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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)**

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Jia Benno, MPH  
Injury Prevention Unit Director

# 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.

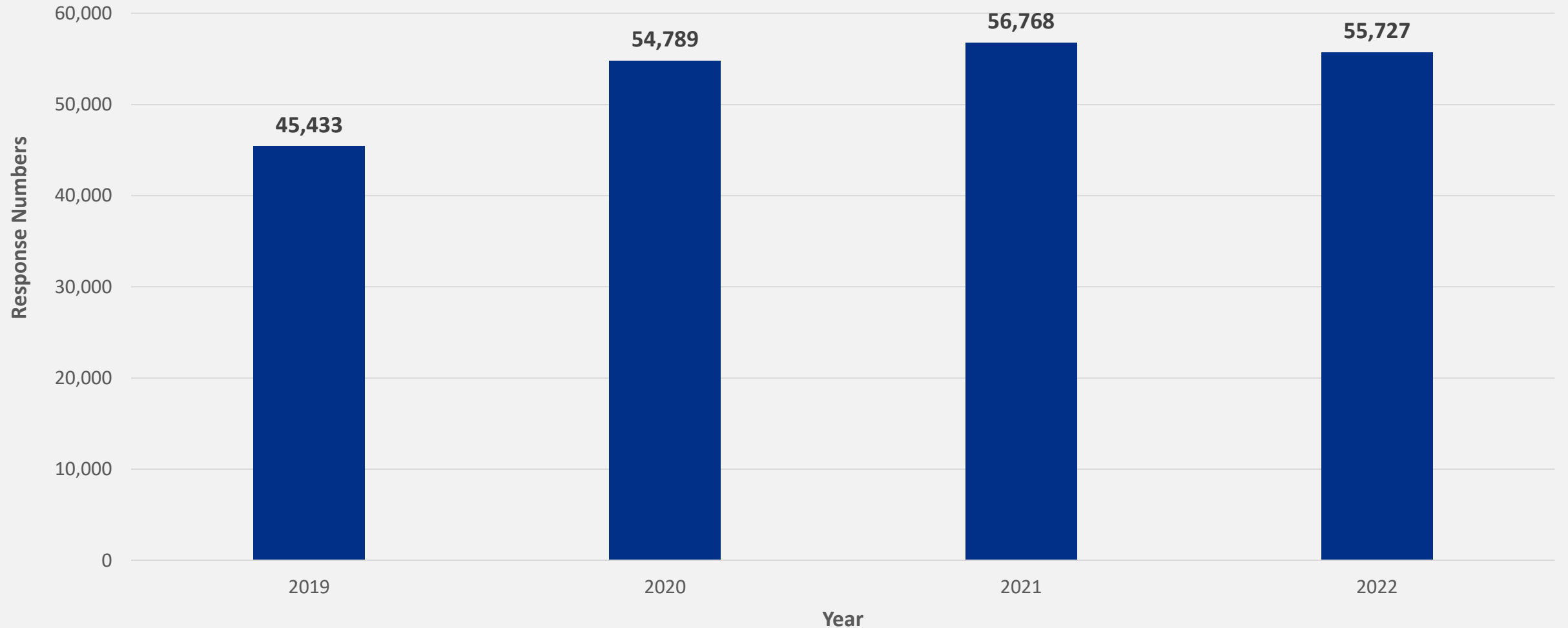
# 2019-2022 All Non-Fatal Drug Poisoning EMS Data



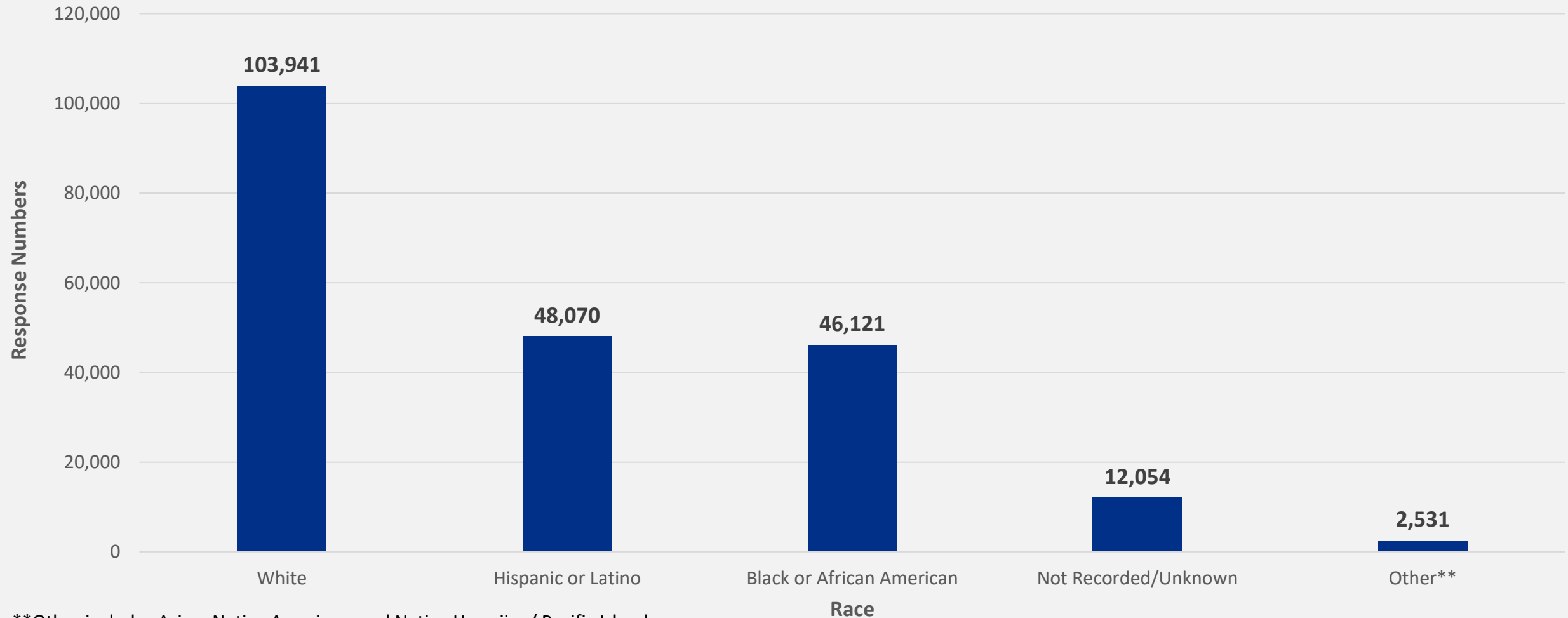
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# All Non-Fatal Drug Poisoning EMS Responses by Year

