



TEXAS

**Health and Human
Services**

**Texas Department of State
Health Services**

**Emergency Medical Services (EMS)
Non-Fatal Drug Poisoning Data
2019-2022
Texas Overdose Data to Action (TODA)**

June 14, 2024

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Emergency Medical Services and Trauma Registries

- The Emergency Medical Services and Trauma Registries (EMSTR) collects data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities.
- EMS providers and trauma facilities must report all runs and trauma events to EMSTR under Texas Administrative Code, Title 25, Chapter 103.
- An EMS run is a resulting action from a call for assistance where an EMS provider is dispatched to, responds to, provides care to, or transports a person.
- Per epidemiology best practice, EMSTR suppressed data when there were less than 5 records to protect identifiable data, is noted with an asterisk (*).
- This presentation includes data from 2019-2022.

Inclusion Criteria – All Non-Fatal Drug Poisonings

All Non-Fatal drug poisoning criteria:

- Primary Symptom, Other Associated Symptom, Provider's Primary Impression, or Provider's Secondary Impressions variables include International Classification of Diseases Tenth Revision (ICD-10) codes associated with all types of:
 - Poisonings;
 - Opioids;
 - Cannabis;
 - Sedatives;
 - Stimulants;
 - Cocaine;
 - Hallucinogens;
 - Inhalants; or
 - Other psychoactive substances.
- Protocols used are:
 - General overdose / poisoning / toxic ingestion;
 - Medical beta-blocker poisoning / overdose;
 - Medical calcium channel blocker poisoning / overdose;
 - Medical opioid poisoning / overdose; or
 - Medical stimulant poisoning / overdose.

Note – fatal drug poisonings are excluded from this presentation.

Inclusion Criteria – Non-Fatal Opioid Drug Poisonings

Non-fatal opioid drug poisoning criteria:

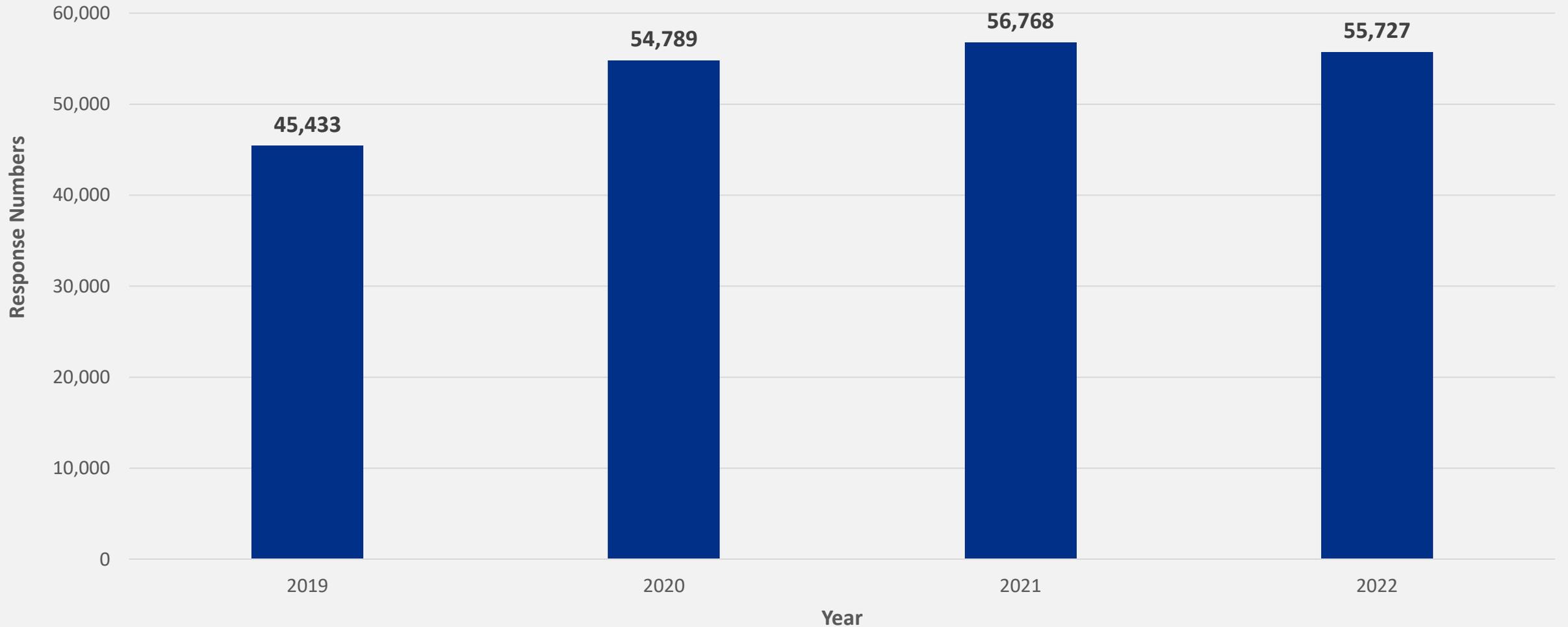
- Primary Symptom, Other Associated Symptom, Provider's Primary Impression, or Provider's Secondary Impressions variables include ICD 10 codes associated with poisonings by:
 - Opium;
 - Heroin;
 - Opioids;
 - Methadone;
 - Synthetic narcotics;
 - Unspecified narcotics; or
 - Other narcotics.
- Primary Symptom, Other Associated Symptom, Provider's Primary Impression, or Provider's Secondary Impressions variables include ICD 10 codes associated with:
 - Opioid abuse;
 - Opioid dependence; or
 - Opioid use.
- Protocols used are medical opioid poisoning / overdose.

Note – fatal drug poisonings are excluded from this presentation.

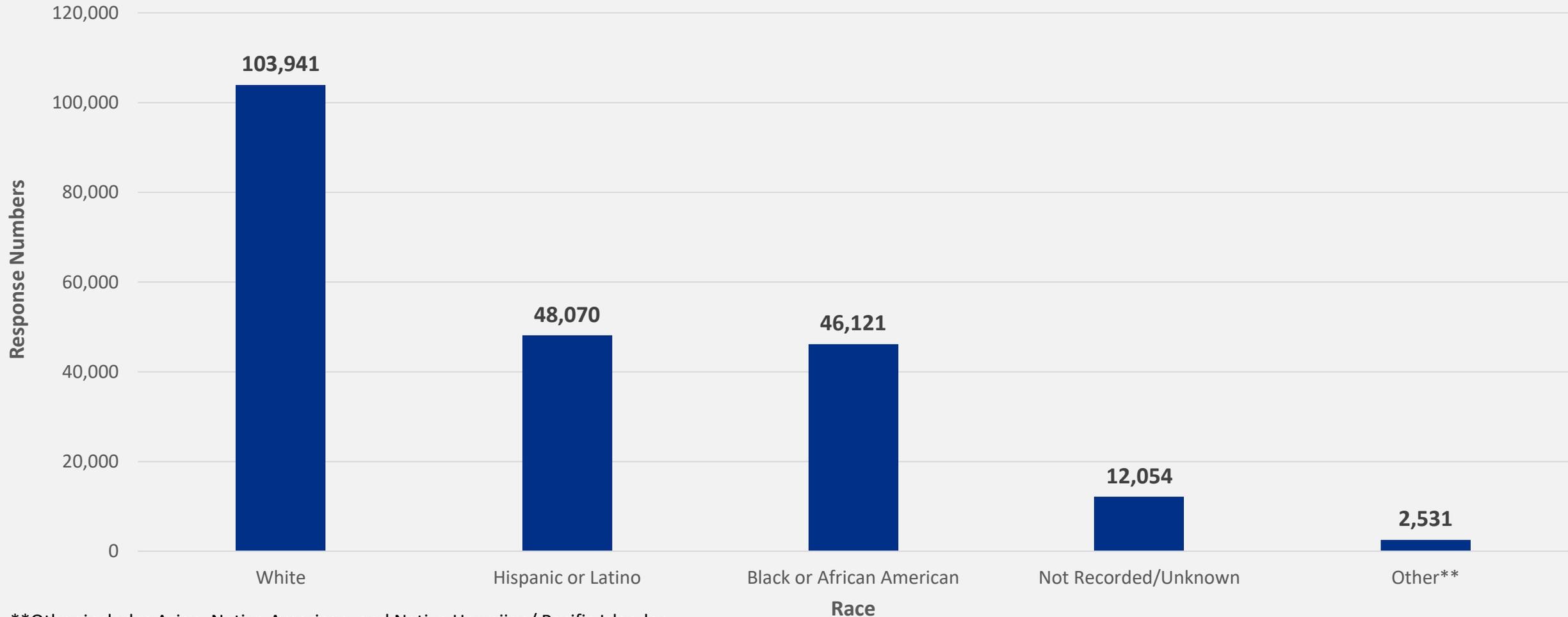
2019-2022 All Non-Fatal Drug Poisoning EMS Data



