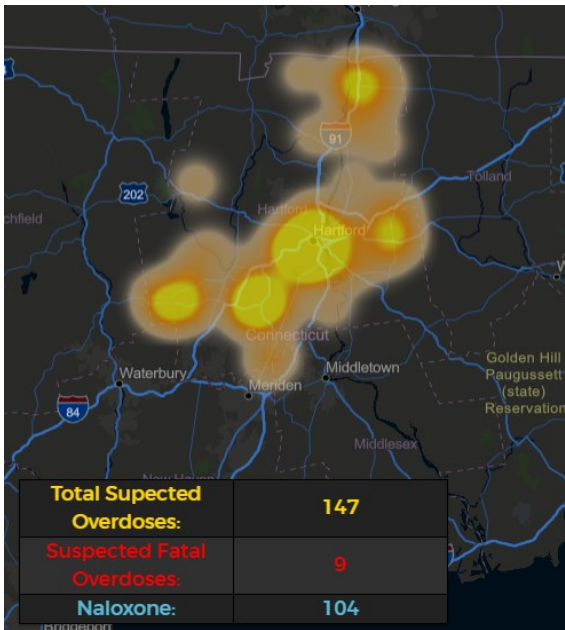
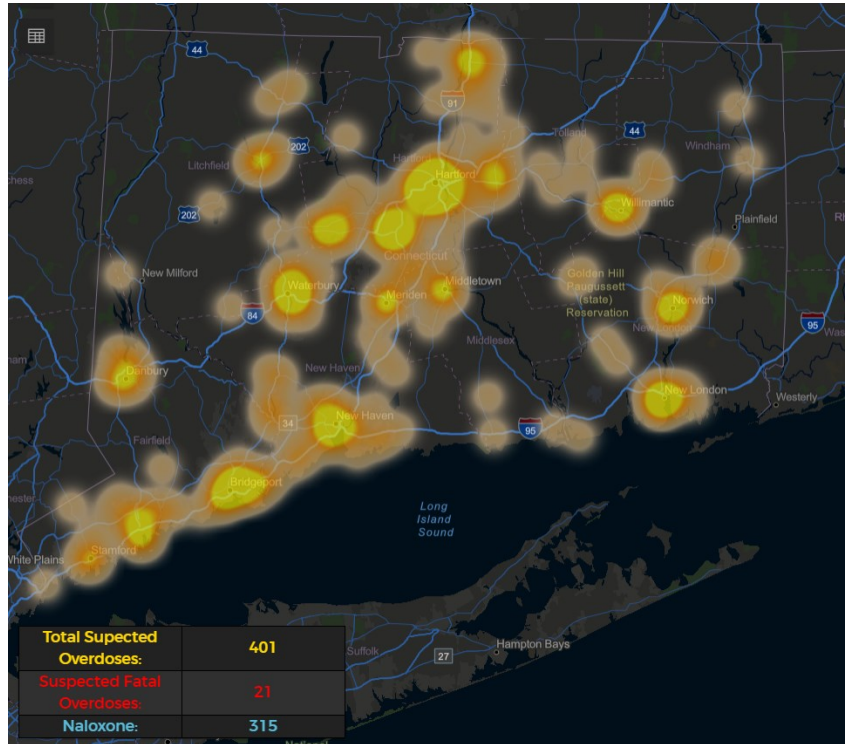


CT Opioid Heat Map

In the month of March the State of Connecticut saw increased activity in Hartford and New Haven Counties. The heatmaps depicted, at right, and below show cumulative data for the month of March 2021.



Above> Hartford County Heat Map, for March 2021



Multiple Data Sources Examine Repeat Overdose and Mortality Following Overdose

The SWORD database that currently has over 9,000 suspected opioid overdose cases with over 7,000 naloxone administrations, is a valuable resource to analyze the opioid epidemic and enable us to most efficiently target resources and make decisions based on data instead of speculation. We have used it both for original research and to compare Connecticut's data to data from other states and areas.