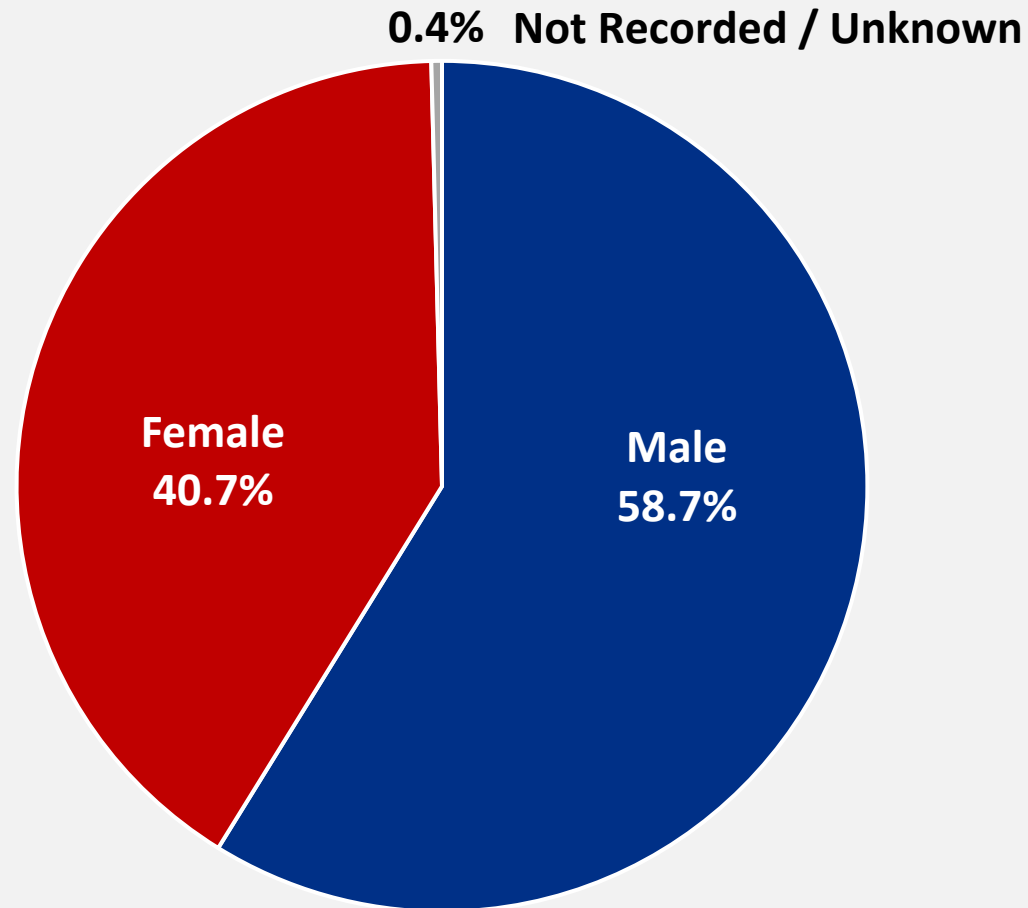


# All Non-Fatal Drug Poisoning EMS Responses by Race

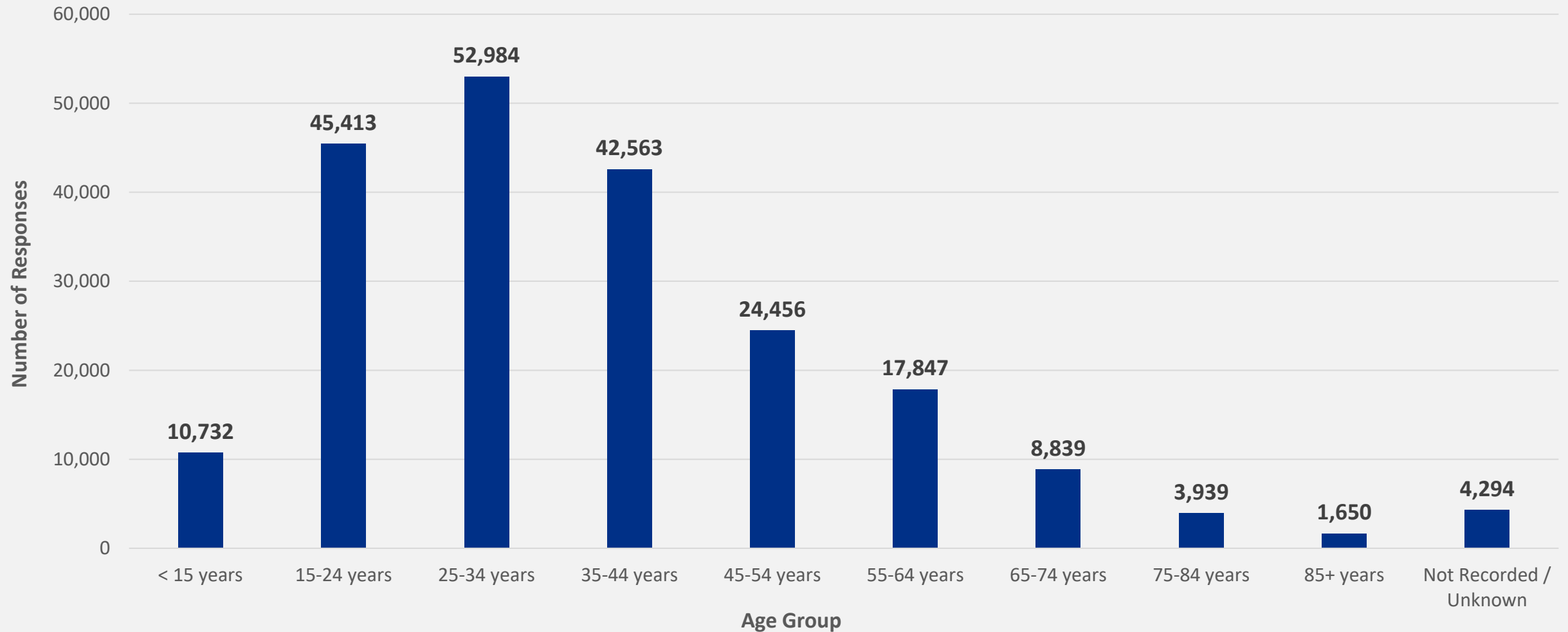




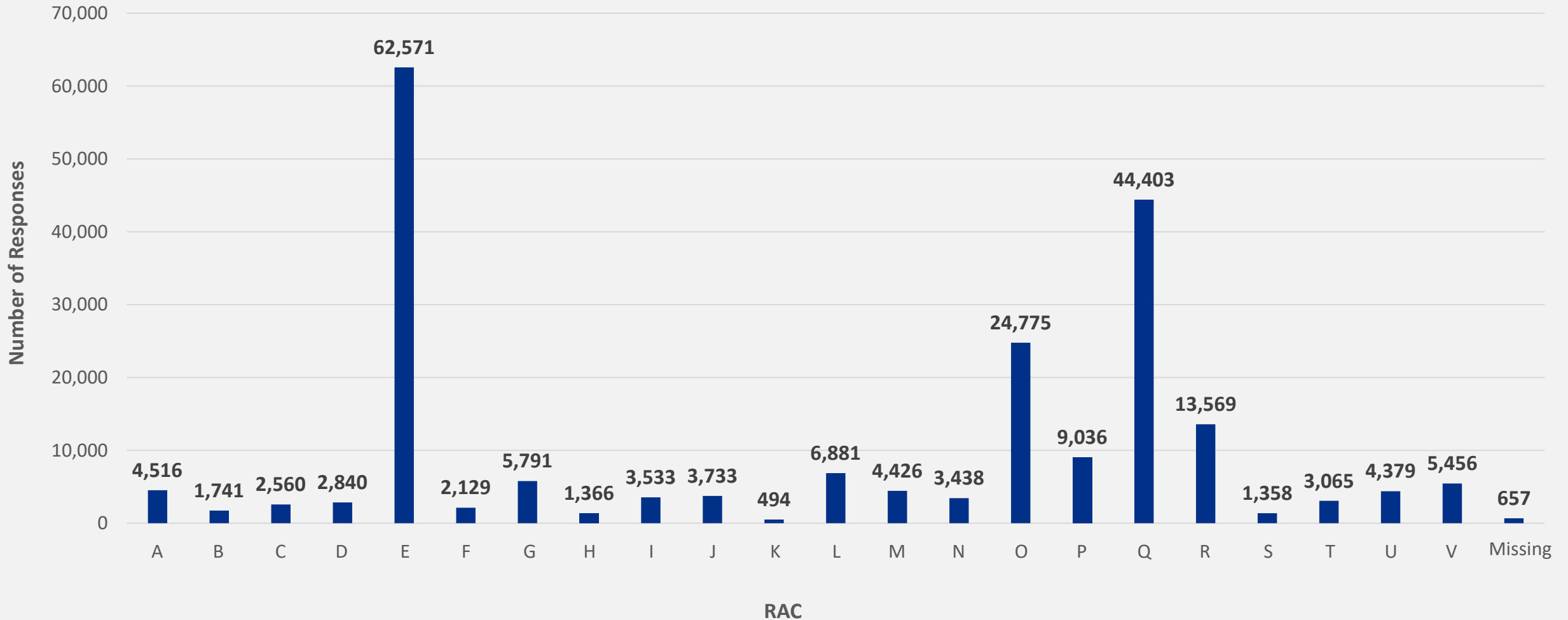
# All Non-Fatal Drug Poisoning EMS Responses by Sex