All Non-Fatal Drug Poisoning EMS Responses by Year

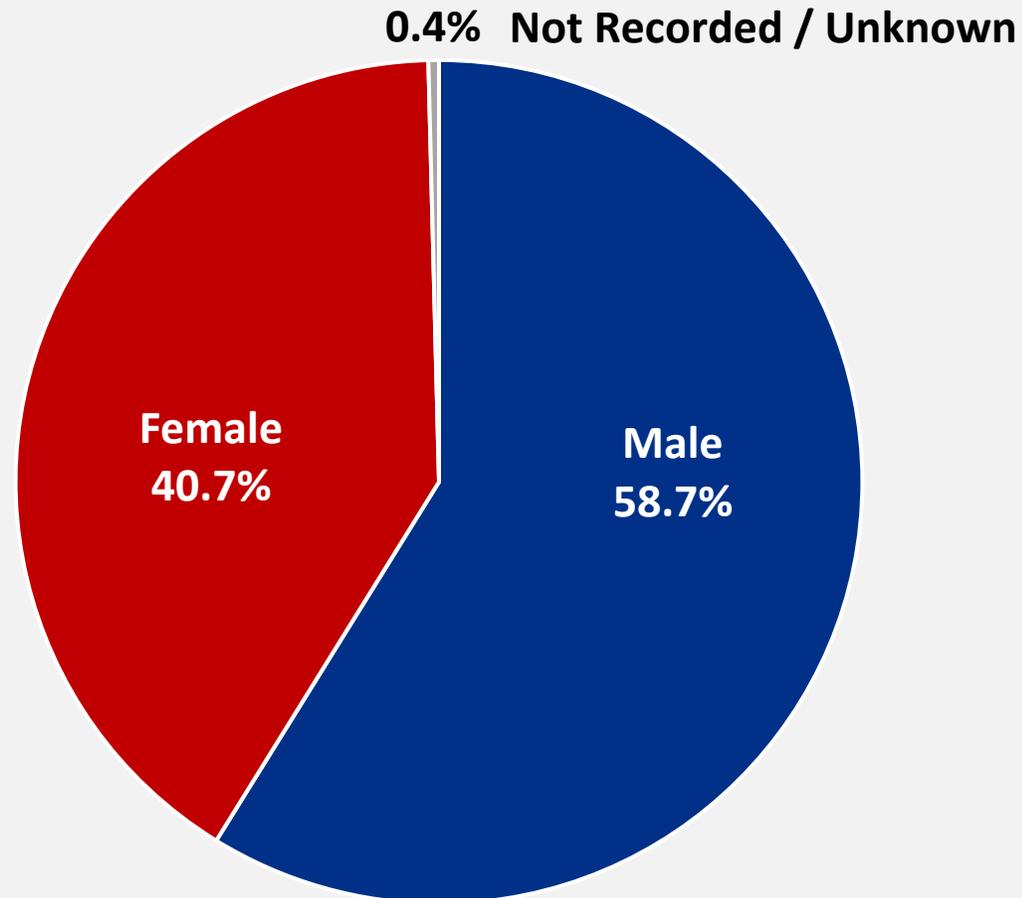


All Non-Fatal Drug Poisoning EMS Responses by Race

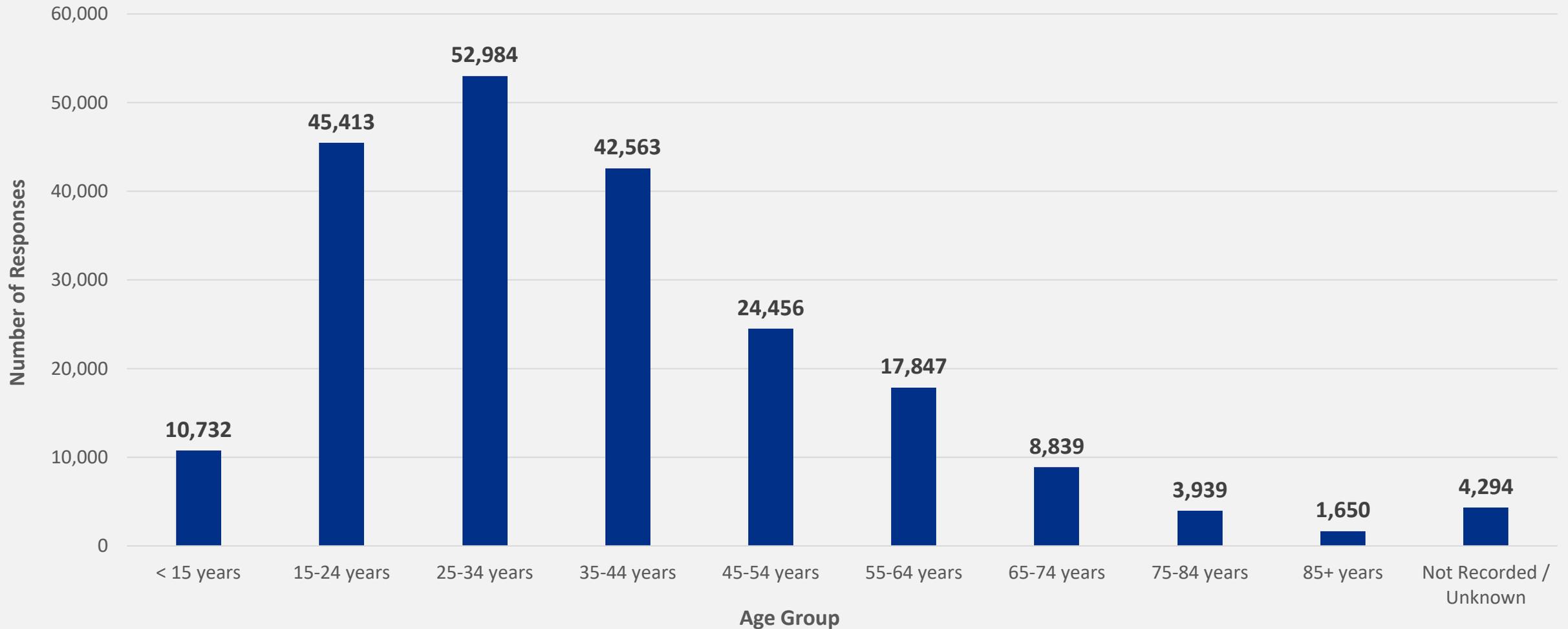


**Other includes Asian, Native American, and Native Hawaiian/ Pacific Islander.

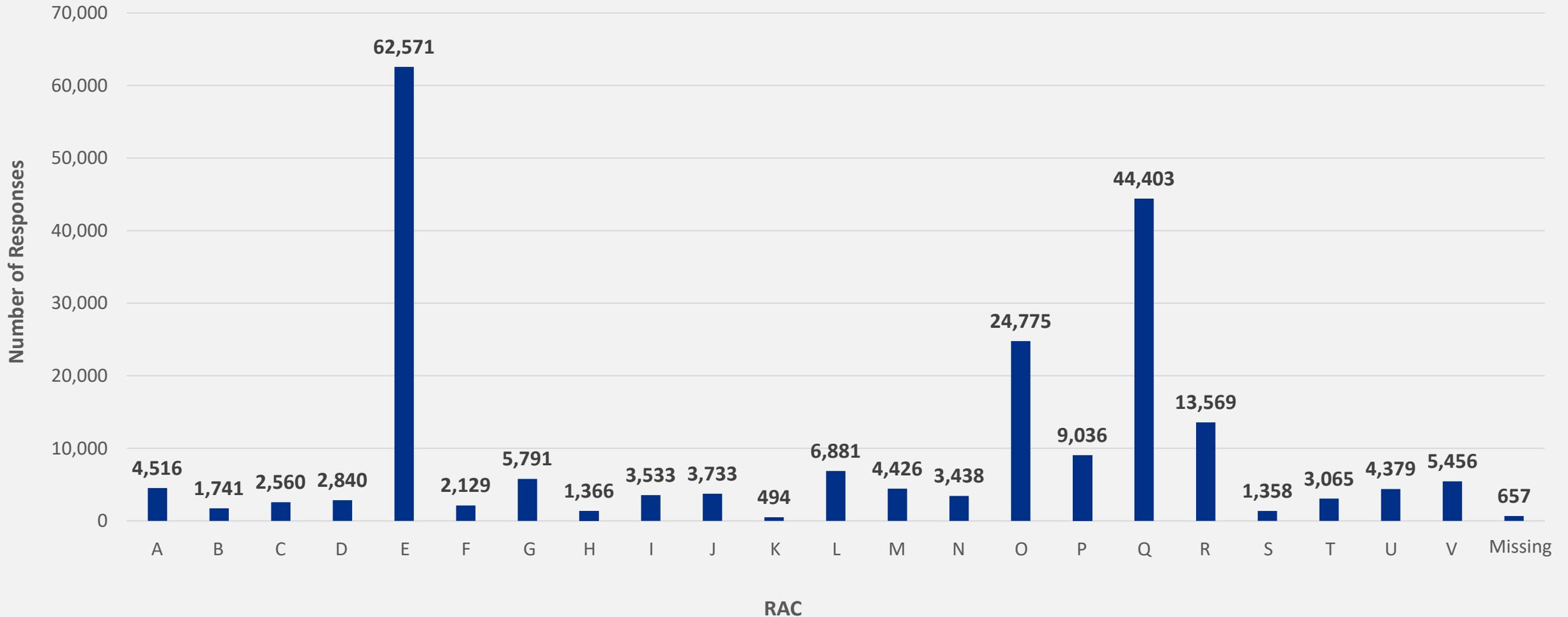
All Non-Fatal Drug Poisoning EMS Responses by Sex



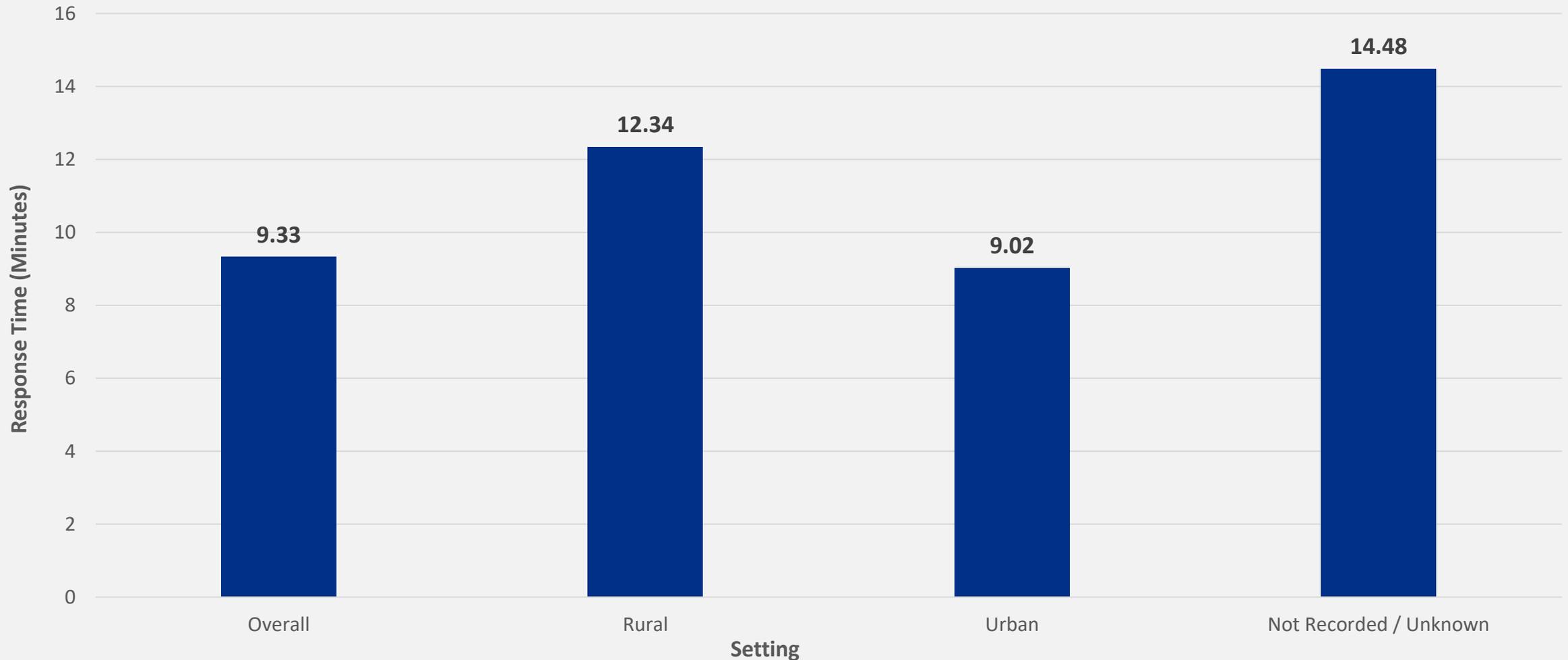
All Non-Fatal Drug Poisoning EMS Responses by Age



