**Opioid-related EMS Transports**

**Massachusetts Residents: 2013-2015**

Massachusetts Department of Public Health POSTED: MAY 2016

**Enhancement of Opioid Overdose Surveillance**

The Massachusetts Ambulance Trip Reporting Information System (MATRIS) 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. The Department of Public Health (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 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.

**Results**

The trends observed between 2013 and 2015 in data obtained from MATRIS closely match the trends observed from opioid death data. The number of suspected opioid-related ambulance transports recorded in MATRIS has increased markedly since 2013 as have naloxone administrations. The table below provides specific statistics about suspected opioid-related ambulance trips and naloxone administrations, but it should be used with caution. Given the effort to improve the completeness of MATRIS data, the data below should be used in context with other information, such as opioid-related overdose death data. Recent changes may be a reflection of an increase in opioid-related EMS trips or simply improvements in reporting by EMS providers. Since these results closely align with data reported on deaths, it seems likely that some increase in opioid-related ambulance trips occurred between 2013 and the present.

**Suspected Opioid-Related Ambulance Service Transport and Naloxone Administration Statistics**

|  |  |  |
| --- | --- | --- |
|  | **11-14**------13 |  **All Suspected Opioid Related Incidents: 2013** |
| Male Female Total | **15-24 25-34 35-44 45-54 55-64 65+ Total**654 1347 711 643 386 221 3968398 654 411 379 237 261 23471052 2001 1122 1022 623 482 6315 |

|  |  |  |
| --- | --- | --- |
|  | **11-14**--------- |  **All Suspected Opioid Related Incidents: 2014** |
| Male Female Total | **15-24 25-34 35-44 45-54 55-64 65+ Total**1089 2432 1156 939 482 290 6389596 1023 582 499 256 246 32051685 3455 1738 1438 738 536 9594 |

**All Suspected Opioid Related Incidents: 2015**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0-14** | **15-24** | **25-34** | **35-44** | **45-54** | **55-64** | **65+** | **Total** |
| Male | --- | 1163 | 3080 | 1643 | 1189 | 586 | 321 | 7986 |
| Female | --- | 605 | 1369 | 730 | 581 | 336 | 272 | 3898 |
| Total | 9 | 1768 | 4449 | 2373 | 1770 | 922 | 593 | 11884 |

Note: Cells with 1-7 opioid-related incidents are suppressed

**Incidents where Naloxone was Administered**

**Incidents where Naloxone was Administered More than Once**

**Total Number of Naloxone**

**Administrations**

2013 5443 1260 7002

2014 8015 2160 10720

2015 9127 2976 12982

**Technical Notes**

Suspected opioid related incidents are identified using an algorithm that DPH developed with CDC using multiple fields in the MATRIS system. Due to difference in reporting by EMS services, these numbers are likely an undercount of true opioid-related incidents.