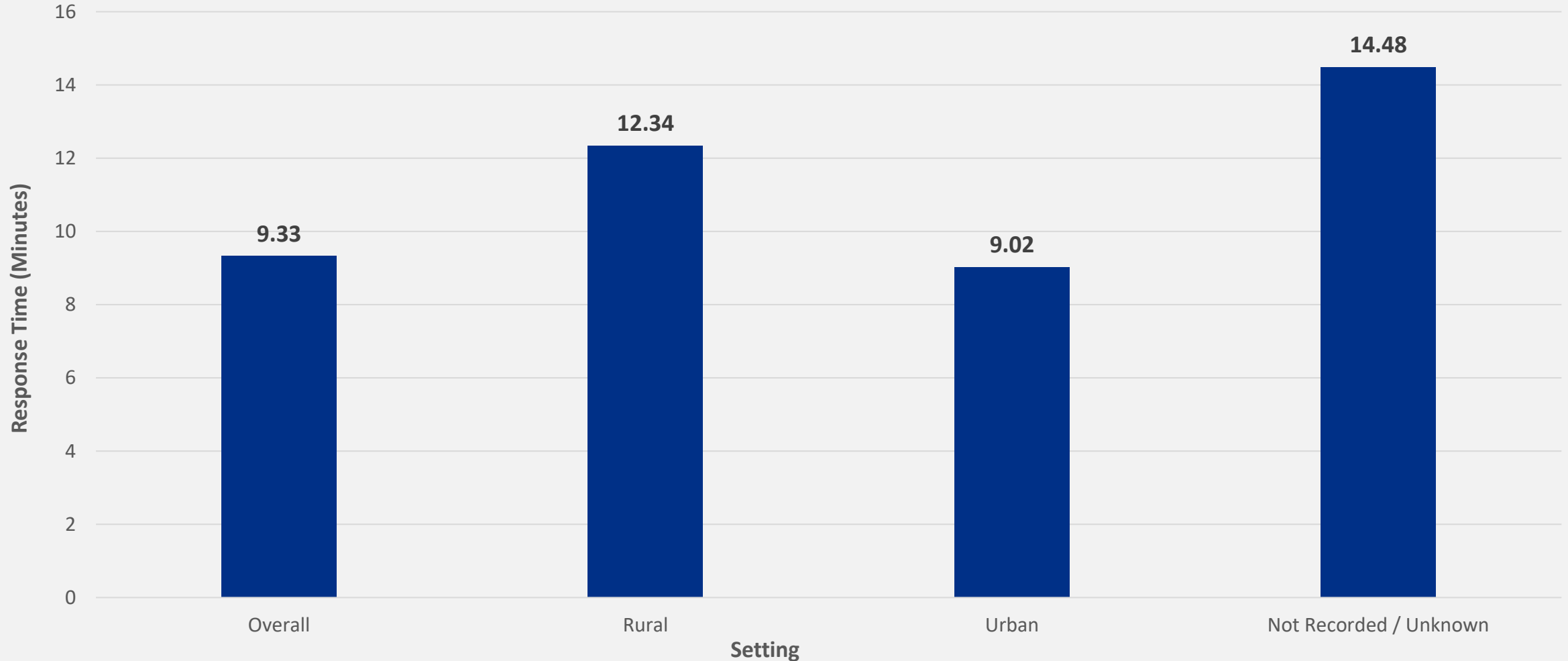
# All Non-Fatal Drug Poisoning EMS Responses by Age



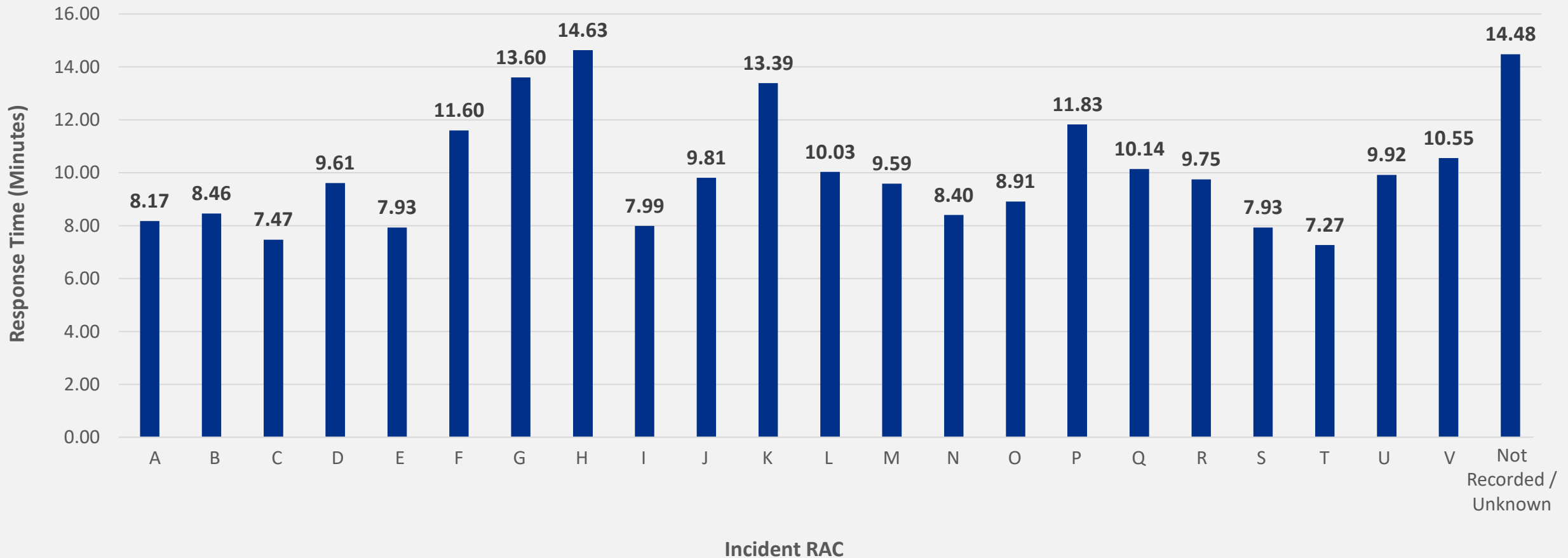
# All Non-Fatal Drug Poisoning EMS Responses by RAC