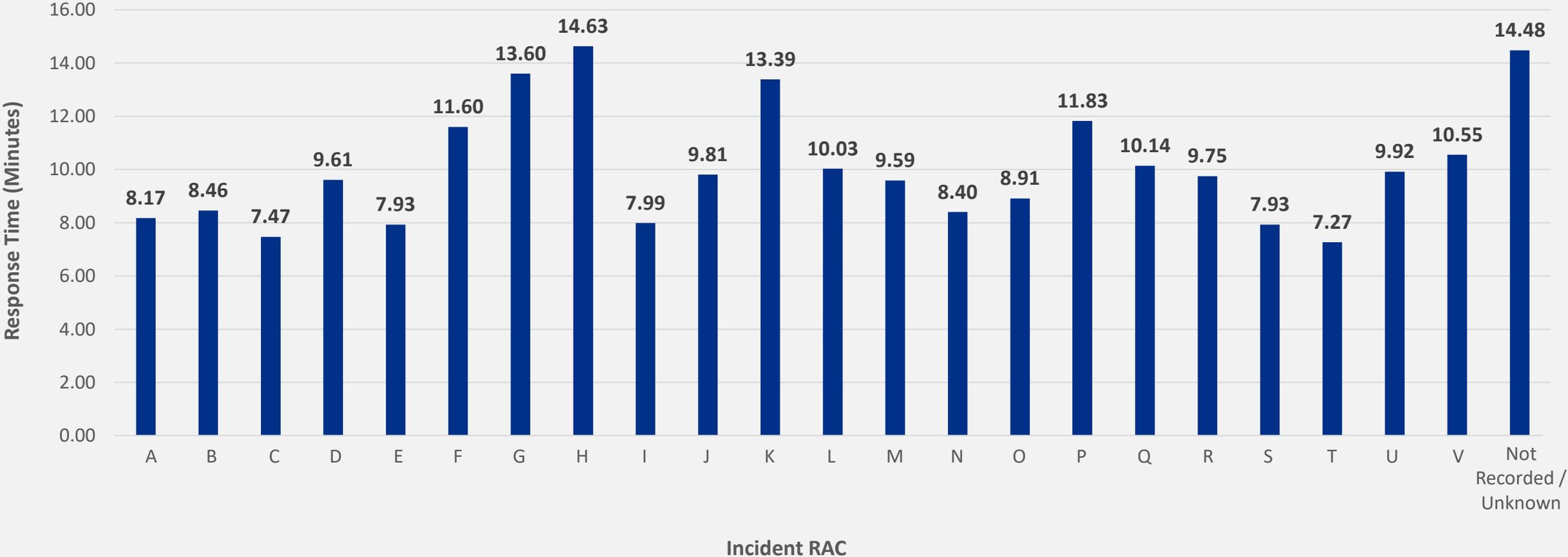
All Non-Fatal Drug Poisoning EMS Responses by RAC



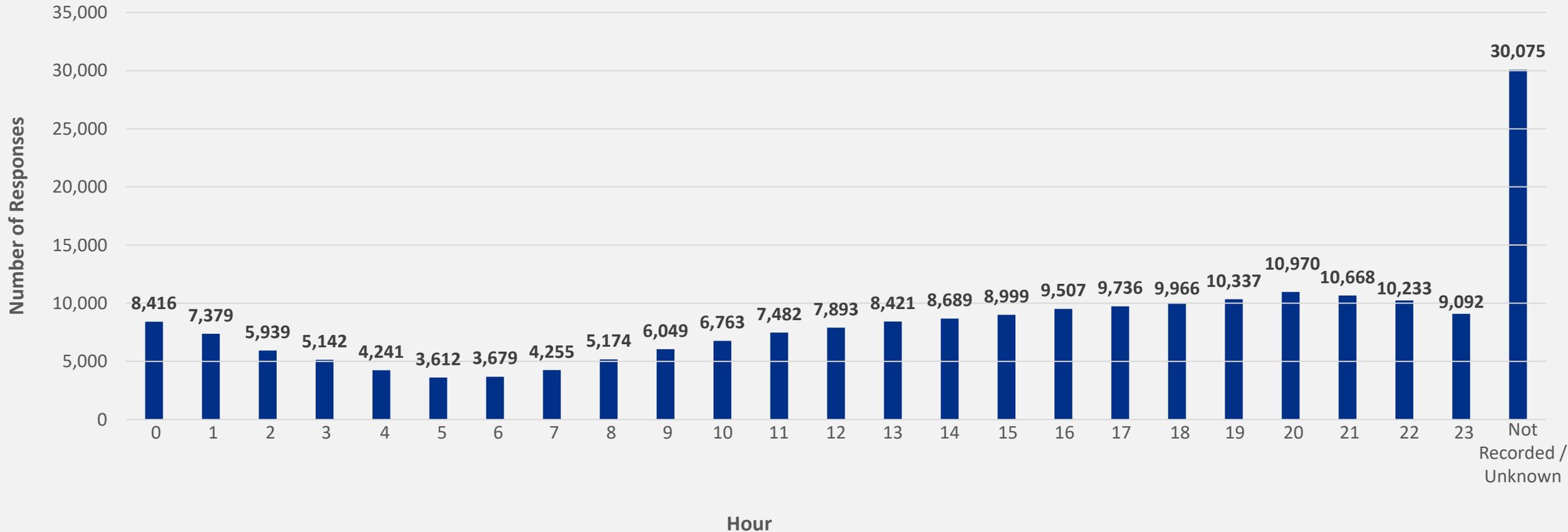
All Non-Fatal Drug Poisoning EMS Average Response Time by Setting



All Non-Fatal Drug Poisoning EMS Average Response Time by RAC

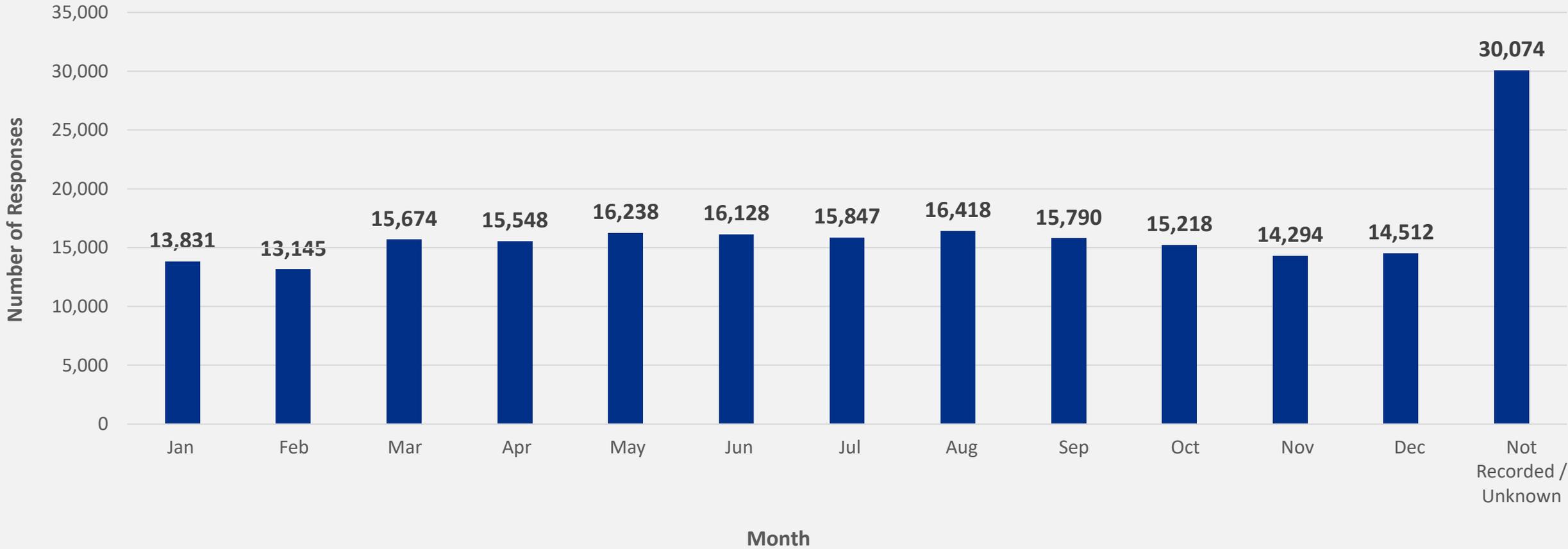


All Non-Fatal Drug Poisoning EMS Responses by Hour

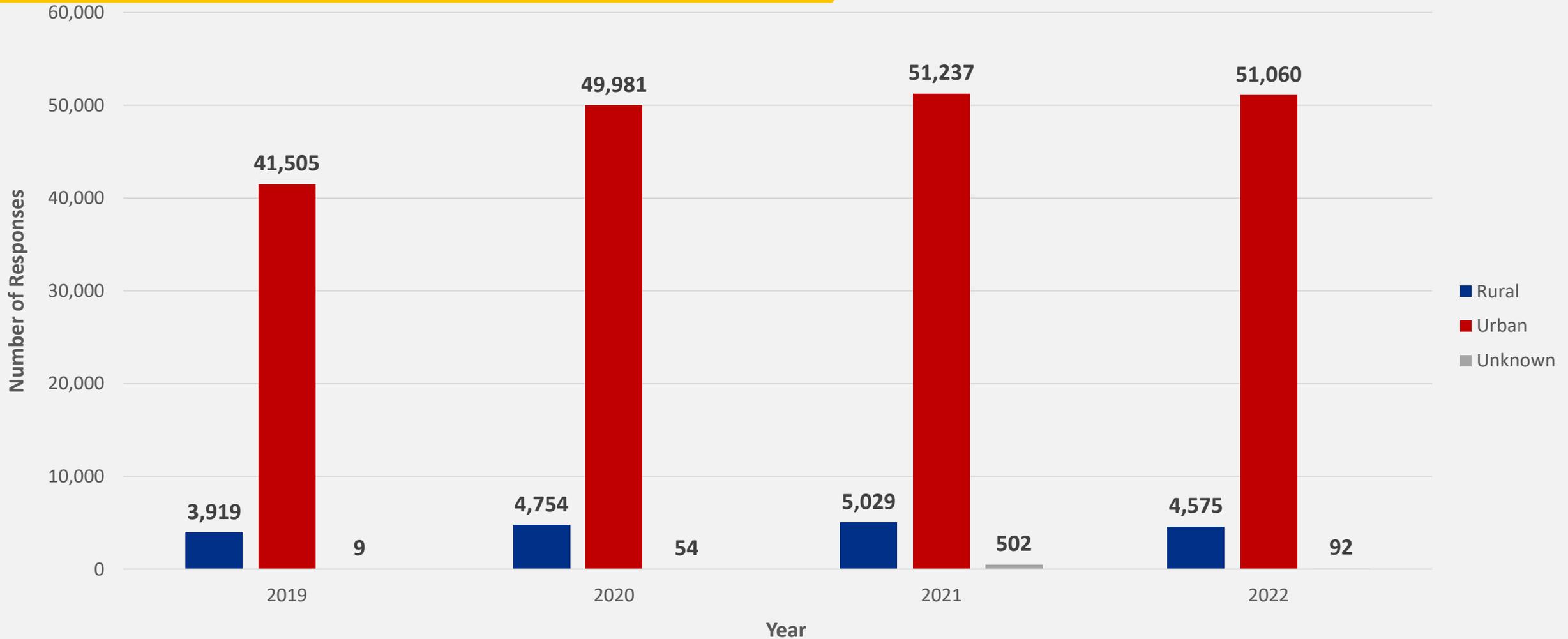


Based on a 24-hour timeline with "0" as midnight.