Previously we looked at the frequency of multiple overdoses of individuals during a seven month period and found 11.16 percent of patients in the SWORD data base at that time had multiple reported overdoses. ^[1] We also looked at those who suffered a fatal overdose and found that 16 percent had at least one SWORD reported overdose in the previous year. ^[2]

Recently, the state of New Jersey released the results of its data review of repeat Naloxone patients over a four

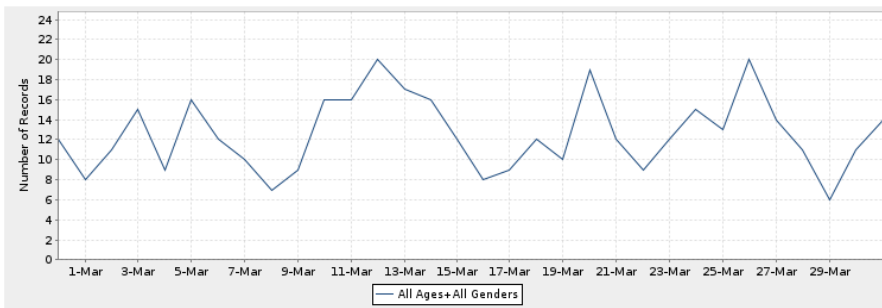
cont. on pg. 3

SWORD Spotlight

Kudos to Aetna Ambulance and Hunter's Ambulance, who all achieved reporting above the 95th percentile in the month of February.

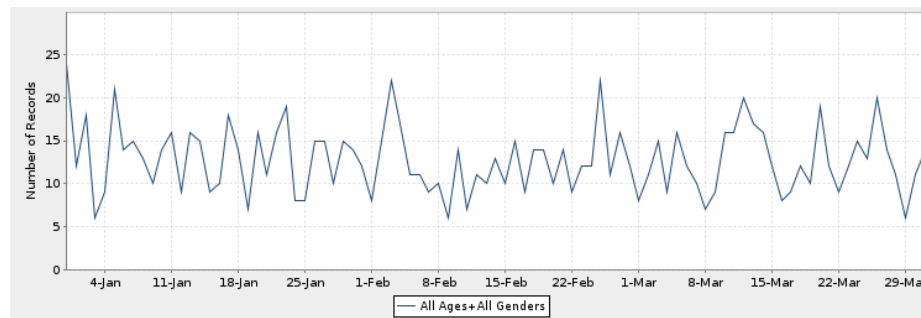


Your continued diligence, is appreciated. Consistent and committed reporting translates into real outcomes as local public health entities, and their community partners look to ODMAP for real time data relating to opioid overdoses.



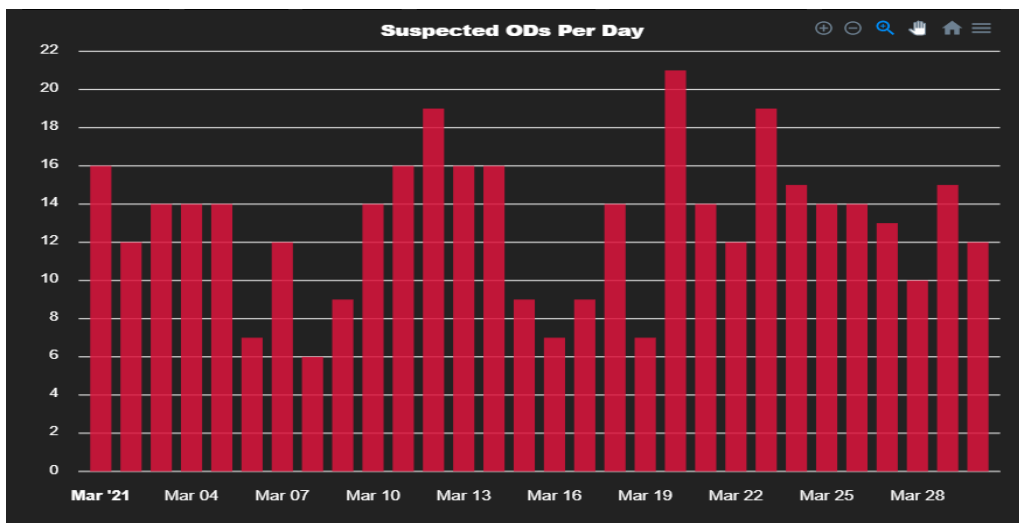
Left: > Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows counts for March 2021 for the state of Connecticut.

Right: > Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows total counts for the previous 90 days for the state of Connecticut.



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

*Suspected overdoses involving any opioid include prescription and illicit opioids.