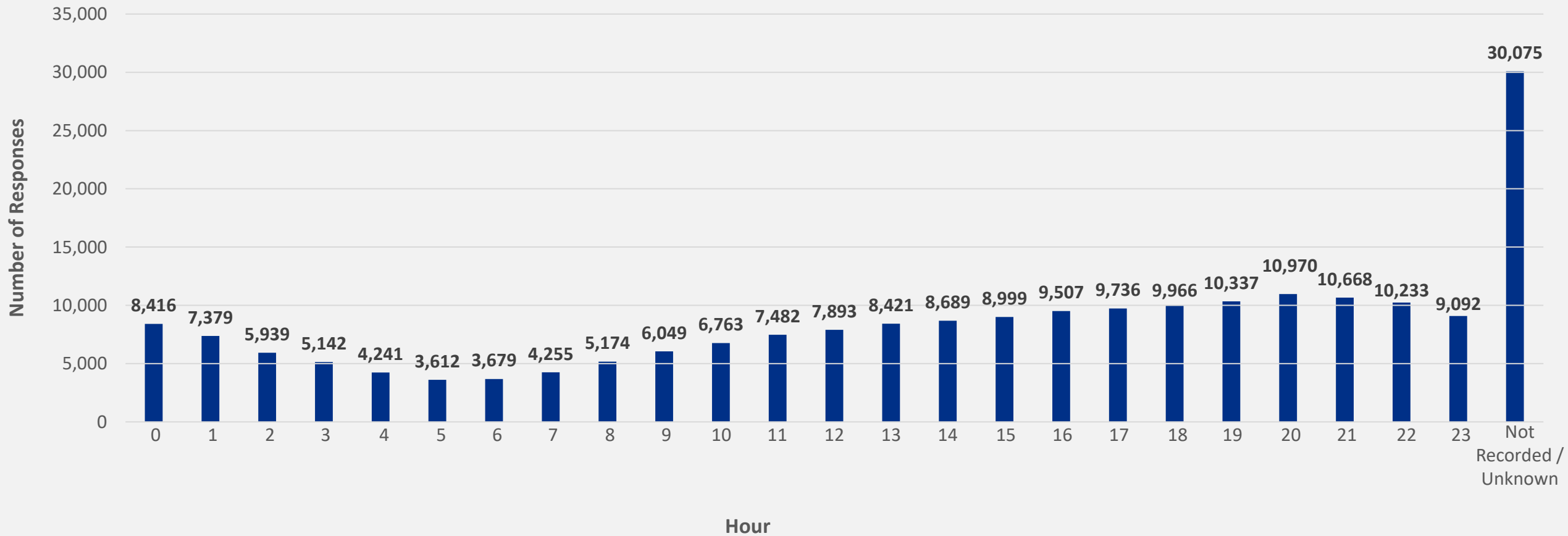
# All Non-Fatal Drug Poisoning EMS Average Response Time by Setting