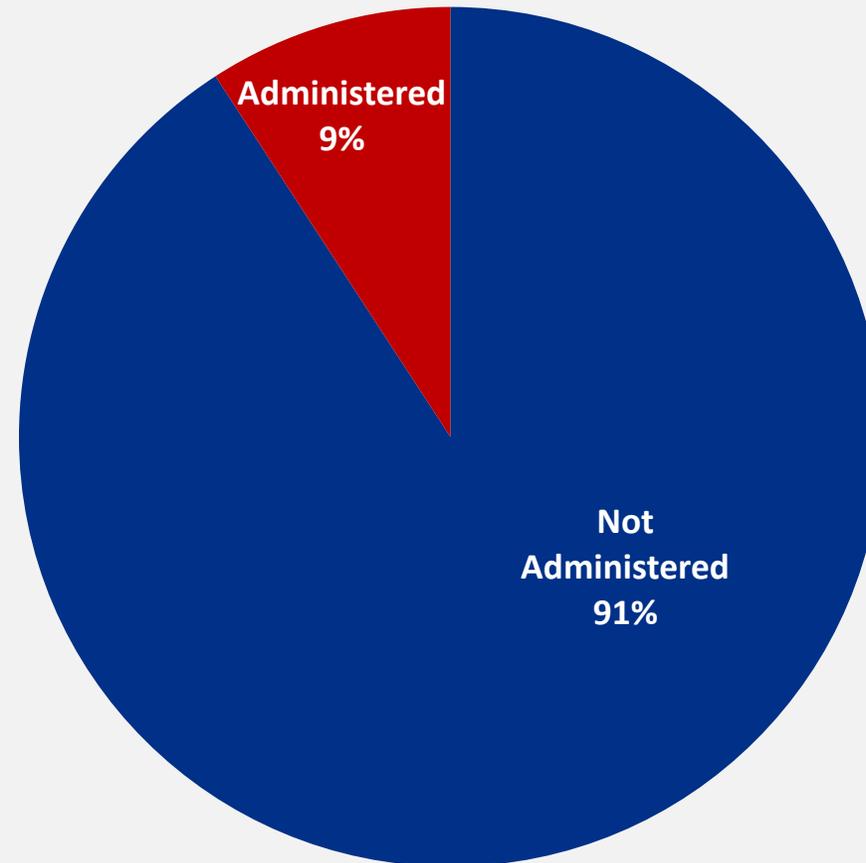
All Non-Fatal Drug Poisoning EMS Responses by Month



All Non-Fatal Drug Poisoning EMS Responses by Year and Setting



All Non-Fatal Drug Poisoning EMS Responses by Narcan Administration



2019-2022 Non-Fatal Opioid Drug Poisoning EMS Data



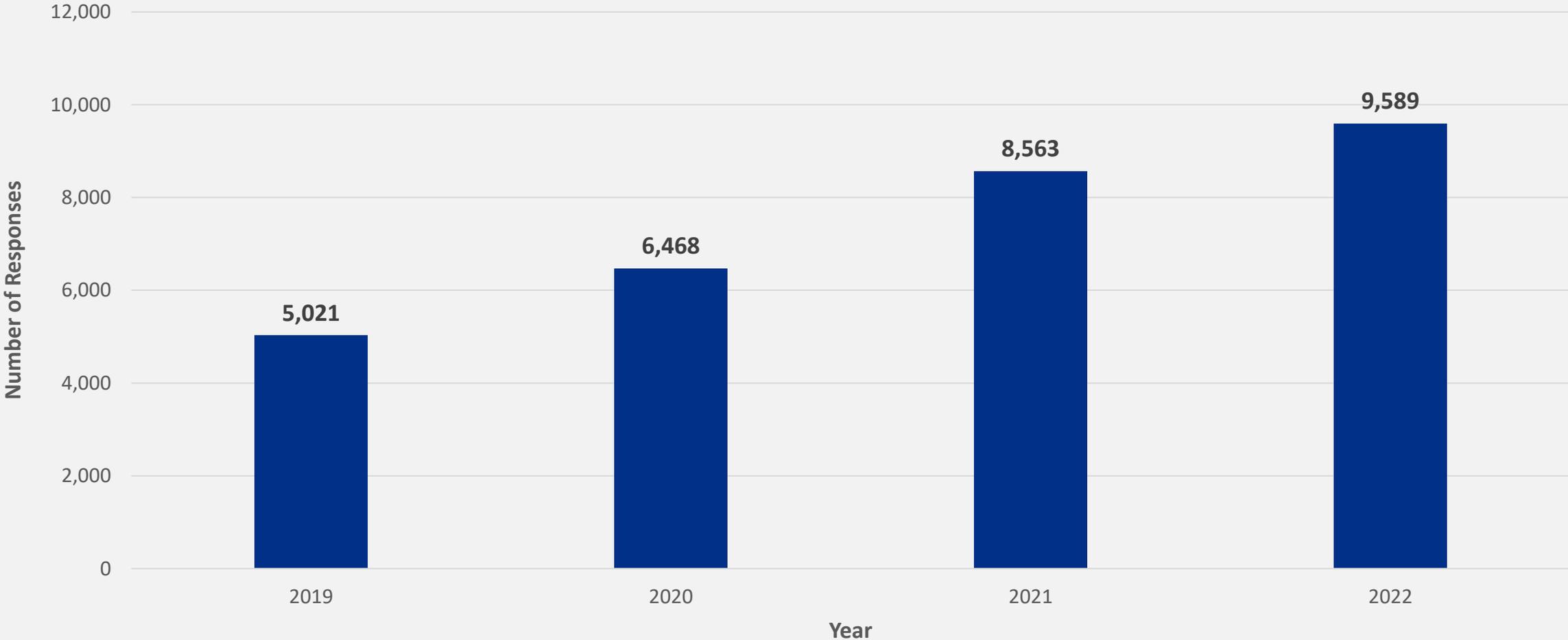
Opioid Percentage of All Non-Fatal Drug Poisoning 2019-2022



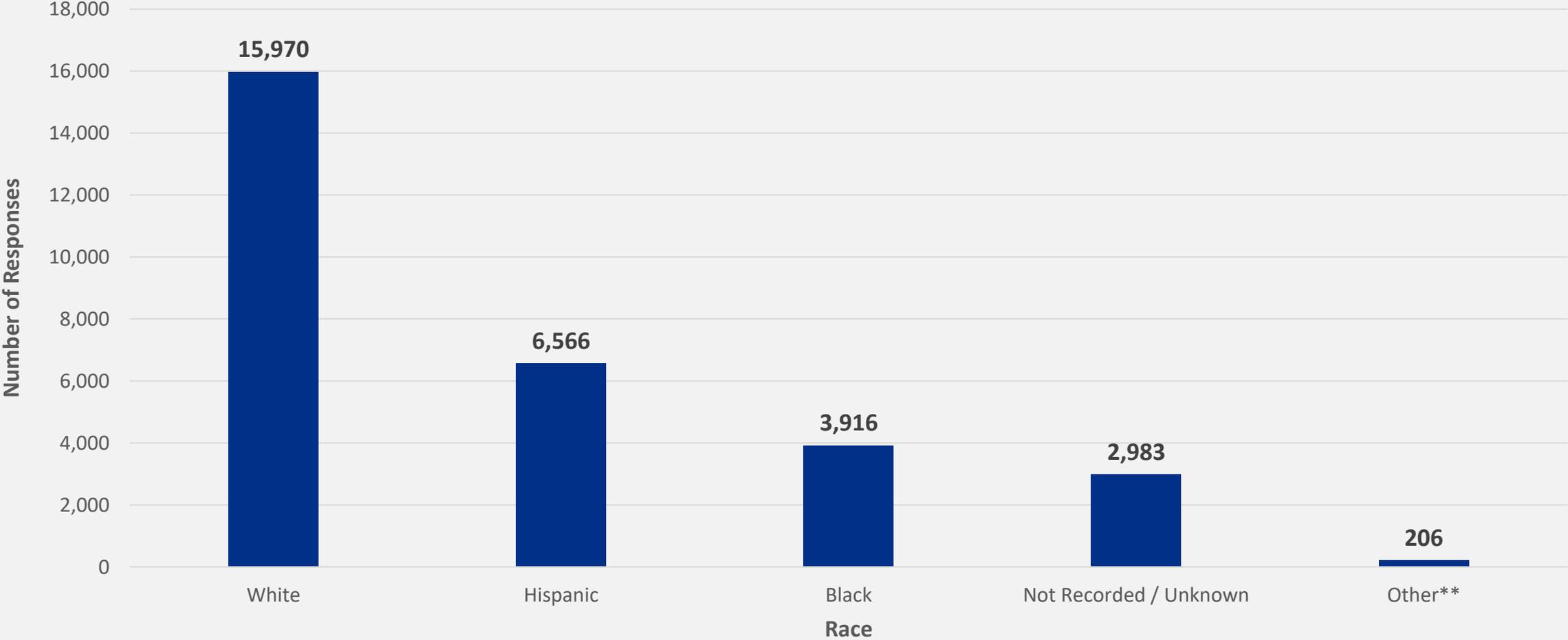
Year	Percent
2019	11.05%
2020	11.81%
2021	15.08%
2022	17.21%