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

SWORD Statewide Reporting March 2021

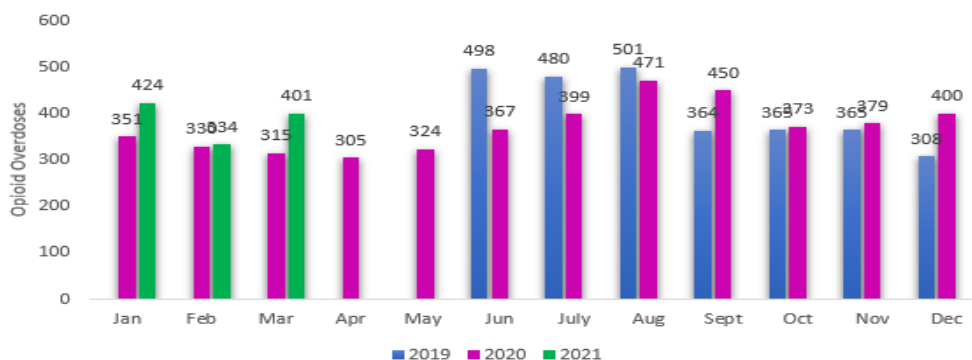
In the month of March 2021, there were 401 calls to the CT Poison Control Center (CPCC) for SWORD. Of these calls, 315 were non-fatal and 21 resulted in fatalities. There were 315 total naloxone administrations: 171 non-fatal multiple doses of naloxone administered, 132 non-fatal single dose naloxone, and 74 non-fatal with no naloxone administered. There were three (3) non-fatal with “unknown” naloxone administered. Of the 21 fatalities, nine (9) received multiple doses of naloxone, three (3) received single dose, and nine (9) with no naloxone administered. The gender breakdown for the state is: Male (291); Female (108) and (2) unknown.

401 cases involved suspected overdoses from all of our counties: Fairfield (76), Hartford (147), Litchfield (15), Middlesex (15), New Haven (81), New London (44), Tolland (5), and Windham (18). The age breakdown of the patients is as follows: 0 to 18 years of age (2); 19 to 24 years of age (23); 25 to 34 years of age (103); 35 to 44 years of age (106); 45 to 54 years of age (70); 55 to 64 years of age (64); 65 years of age and older (25); age unknown (8).

*Numbers subject to change

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

Suspected OD's by month June 2019-March 2021



Right: > This graph shows the total suspected overdoses (fatal and non-fatal) called into CPCC by month since June 2019

(These numbers were transcribed from the ODMAP database system 4/5/2021)

The Statewide Reporting Directive began across the State on June 1, 2019

Counterfeit Pills

EMS responders have reported an increasing number of cases where their patients overdosed after ingesting single 30 mg Percocets they had bought off the street. From March 19 to 24, there were four such overdoses in Manchester, as well as similar single overdoses in West Hartford, Mansfield, Willimantic, Middlefield and Enfield. From April 4-6, similar single Percocet overdoses were reported in Waterbury, Watertown, Norwich and Middletown.



Counterfeit Percocet and oxycodone have also been reported with increasing frequency across the country. It is believed that drug traffickers are buying drug presses and dies and then pressing fentanyl and cut (nonactive ingredients like sugar, baking soda, etc.) into pills that look almost identical to legitimate prescription pills. Most typically they are round blue pills with an M and the number 30 on them. The danger is the lack of quality control where one pill may contain only a small amount of fentanyl, while another houses a lethal dose. A 2019 DEA analysis of 279 counterfeit pills, found (26%) contained potential lethal doses of fentanyl.

A single pill, which can sell for up to \$30, makes for large profit margins for the dealers, and high death risk for the users.

Warn your patient who buy pills off the street of the dangers of counterfeit pills. Tell them to never use alone, have naloxone available and to call 911 at the first sign of an overdose.

Multiple Data Sources cont. from pg. 1

year period. Of 14,611 patients who received naloxone from New Jersey law enforcement, 2,234 (15%) were repeat recipients.^[3]

A County in North Carolina recently published a study showing that over a three year period 17% of people who suffered fatal opioid overdose had a previous drug related encounter with EMS in the year before their death.^[4]

A Massachusetts study found 15% of patients treated with naloxone by EMS died within a year of any cause.^[5]

The data seems to show that while repeat overdose is not common, nonfatal overdose is a risk factor for later fatal overdose. On each overdose encounter EMS is in a position to either guide patients toward substance use services available at the ED or inform them of other community services. This is particularly important for

those who refuse transport to the hospital. EMS services should consider incorporating harm reduction education into their patient treatment plans.

1 Canning, Doyon, Hart, Kamin, Kosciusko (2020) Frequency of Multiple Opioid Overdoses per Individual in Connecticut During Seven Month Period, Society for Academic Medicine Presentation.