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

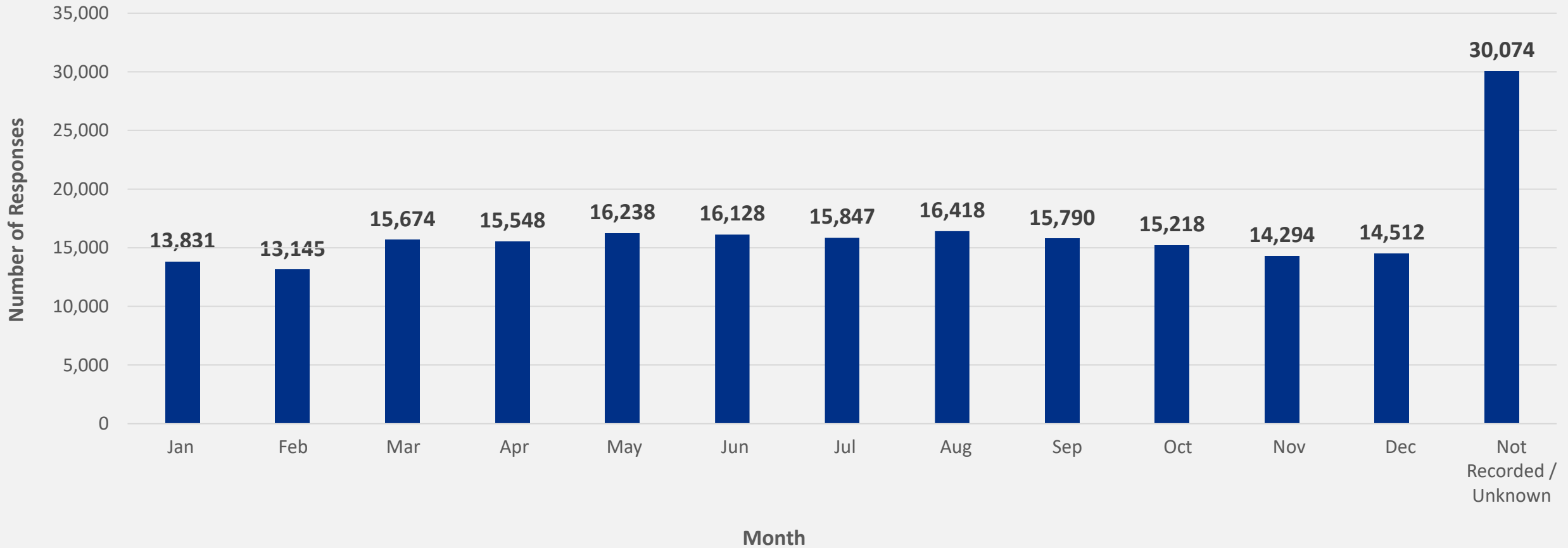


# All Non-Fatal Drug Poisoning EMS Responses by Hour

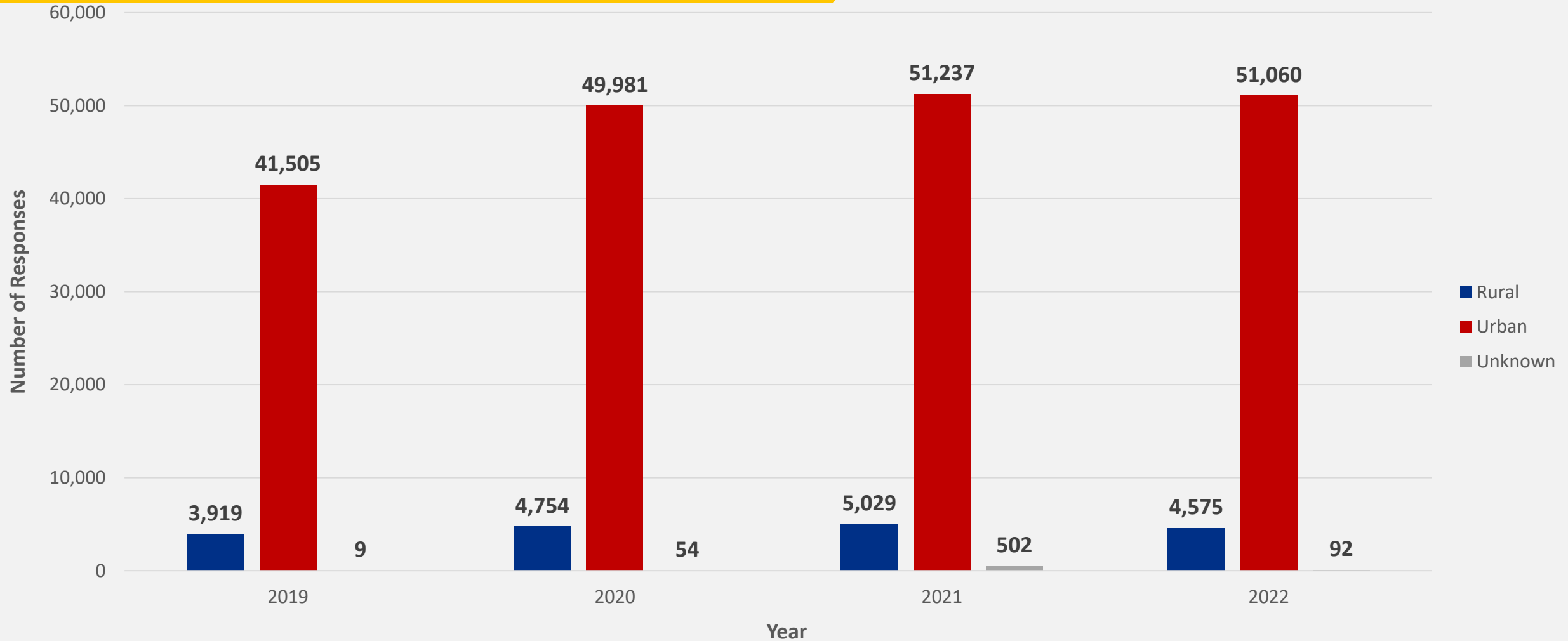


Based on a 24-hour timeline with "0" as midnight.