Non-Fatal Opioid Drug Poisoning EMS Responses by Year

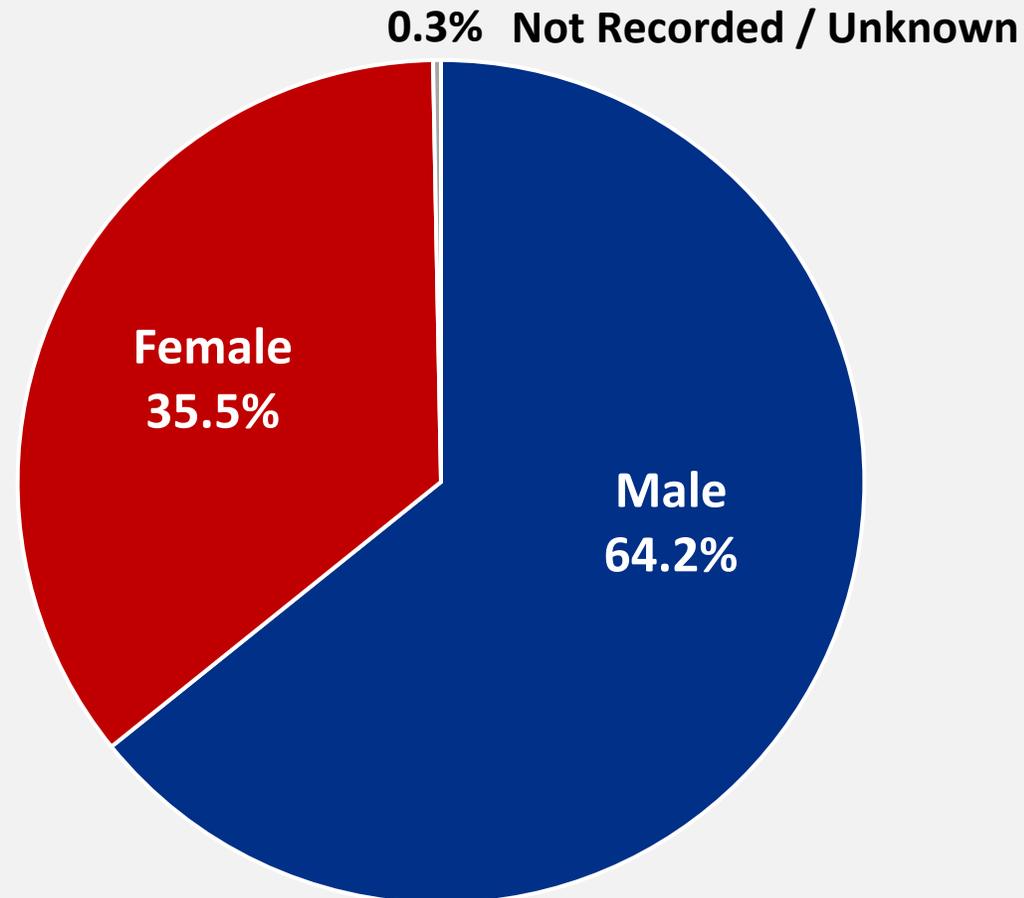


Non-Fatal Opioid Drug Poisoning EMS Responses by Race

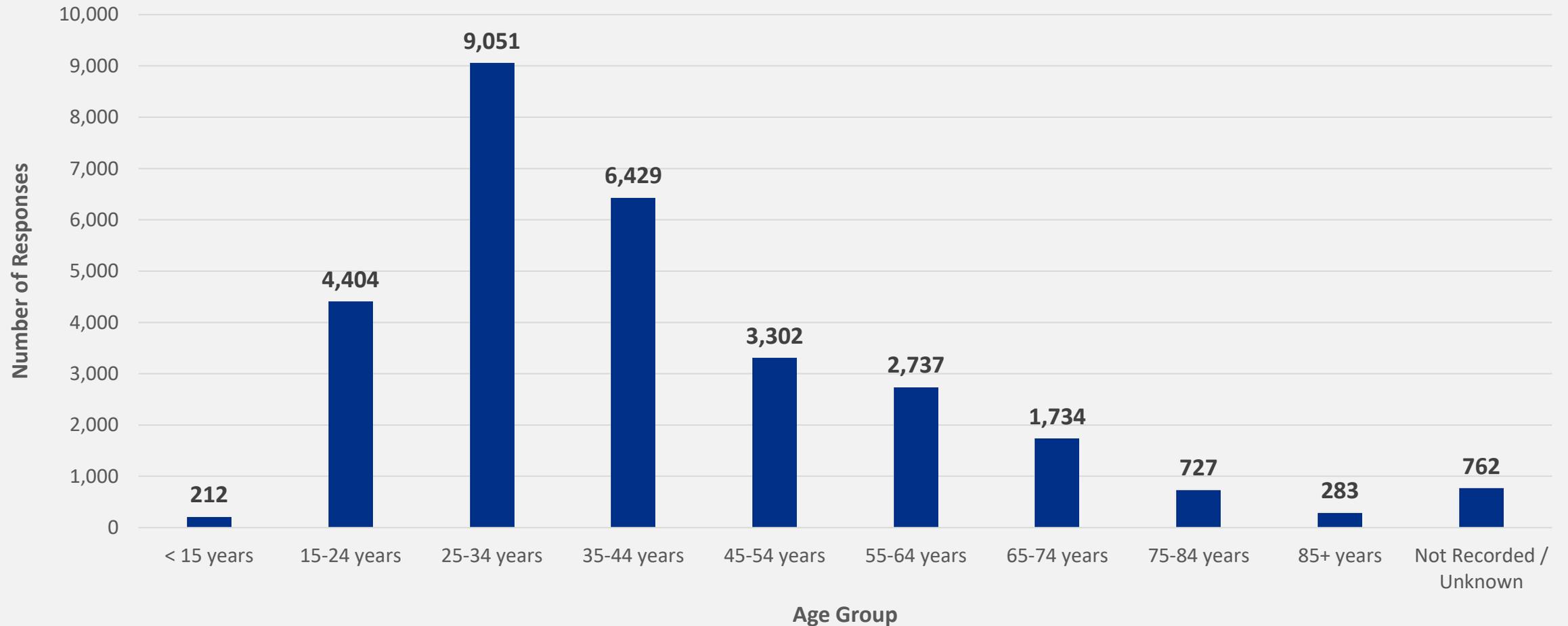


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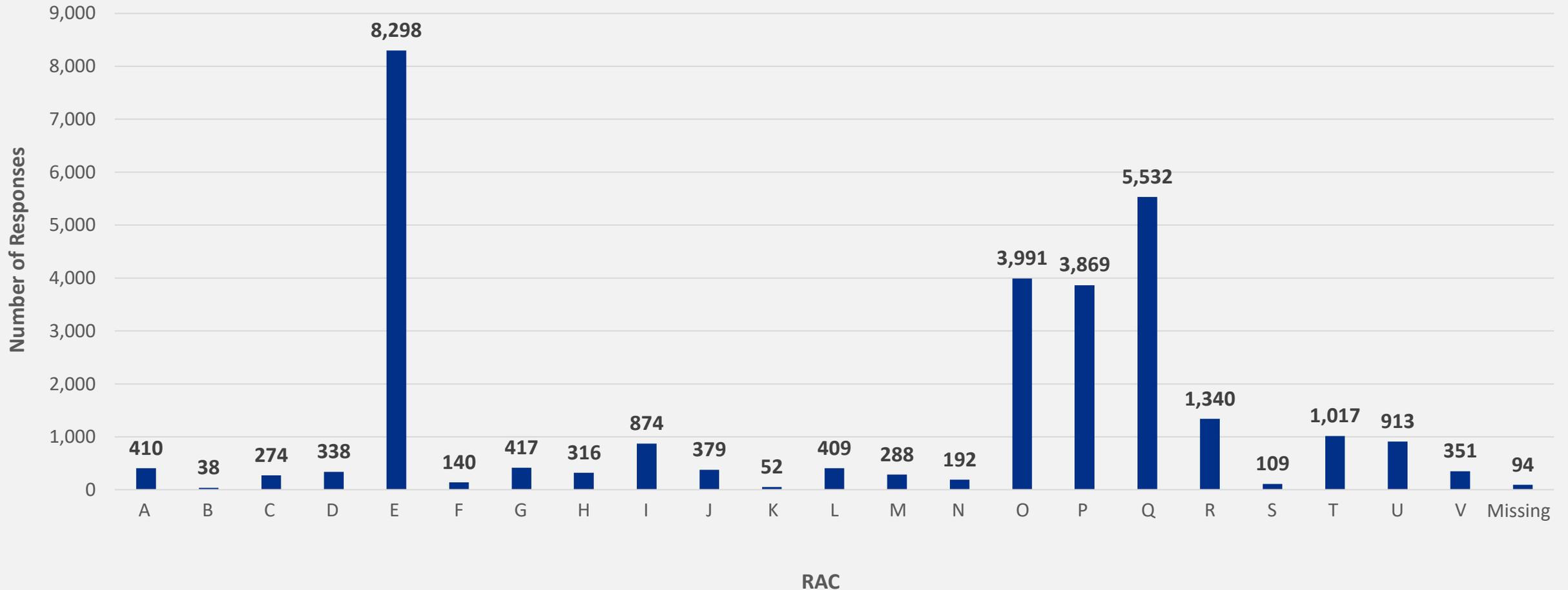
Non-Fatal Opioid Drug Poisoning EMS Responses by Sex



