



# Opioid-Related EMS Incidents MetroWest: 2016 - 2018

SOURCE: MA Department of Public Health

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## Enhancement of Opioid Overdose Surveillance

MATRIS, the Massachusetts Ambulance Trip Reporting Information System, is a statewide database for collecting emergency medical service (EMS) data from licensed ambulance services. It was not specifically designed to track opioid overdose incidents. DPH is currently working with all EMS providers to improve the quality and completeness of these data especially with respect to opioid overdose incidents. To more accurately identify ambulance trips that are opioid-related, several pieces of information from MATRIS are combined such as: a notation that a trip was listed as a poisoning, that there was an administration of naloxone, or that the patient admitted to drug use. In combination, this information allows DPH to more accurately count opioid overdose incidents.

Not all ambulance services have reported their most recent data at the time this report was generated, and therefore the numbers cited here may be underestimates. Counts will be updated on a quarterly basis. Beginning with the August 2017 report, incidents are only among people ages 11 and above.

## Results

The percentage of EMS incidents that are considered opioid-related and the number of all EMS incidents involving naloxone administration increased 7% per quarter from 2013 through the second quarter of 2016. However, since midway through 2016, the proportion of EMS incidents that are opioid-related as well as the overall number of EMS incidents involving the administration of naloxone has stabilized. This pattern also closely resembles the 2013-2019 trend in the confirmed and estimated opioid-related overdose death rate. In the first three months of 2019, the greatest number of suspected opioid-related overdoses treated by EMS is among males aged 25-34, accounting for 24% of opioid-related overdose incidents with a known age and gender.

## Technical Notes

Suspected opioid related incidents for all cities/towns except for Boston are identified using an algorithm that DPH developed with CDC using multiple fields in the MATRIS system. In Boston, this algorithm was applied to a subset of incidents that were reported in their internal "Narcotic Related Incidents" database. This data brief was supported by funds made available from the Centers for Disease Control and Prevention, under B01OT009024, NU17CE924877, and 1U17CE002724. The findings of this data brief are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.

## Source

Office of Emergency Medical Services, Bureau of Health Care Safety and Quality, MDPH

**METROWEST COMMUNITIES:**

Please note, counts in this table reflect the town in which the incident occurred (not the city/town of residence as shown in the table of deaths by city/town). † indicates no opioid overdose incidents were recorded, which may be due to non-reporting by EMS services or no incidents occurring.

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>City/Town</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Q1</b>
Ashland	25	25	15	<5
Bellingham	42	40	20	<5
Dover	†	<5	6	†
Framingham	213	181	199	40
Franklin	44	46	34	7
Holliston	†	14	6	<5
Hopedale	<5	7	8	<5
Hopkinton	10	13	12	<5
Hudson	36	27	29	8
Marlborough	66	50	74	17
Medfield	8	10	5	<5
Medway	19	35	25	8
Mendon	<5	7	7	<5
Milford	56	65	64	23
Millis	18	15	14	†
Natick	33	30	35	18
Needham	15	7	10	5
Norfolk	18	6	5	<5
Northborough	24	12	19	7
Sherborn	<5	<5	<5	†
Southborough	6	5	8	<5
Sudbury	5	5	8	†
Wayland	<5	5	<5	<5
Wellesley	12	14	17	<5
Westborough	87	66	45	15