# All Non-Fatal Drug Poisoning EMS Responses by Month

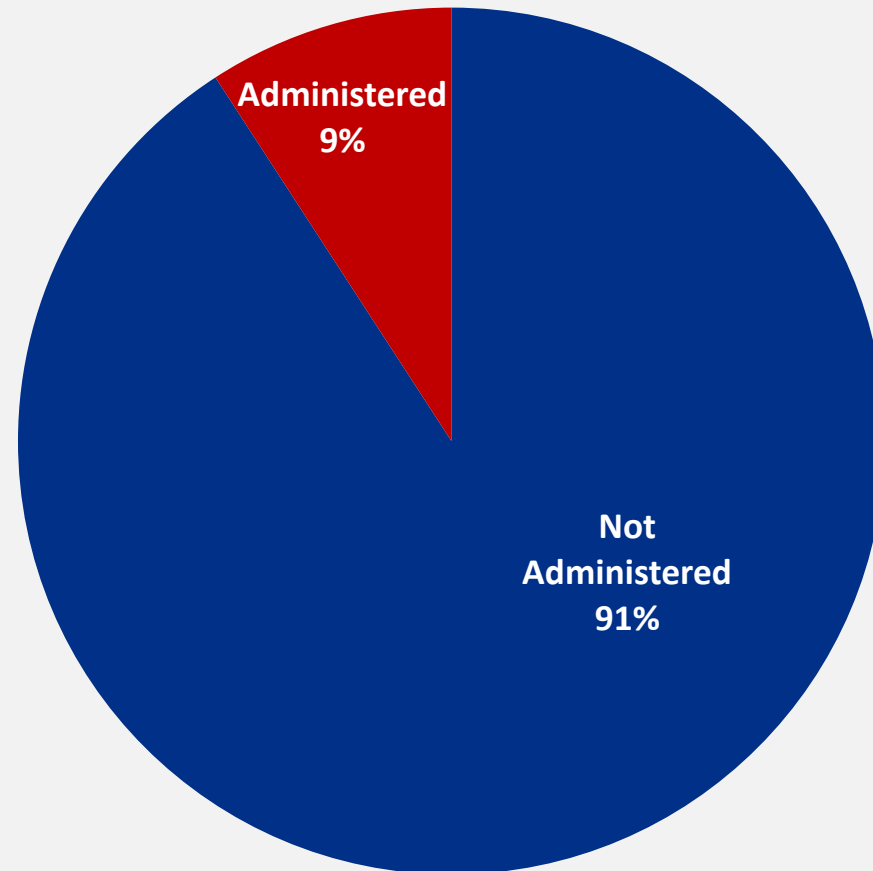


# All Non-Fatal Drug Poisoning EMS Responses by Year and Setting





# All Non-Fatal Drug Poisoning EMS Responses by Narcan Administration



# 2019-2022 Non-Fatal Opioid Drug Poisoning EMS Data

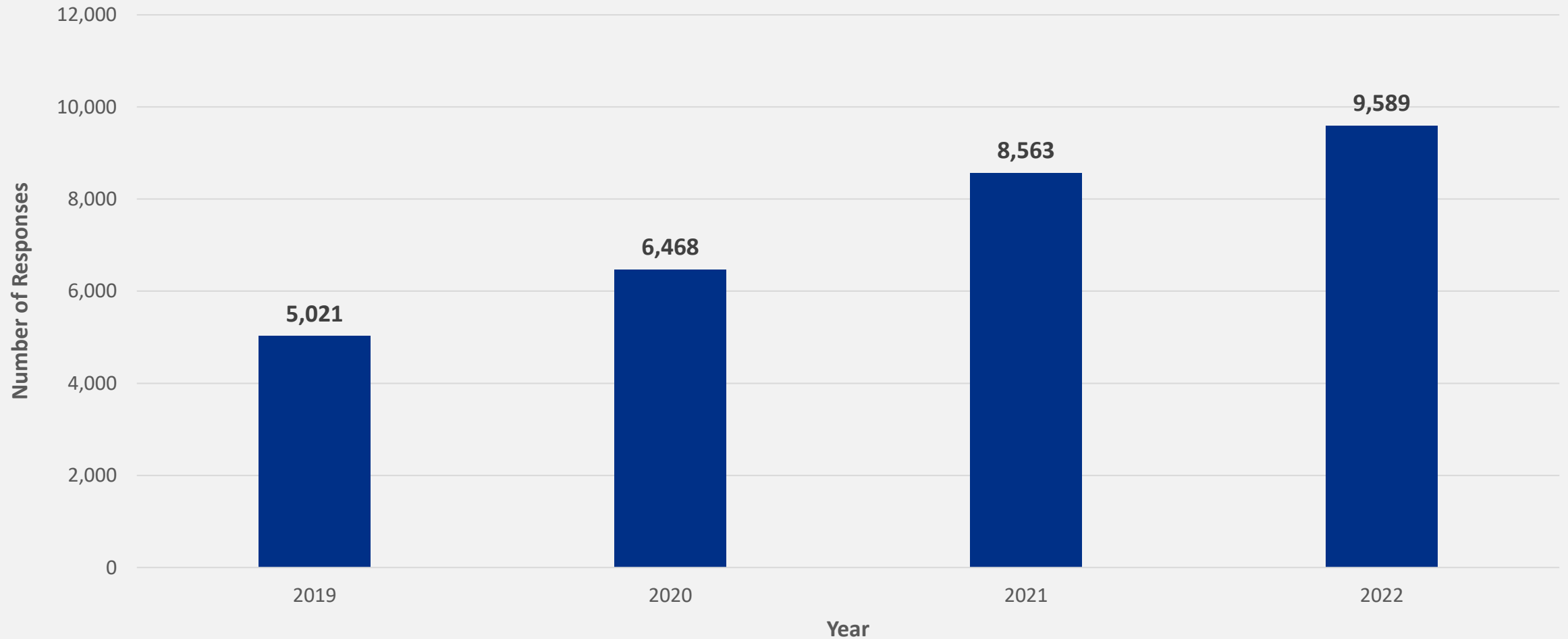


# Opioid Percentage of All Non-Fatal Drug Poisoning 2019-2022

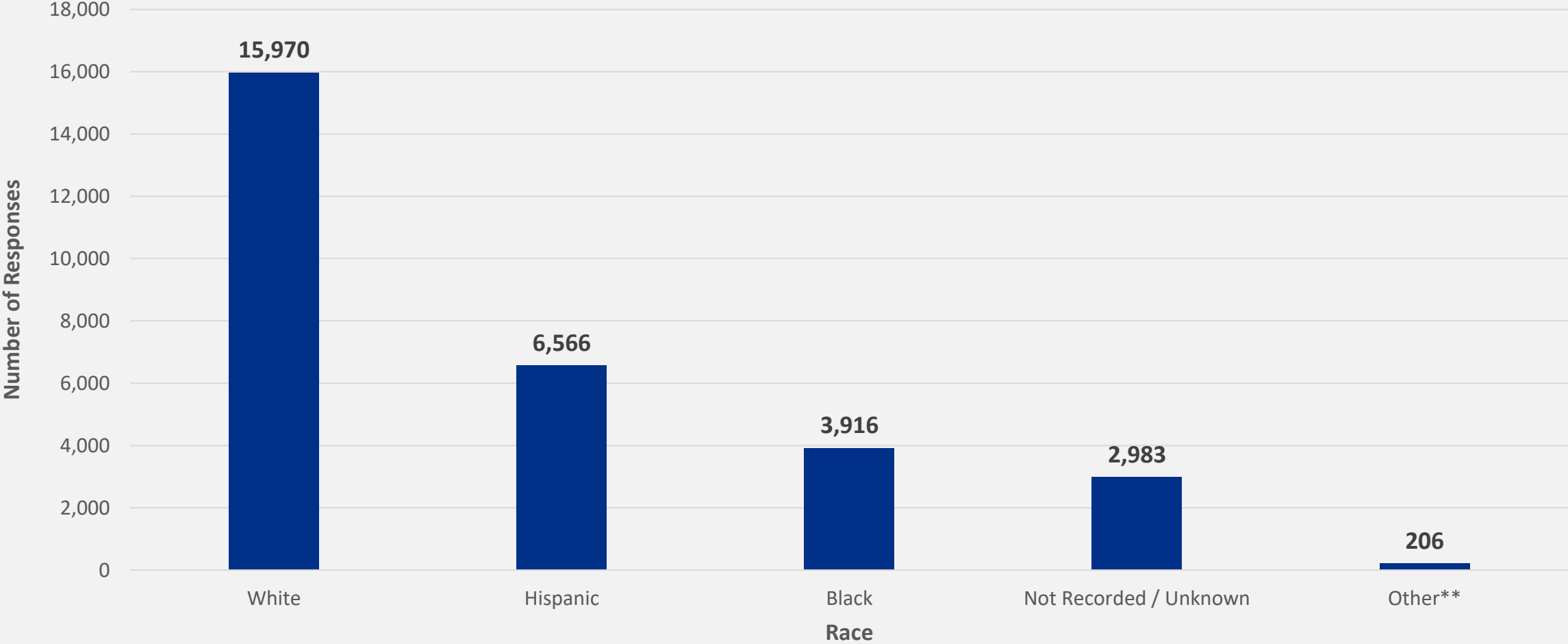


Year	Percent
2019	11.05%
2020	11.81%
2021	15.08%
2022	17.21%

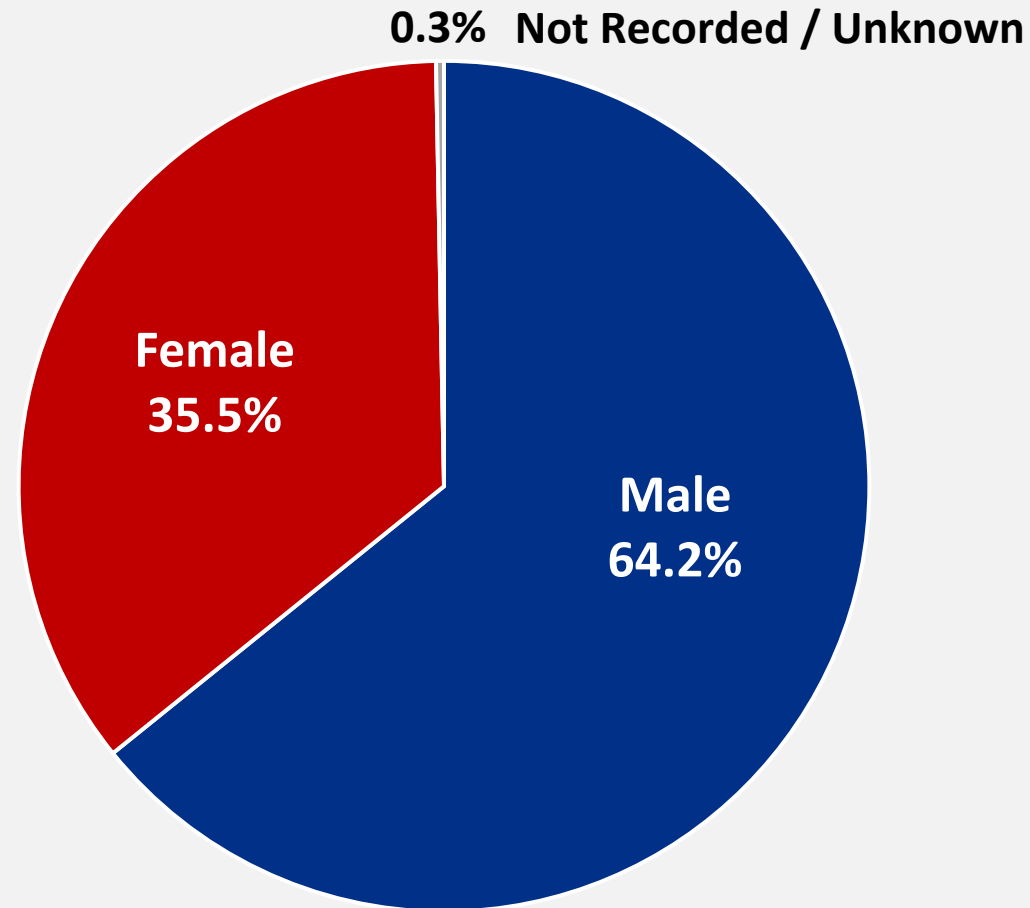
# Non-Fatal Opioid Drug Poisoning EMS Responses by Year