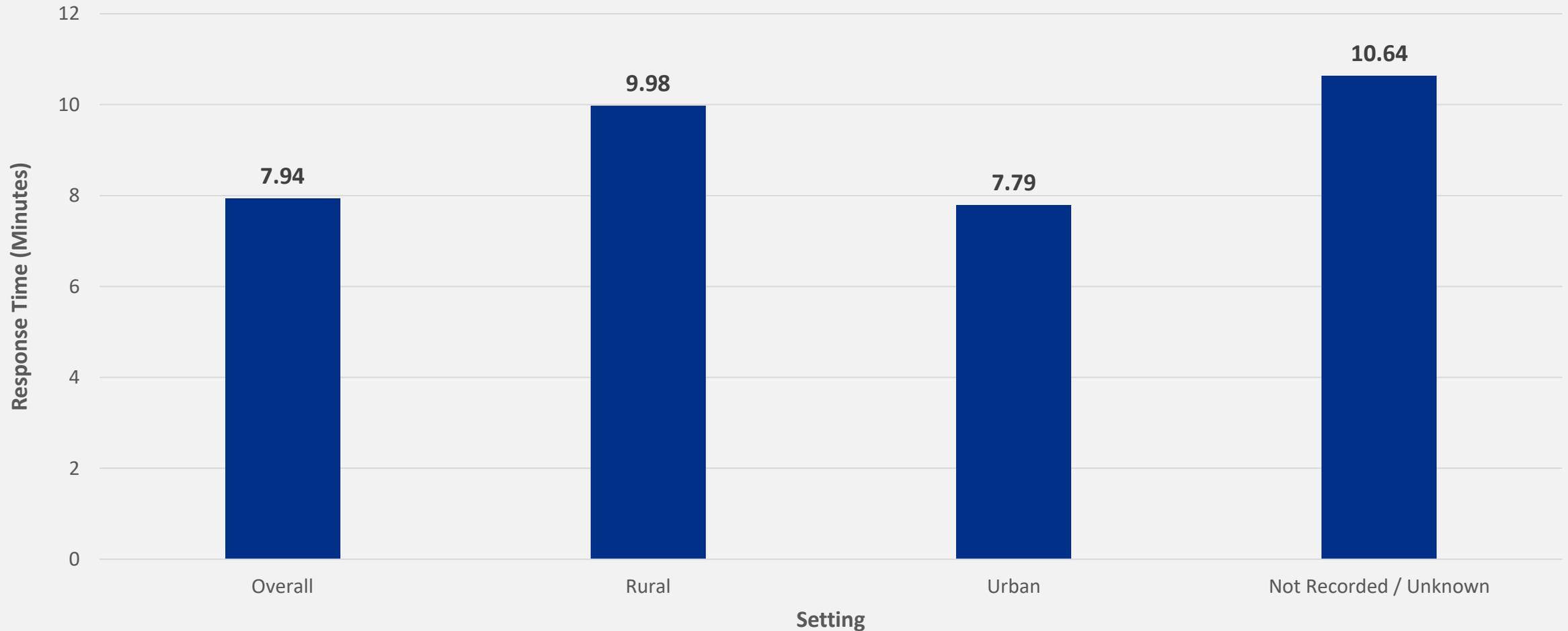
Non-Fatal Opioid Drug Poisoning EMS Responses by Age



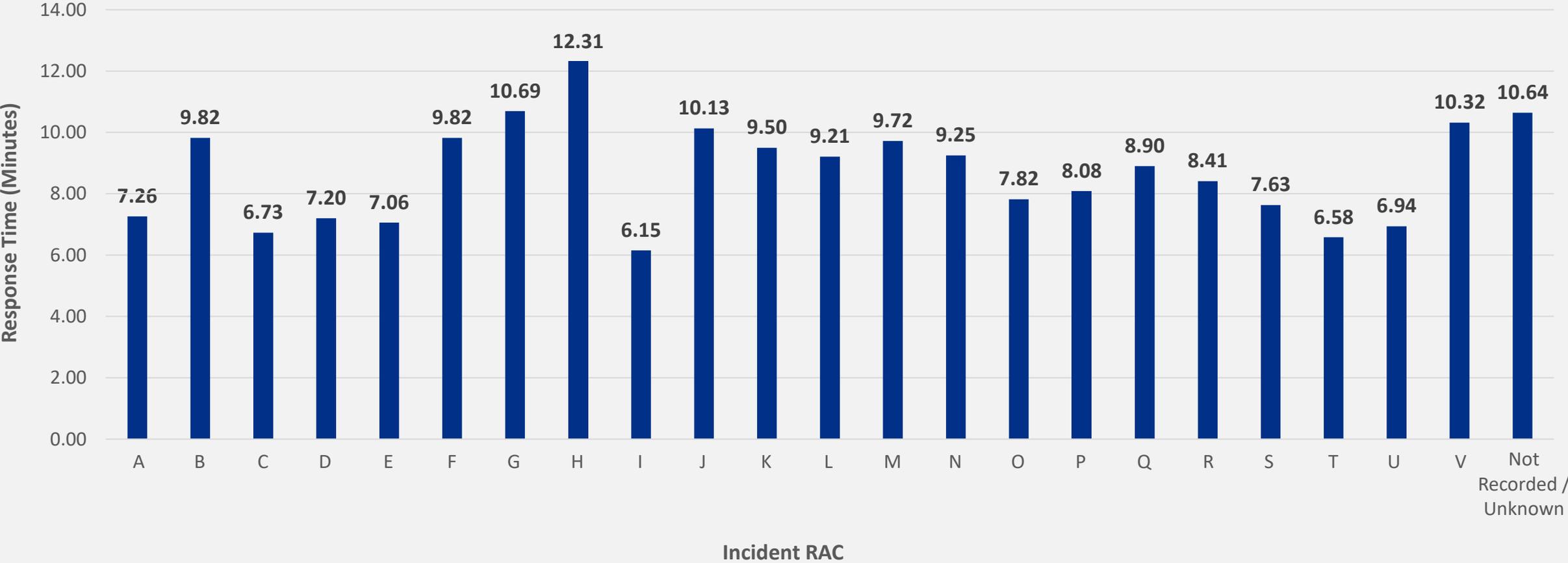
Non-Fatal Opioid Drug Poisoning EMS Responses by Regional Advisory Council (RAC)



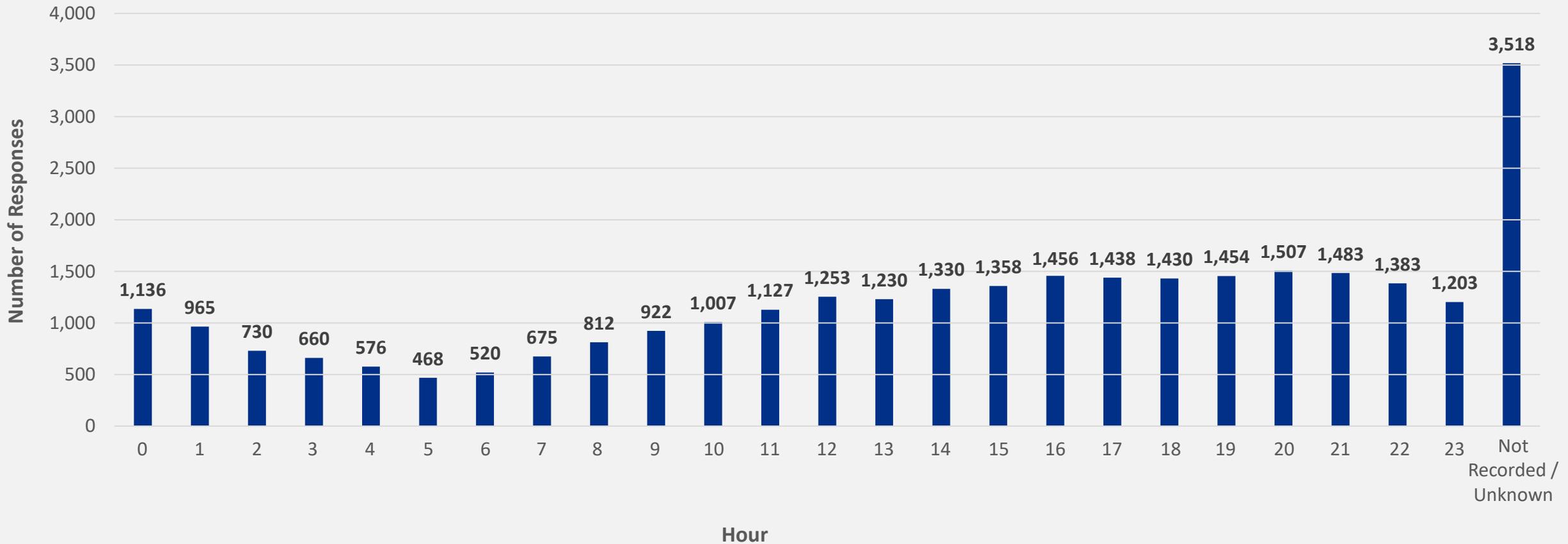
Non-Fatal Opioid Drug Poisoning EMS Average Response Time by Setting