2 Canning, Frequency of Fatal Overdose after Nonfatal Overdoses, SWORD Newsletter, March 2021.

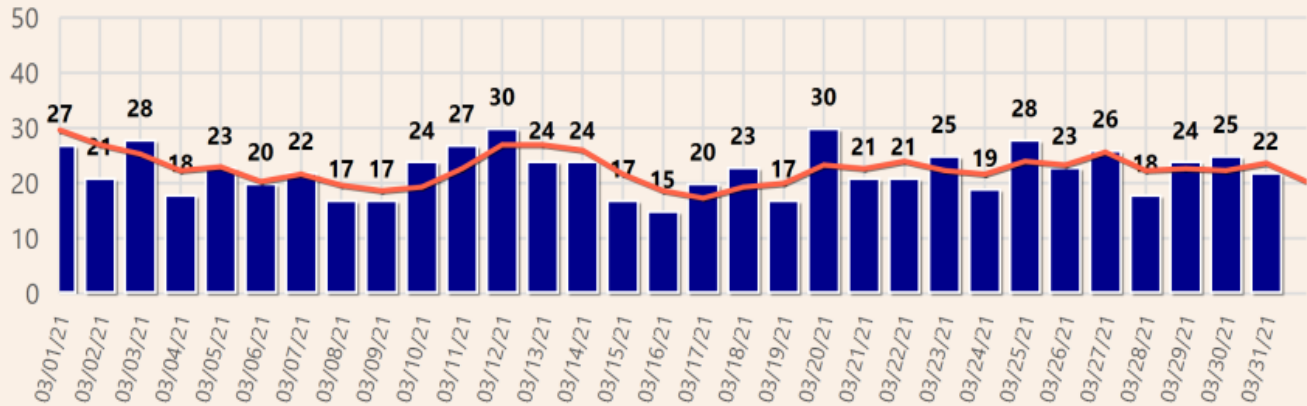
3 New Jersey State Police, Office of Drug Monitoring & Analysis. LE Naloxone Administrations Repeat Recipients., January 1, 2017-December 31, 2020.

4 Elizabeth H. Barefoot, Julianne M. Cyr, Jane H. Brice, Michael W. Bachman Jefferson G. Williams, Jose G. Cabanas & Kyle M. Herbert (2021) Opportunities for Emergency Medical Services Intervention to Prevent Opioid Overdose Mortality, Prehospital Emergency Care, 25:2, 182-190, DOI: 10.1080/10903127.2020.1740363

5 Weiner SG, MD, MPH, Baker O, PhD, Bernson D, MPH, Schuur JD, MD, MS. One year mortality of patients treated with naloxone for opioid overdose by emergency medical services. Subst Abus. 2020 Apr 3:1-5. doi: 10.1080/08897077.2020.1748163. Epub ahead of print. PMID: 32242763; PMCID: PMC7541791.

ODMAP Suspected Overdose Submissions - In the Last Month

■ Entries Per Day — 3-Day Moving Avg



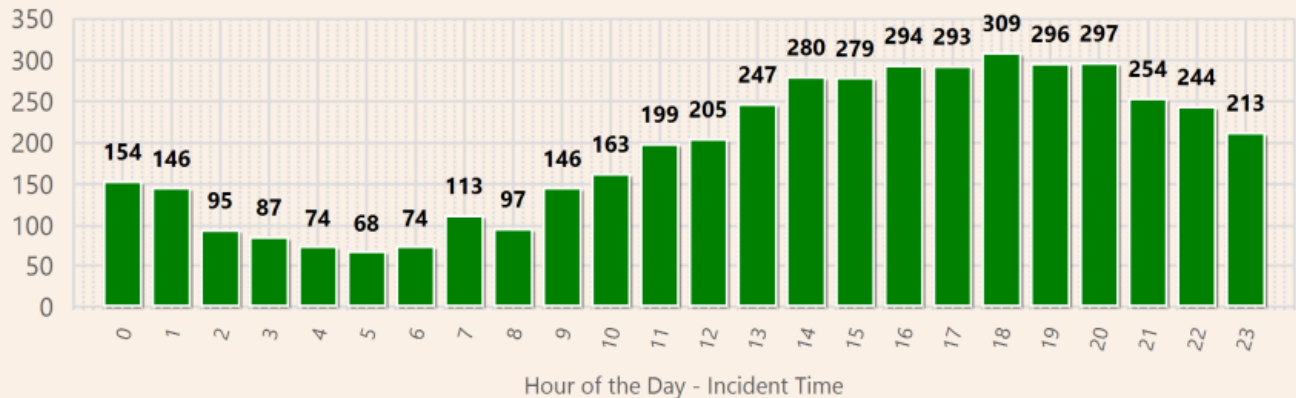
These counts represent the number of overdoses reported to ODMAP and are not official counts.