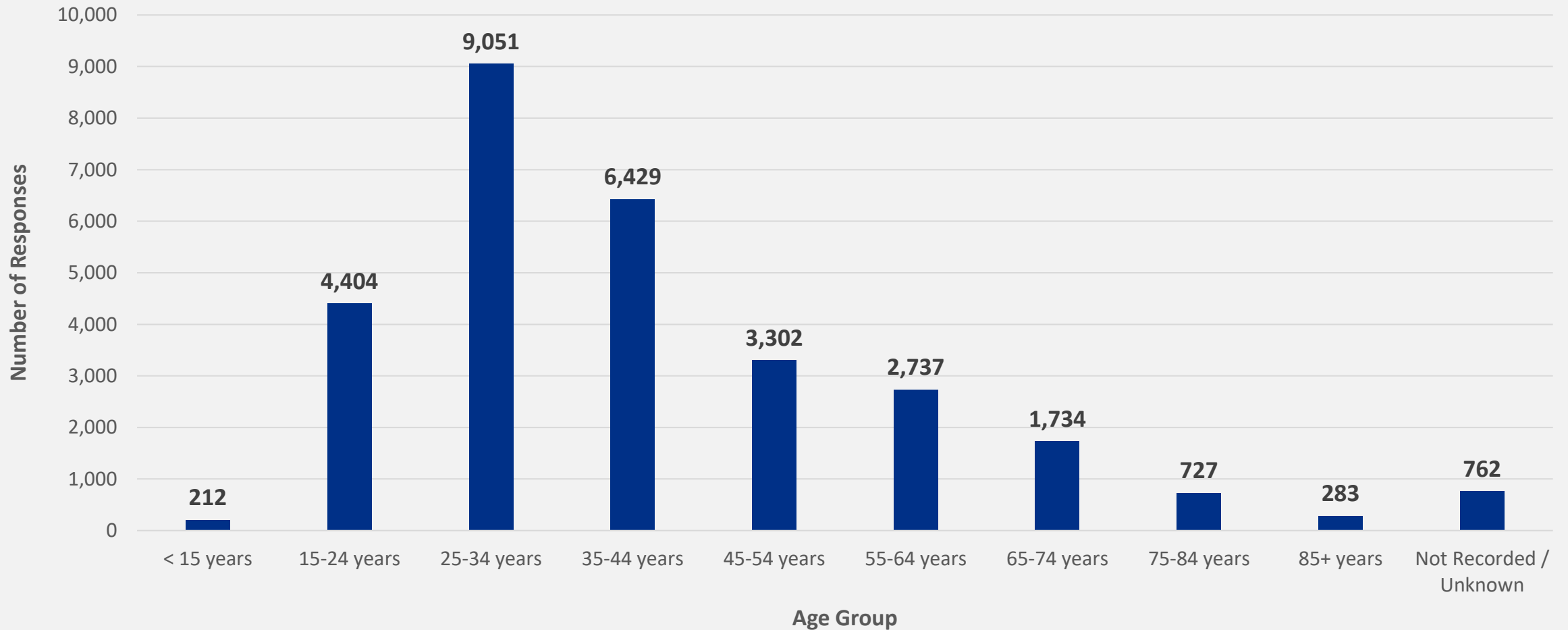
# Non-Fatal Opioid Drug Poisoning EMS Responses by Race



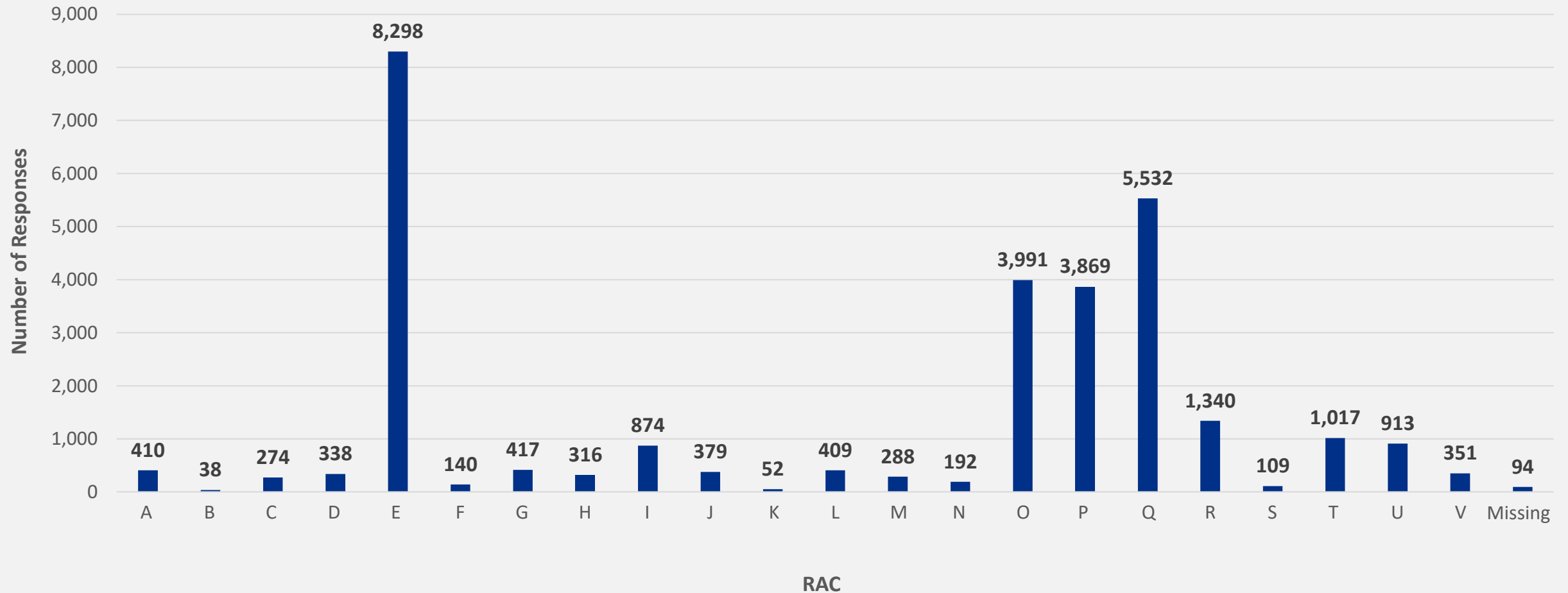
# Non-Fatal Opioid Drug Poisoning EMS Responses by Sex



