

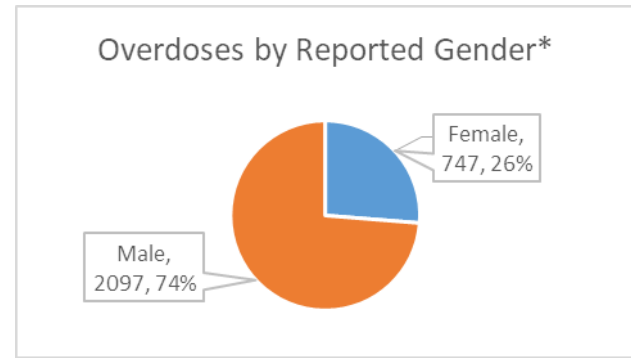
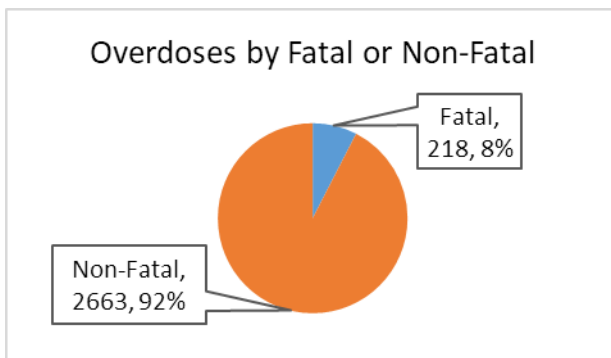
Statewide Opioid Reporting Directive Data Summary

June 1, 2019—December 31, 2019

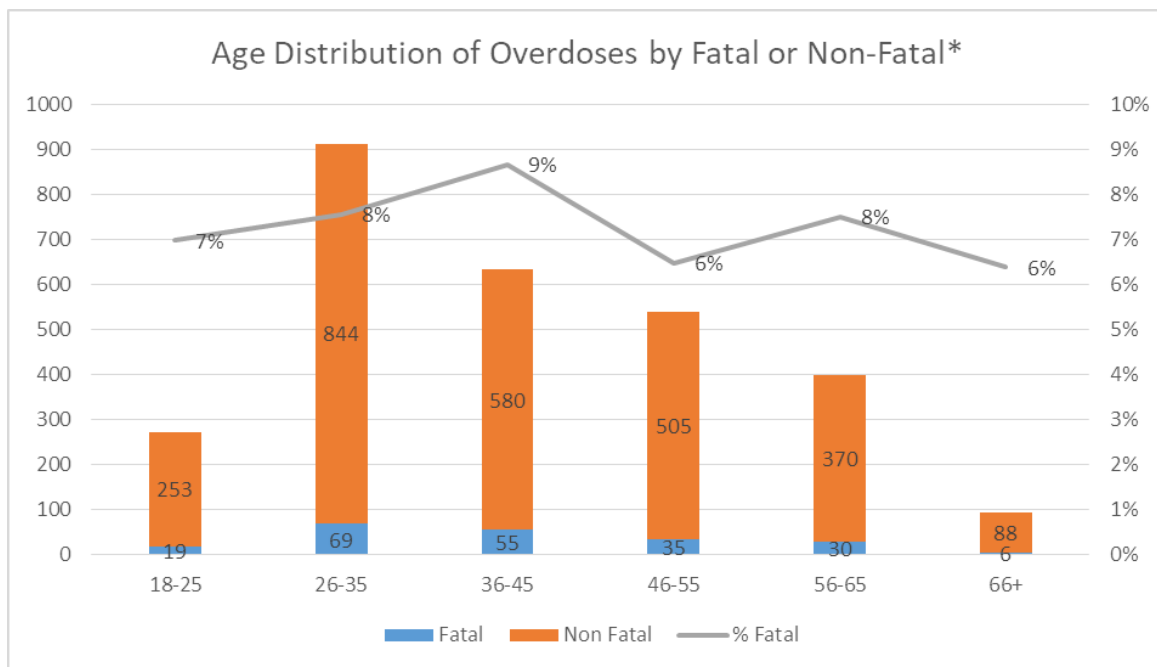
Overall Demographics

Overall, there were 2,881 overdoses reported to the SWORD program between June 1, 2019 and December 31, 2019, representing the first seven months of statewide implementation. The majority of cases reported during that time were male (n=2097, 73%). 7.6% of the cases were fatal (n=218). Statistical significance is not being analyzed in the below descriptions.

