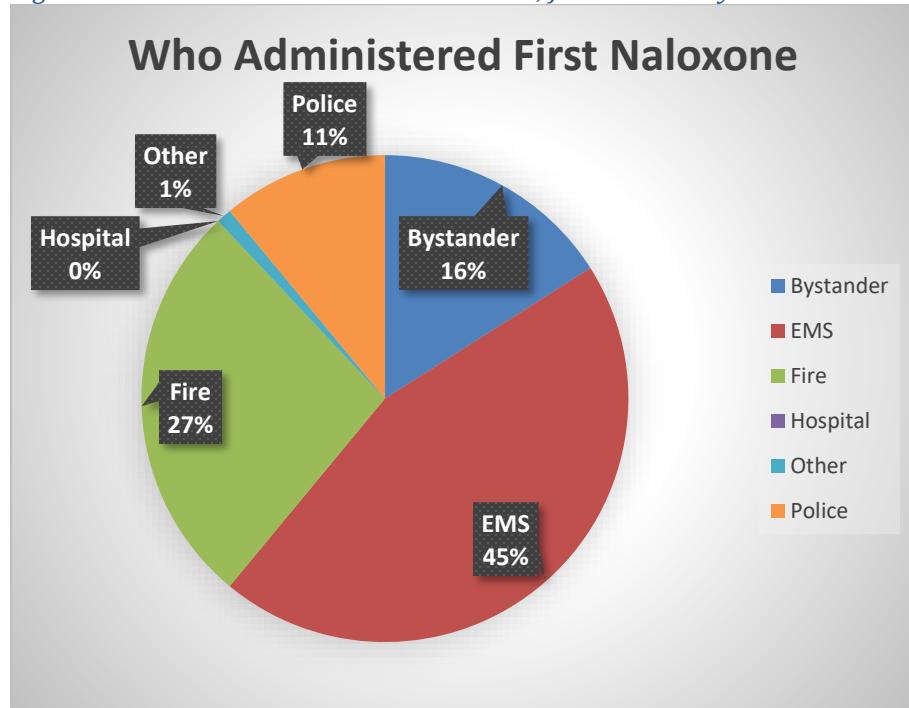


Figure 4 illustrates that EMS and Fire most often (72%) administered naloxone first, followed by naloxone administration by a bystander (16%).

Figure 5: Place of Overdose, June 2021-May 2022



Figure 5 illustrates that 60% of all reported overdoses occurred in a residence of any type, while 87% of fatal overdoses occurred in residences of any type.

Data Trends and Analysis

Overdoses

- According to the Office of the State Medical Examiner (OCME) fatal opioid overdoses increased by 10.9% percent in calendar year 2021 from the previous year 2020. SWORD-reported opioid overdoses during this same period of time increased by 9.6%.
- From June 2021 through May 2022, SWORD-reported opioid overdoses are down 6.1% over the previous 12 months, and from January 1, 2022 to May 31, 2022, overdoses are down 15.5% over the same January to May period in 2021. DPH Syndromic Surveillance System (Emergency Department visits), has also shown a downward trend. Data from the OCME is incomplete for this period, but preliminary data shows fatal overdoses have not had a similar decline.

Bystander Naloxone Administrations

- Bystanders were the first to administer naloxone in 16% of the overdoses where 911 was called. We have no reliable way of tracking how many times bystanders administered naloxone and 911 was not called.

Overdose Age

- The average age of people overdosing appears to be increasing. From June 2021 to May 2022, the age group that had the most reported overdoses was 35-39 years old. In the 12 month periods of June 2019 to May 2020 and June 2020 to May 2021, the ages of 30-34 had the most overdoses. The median age of all reported opioid overdoses from June 2021 to May 2022 was 41 years of age. The median age was 38 from June 2019 to May 2020 and 40 in June 2020 to May 2021.
- Although only representing a small number of SWORD reported cases, overdoses among children ages 0-17 have increased in the past three years. There were 12 in year one, 29 in year two and 41 in year three. This may also be due to the increasing prevalence of counterfeit pills that may be more accessible to youth than known heroin/fentanyl.
- In year three of SWORD, there were eleven reports of children, two and under, who were victims of fentanyl or other opioid poisoning, nine of which required naloxone for resuscitation. This compares to only three children two and under in year two and four in year one.

Unsafe Drug Supply

- SWORD has received increasing reports of overdoses attributed to cocaine contaminated with fentanyl, including cases of multiple victim scenes. People who claimed they only used cocaine but required naloxone contributed to 13.4% of all multiple overdose scenes.

- Overdoses attributed to pills have increased from 11% (June 2019- May 2020) to 19% of all opioid overdoses when the opioid of exposure is known. This may be due to a reported surge of counterfeit pills such as Xanax® and Percocet® that contain fentanyl.

For fuller data report, access the report PowerPoint at this link: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/ems/pdf/SWORD/SWORD-newsletters/2022/2022-SWORD-Annual-Report---Slides.pdf>

About SWORD

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 service providers.

The data in this report was accessed on June 2, 2022.