Non-Fatal Opioid Drug Poisoning EMS Average Response Time by RAC

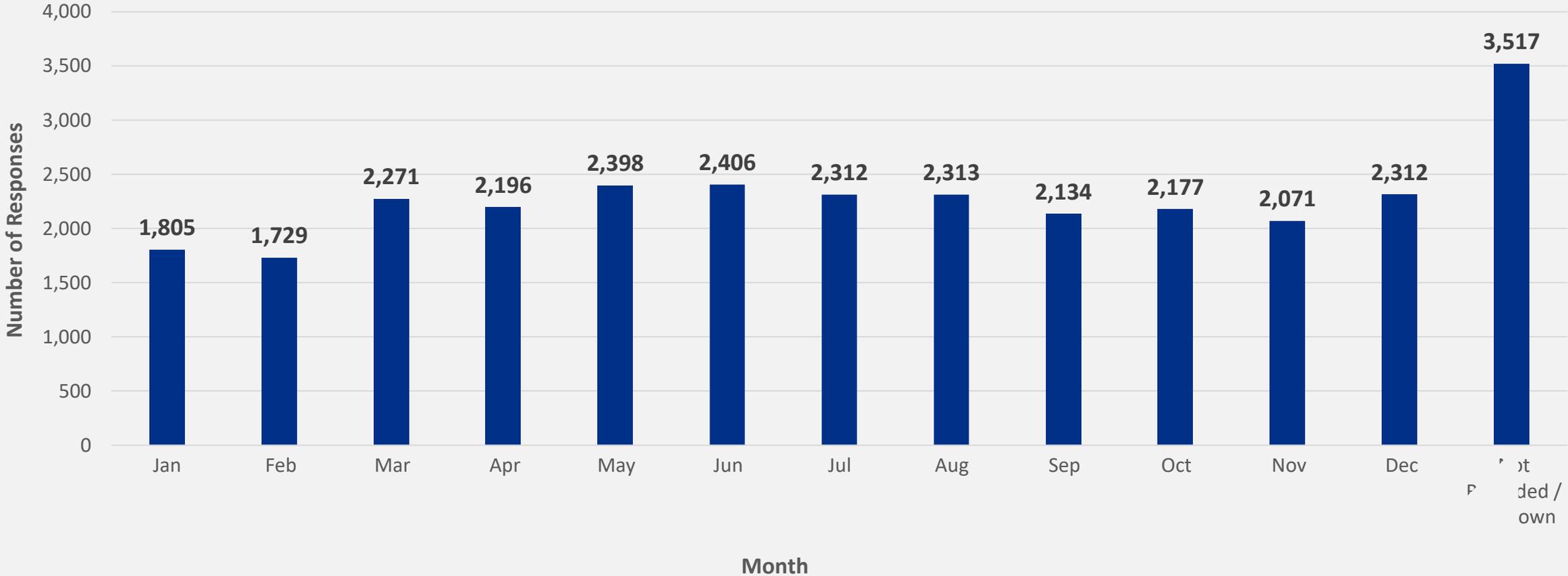


Non-Fatal Opioid Drug Poisoning EMS Responses by Hour

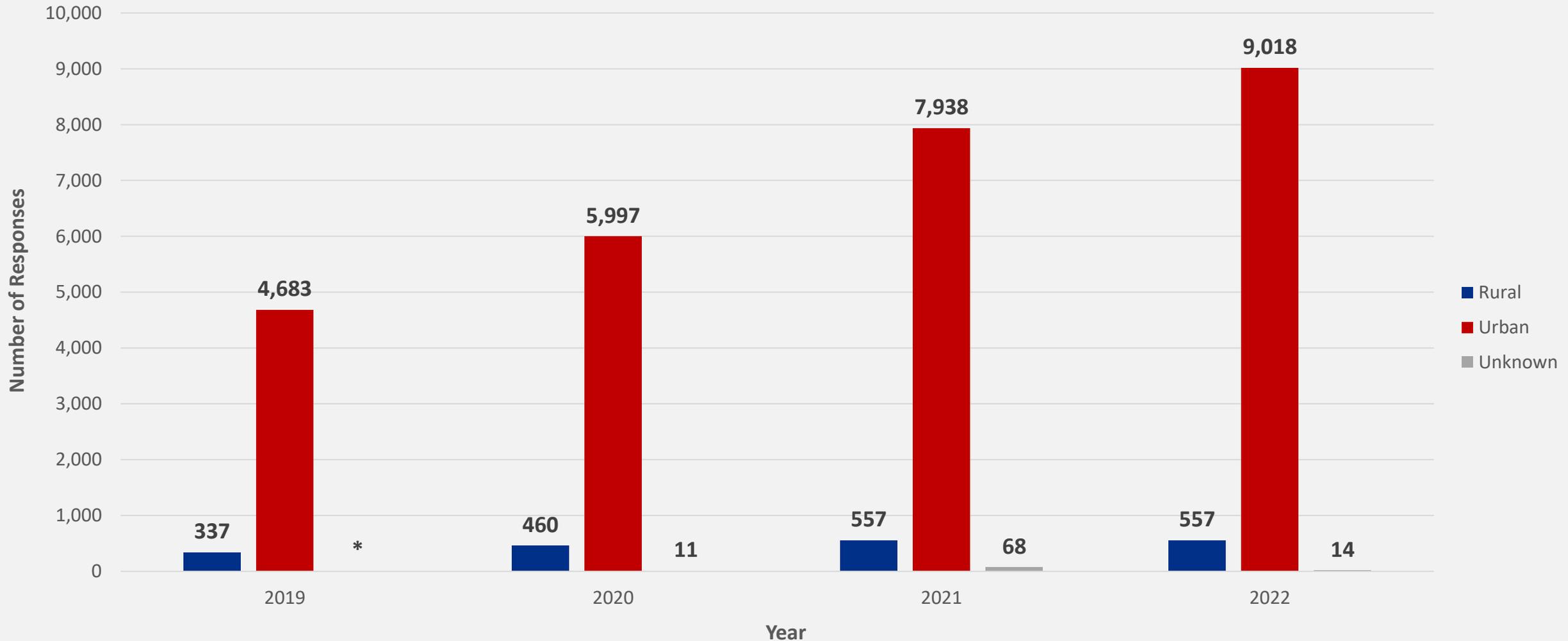


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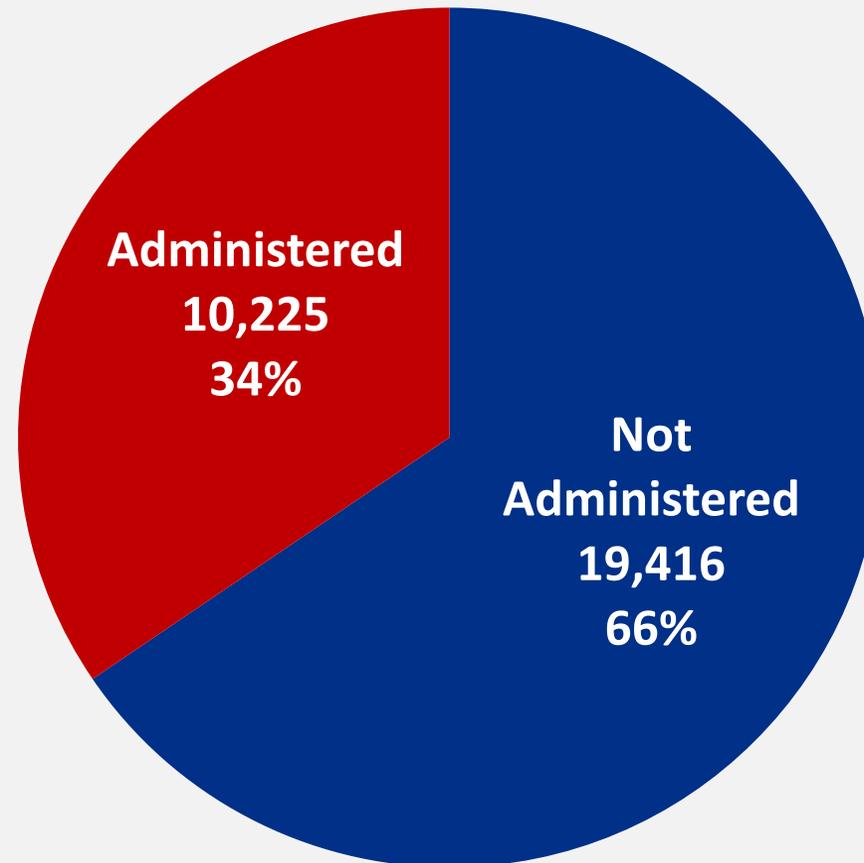
Non-Fatal Opioid Drug Poisoning EMS Responses by Month



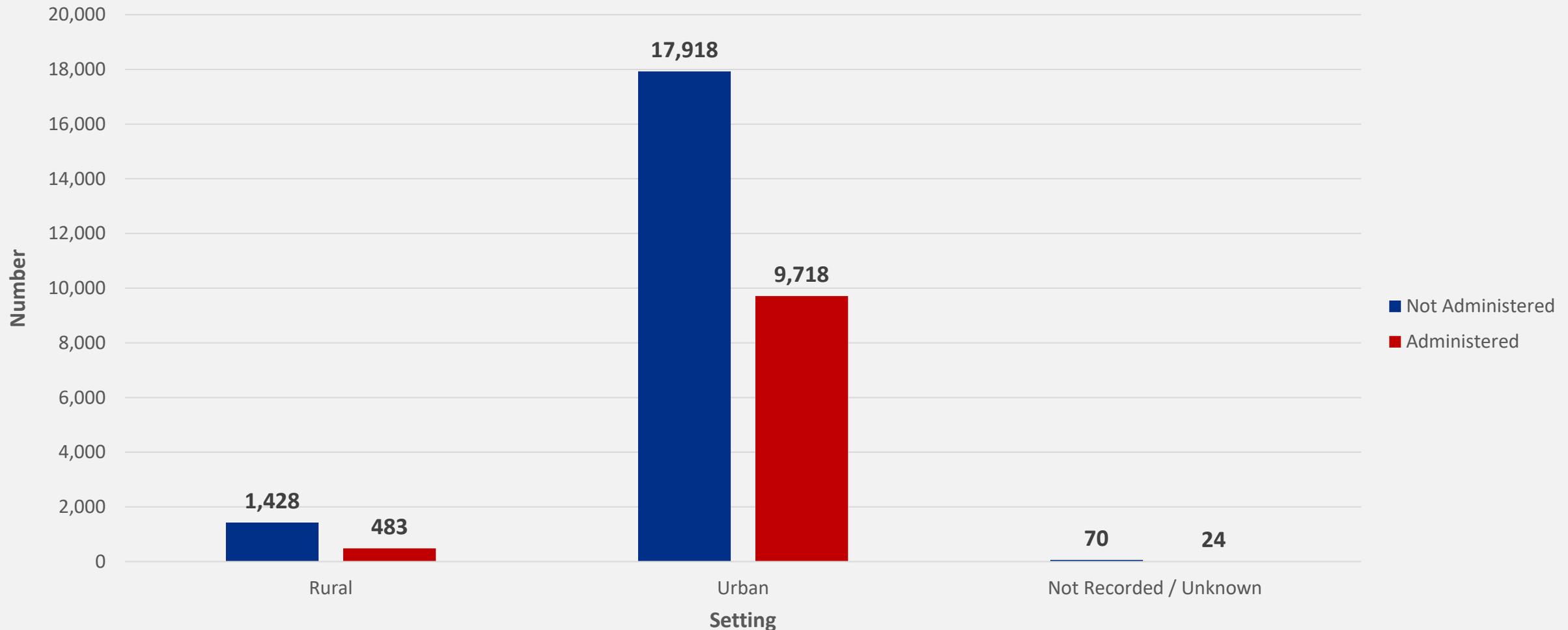
Non-Fatal Opioid Drug Poisoning EMS Responses by Year and Setting



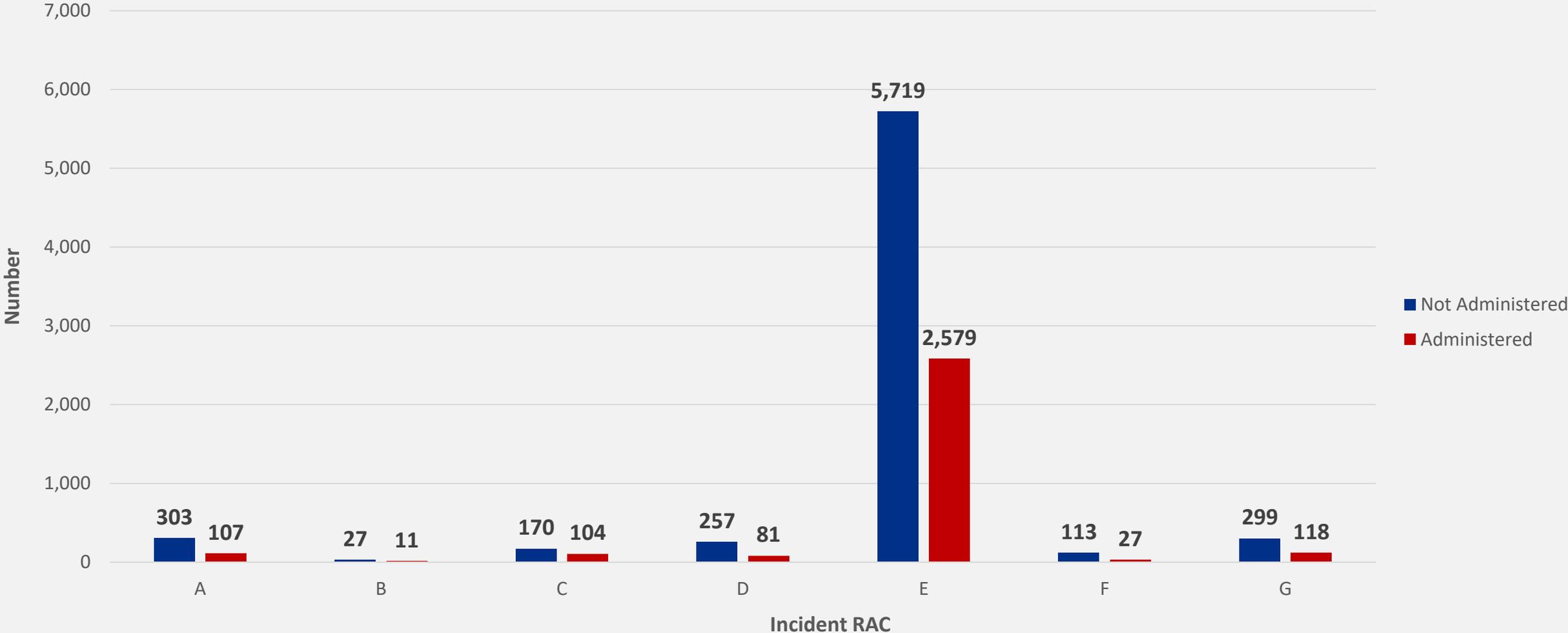
Non-Fatal Opioid Drug Poisoning EMS Responses by Narcan Administration