*Some data are missing and will not total to 2,881 overdose incidents.



All age groups were affected by overdoses, although nearly a third of overdoses occurred in people ages 26-35.

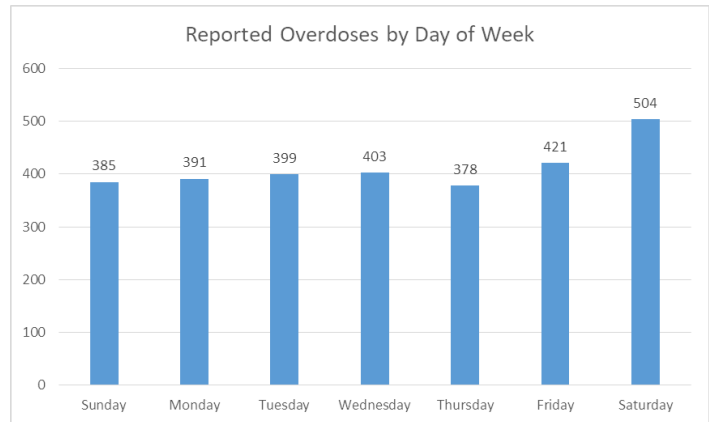
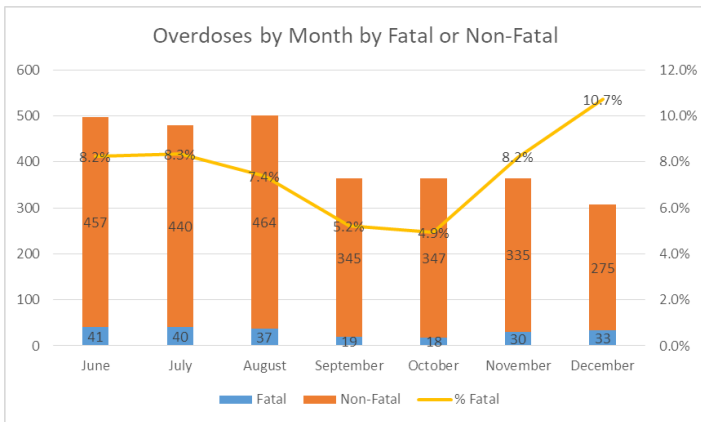


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Temporal Observations

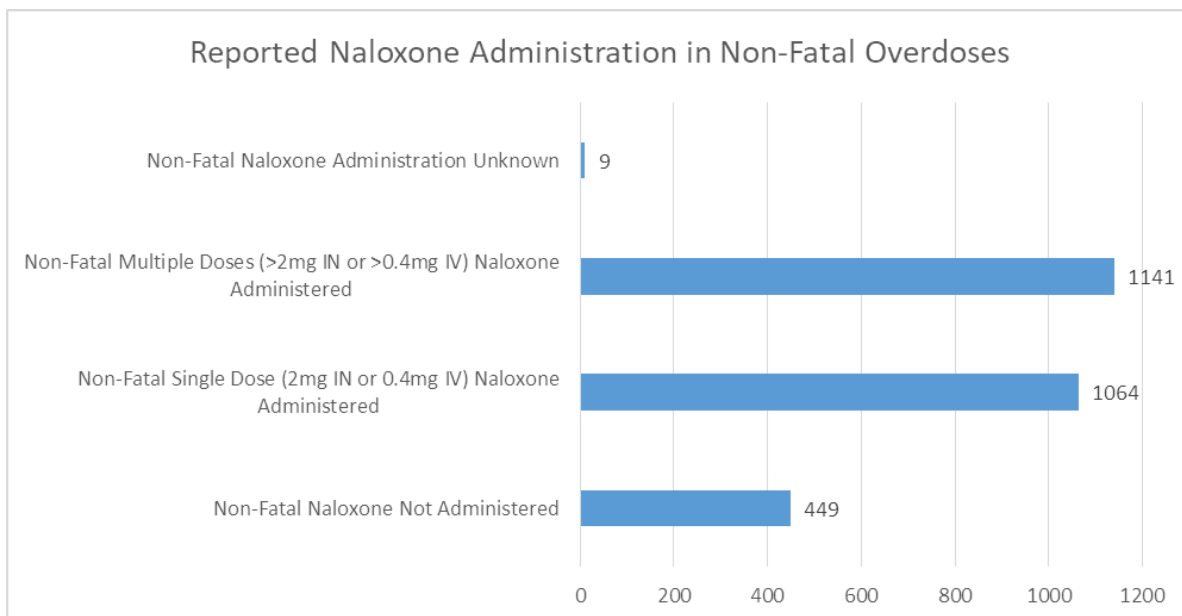
Reported cases were the heaviest during the summer months between June and August, an average of 490 cases each month, where there was an average of 344 cases each month throughout the remainder of the calendar year. The percentage of reported fatal overdoses ranged among months between 5.22% and 10.71%.