ODMAP Suspected OD Submissions by day.

This graph shows total suspected overdoses called in each day during the time period. The red line running horizontally shows a 3-day moving average of call-ins.

ODMAP Suspected Overdose Submissions - All Data Submitted

■ Per Hour of the Day



Cumulative (June—March, 2021) Overdoses by the Hour of the Day

This graph shows the hour of the day suspected overdose incidents have occurred statewide since the SWORD program began on June 1, 2019.

Note: All data in this newsletter come from reports made by CT EMS and can be viewed in ODMAP Level 2

Data a Deeper Dive:

SWORD Reported Nonfatal Suspected Opioid Overdose Percentage Not Transported PreCOVID and COVID
June 1, 2019–February 28, 2021

Background

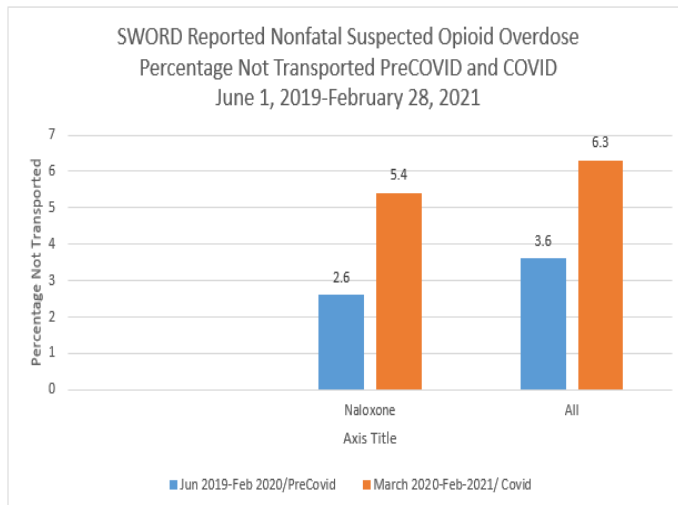
The COVID pandemic has been shown to have caused a decline in patients seeking emergency care at hospital emergency departments (EDs).^[1] We sought to examine if there was any difference in transportation rates after the start of the COVID pandemic in patients who have had nonfatal suspected opioid overdoses. Since those who suffer nonfatal opioid overdoses are at high risk of subsequent fatal overdose^[2], any increase in non-transportation rates could lead to decreased access to substance use treatment services typically offered in an ED.

Methods

The Connecticut Statewide Opioid Reporting Directive (SWORD) requires emergency responders to report suspected opioid overdoses to the Connecticut Poison Control Center (CPCC). We examined all nonfatal suspected opioid overdose patients reported to the CPCC who were not transported to the hospital during the time period of June 1, 2019 and February 28, 2021. We used the dividing point of March 1, 2020 to determine the PreCOVID and COVID periods.

Results

During the pre COVID period June 1, 2019 to February 29, 2020, there were 3,187 calls to SWORD for nonfatal overdose where the transport was known. 114 people (3.6%) were not transported. Of the 2,737 (86%) who received naloxone, 72 (2.6%) were not transported. During the period March 1, 2020 and February 28, 2021, there were 4,221 calls to SWORD for nonfatal overdose where the transport was known. 268 people (6.3%) were not transported. Of the 3,486 (83%)



1 Hartnett KP, Kite-Powell A, DeVies J, et al. Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:699–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e1>

2 The Connecticut Opioid Response Initiative. (2016b, October). <https://portal.ct.gov/-/media/DMHAS/ADPC/COREInitiative10616pdf.pdf>

who received naloxone, 187 (5.4%) were not transported.

Conclusion

The percent of patients with suspected opioid overdose who were treated by EMS with naloxone and then not transported to the hospital more than doubled (5.4% to 2.6%) after the onset of the COVID pandemic. EMS services should consider providing suspected opioid overdose patients who are not transported to the hospital with information about where to obtain substance use treatment services.

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



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Department of Public Health

Office of Emergency Medical Services

[Click here](#) to contact OEMS regarding the SWORD program,

ODMAP, or feedback, [Click here](#) to check out the SWORD page on our website

Thank you for your participation!