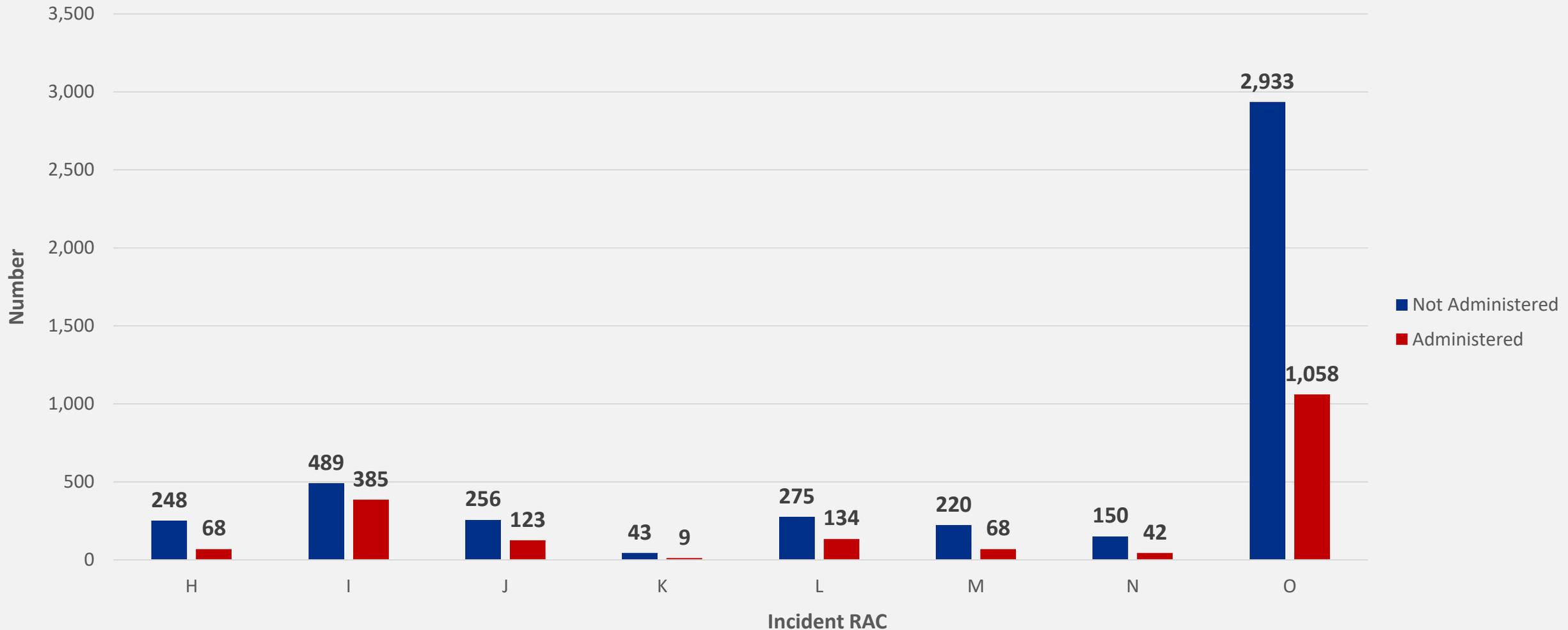
Non-Fatal Opioid Drug Poisoning EMS Narcan Administration by Setting



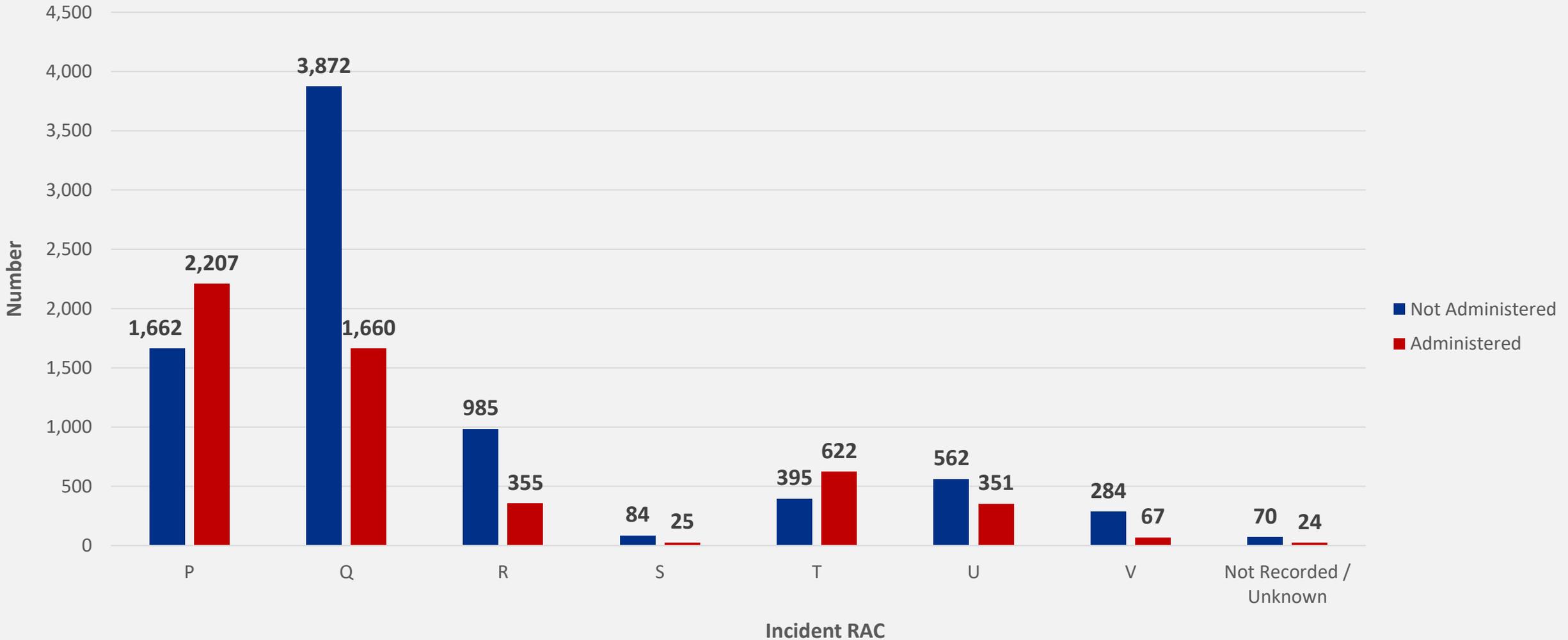
Non-Fatal Opioid Drug Poisoning EMS Narcan Distribution by RACs A-G



Non-Fatal Opioid Drug Poisoning EMS Narcan Distribution by RACs H-O



Non-Fatal Opioid Drug Poisoning EMS Narcan Distribution by RACs P-V



Texas Overdose Data to Action (TODA)



TODA Overview

Grant Activity	Funding Information
Funding Agency	The Centers for Disease Control and Prevention (CDC)
Primary Grant	Overdose Data to Action in States (OD2A-S)
Award Date	September 2023 – August 2028
Funding Cycle	Five (5) years
Objective	Using surveillance and prevention strategies, TODA will: <ul style="list-style-type: none">• Track fatal and non-fatal, intentional and unintentional drug poisonings;• Identify emerging drug threats; and• Use data to drive drug poisoning prevention strategies.

Surveillance Strategies

- **Strategy 1 – Surveillance Infrastructure:** Improve and enhance overall capacity to conduct surveillance.
- **Strategy 2 – Morbidity Surveillance:** Collect and disseminate timely data from emergency departments and hospital admissions for suspected drug poisonings.
- **Strategy 3 – Mortality Surveillance:** Collect and disseminate timely data on unintentional and undetermined intent drug poisoning deaths.

Prevention Strategies (1 of 3)

Strategy 6 – Clinician/Health System Engagement and Health IT/Prescription Drug Monitoring Program (PDMP) Enhancement:

- Support clinician education on pain management, focusing on dissemination to all clinicians who may treat acute, subacute, and chronic pain;
- Identify clinician education on screening and diagnosis of substance use disorders;
- Support emergency department linkages via multidisciplinary teams including navigators;
- Support and expand PDMP data integration; and
- Promote health IT systems, intrastate, and bi-directional interstate data sharing.

Prevention Strategies (2 of 3)

Strategy 7 – Public Safety Partnerships/Interventions: Develop and maintain public health and public safety (PH/PS) partnerships, including the initiation or expansion of the public health and safety team (PHAST) toolkit.

Prevention Strategies (3 of 3)

Strategy 8 – Harm Reduction: Use navigators to connect people to services (drug poisoning prevention and reversal tools, and treatment options).

Strategy 9 – Community-Based Linkage to Care: Initiate linkage to care activities, support retention in care, and maintain recovery.

Next Steps:

- Landscape Analysis conducted by Texas A&M Public Policy Research Institute (PPRI);
- Collect and disseminate fatal and nonfatal drug poisoning data;
- Identify what additional data points are needed;
- Identify additional partners and opportunities; and
- Identify gaps in services and needed resources.

Thank you!

EMS Non-Fatal Drug Poisoning Data
2019-2022
TODA

injury.web@dshs.texas.gov