Overdoses were reported on each day of the week, with the highest number being reported on Saturday.



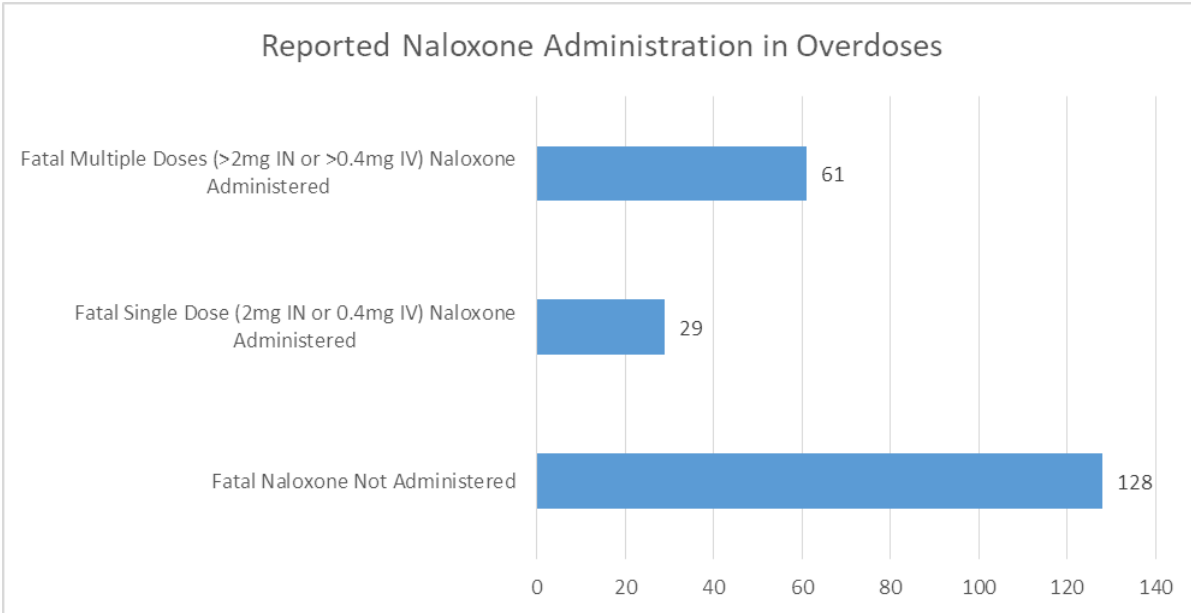
Naloxone Administration

Of the 2663 non-fatal overdoses, 17% did not receive naloxone (n=449), 40% received one dose of naloxone (n=1064) and 43% received multiple doses of naloxone ([n=1141](#)).



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Of the 218 fatal overdoses, naloxone had been administered in 41% of the cases, more than half of whom received multiple doses of naloxone.



Limitations

These data reflect only those cases EMS reported to the Connecticut Poison Control Center (CPCC). If they did not report the overdose or if there was an overdose reversed by a citizen administering naloxone and 911 was not called, the data are not depicted here. Also, EMS reporting will undercount fatal overdoses due to the fact that a person may have died at the hospital after the EMS report was submitted. If paraphernalia or an eye witness was not on scene, EMS could not make the determination of suspected cause of death.



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