# Non-Fatal Opioid Drug Poisoning EMS Responses by Age

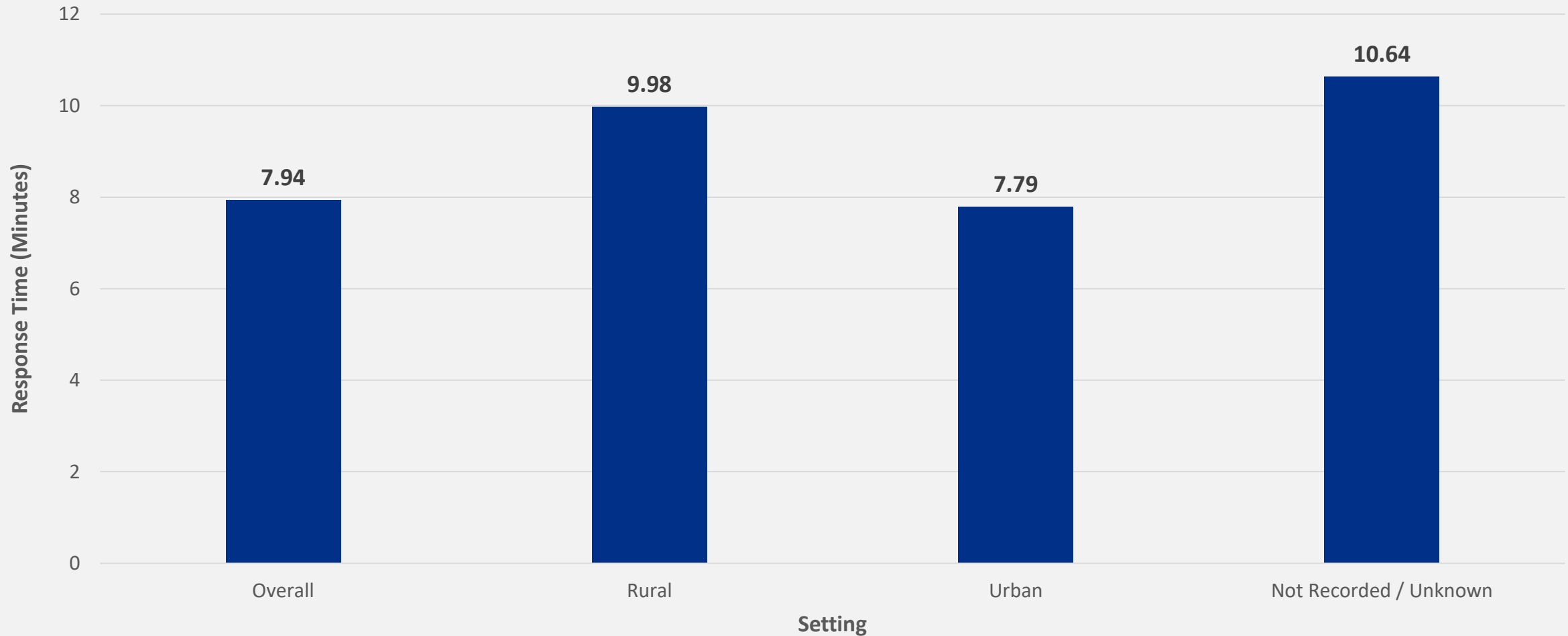


# Non-Fatal Opioid Drug Poisoning EMS Responses by Regional Advisory Council (RAC)

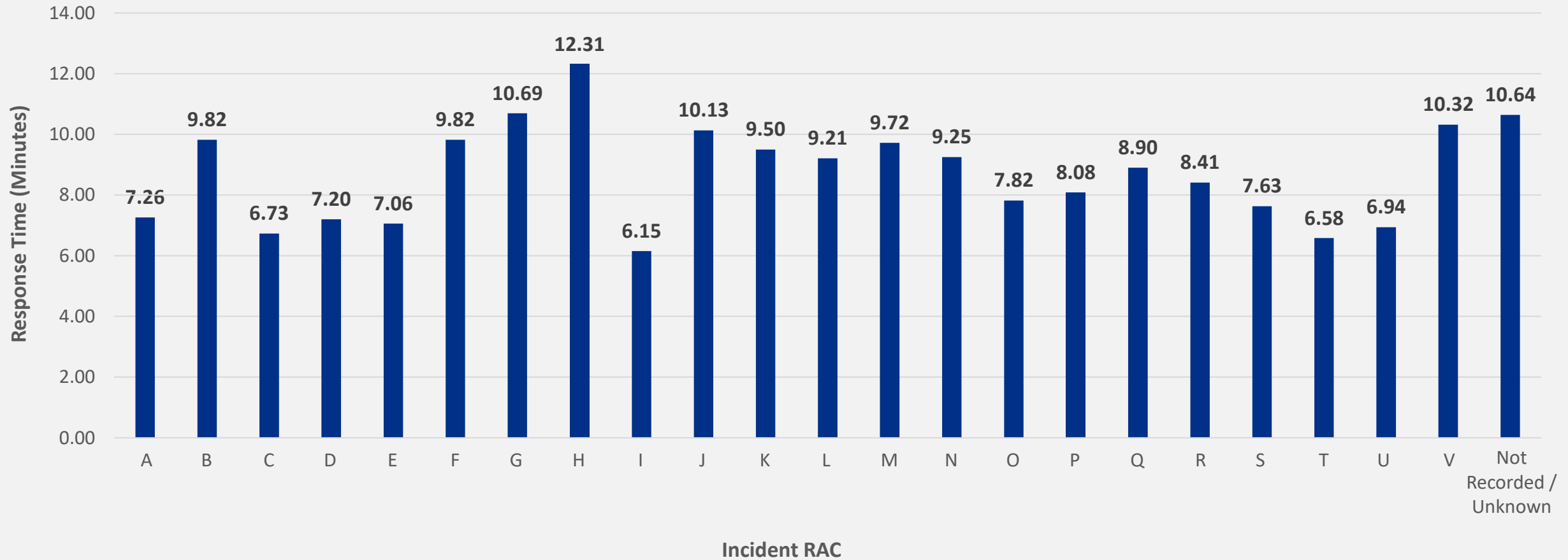




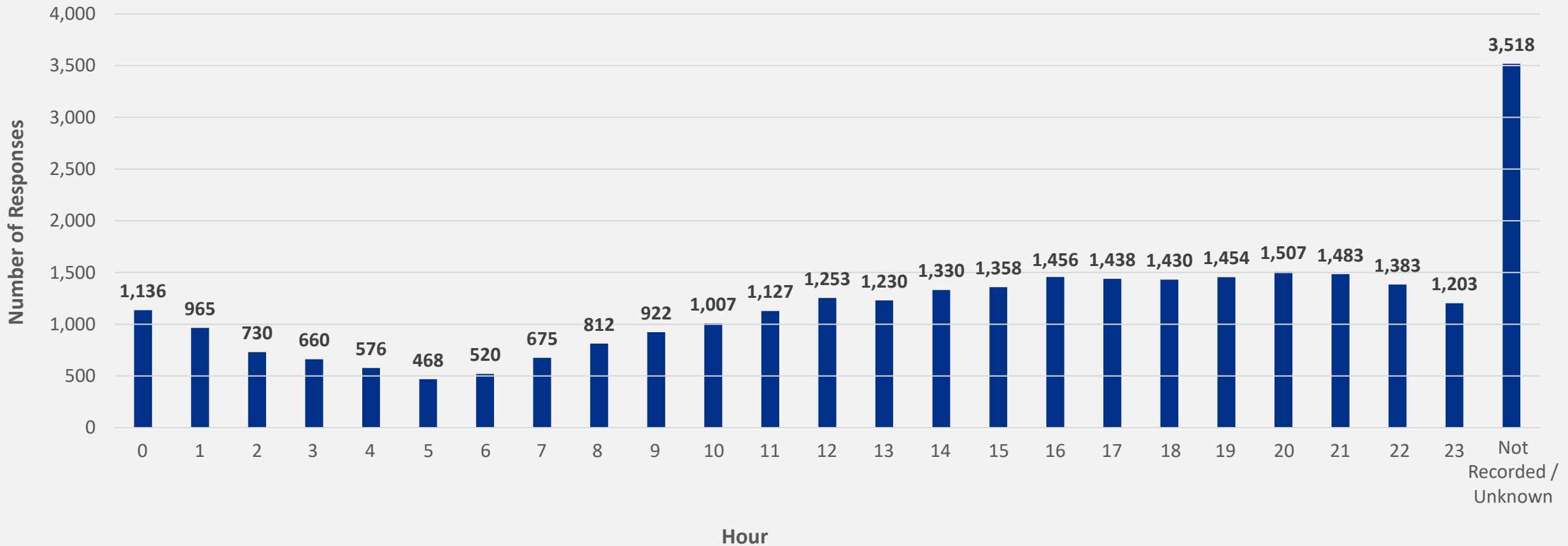
# Non-Fatal Opioid Drug Poisoning EMS Average Response Time by Setting



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

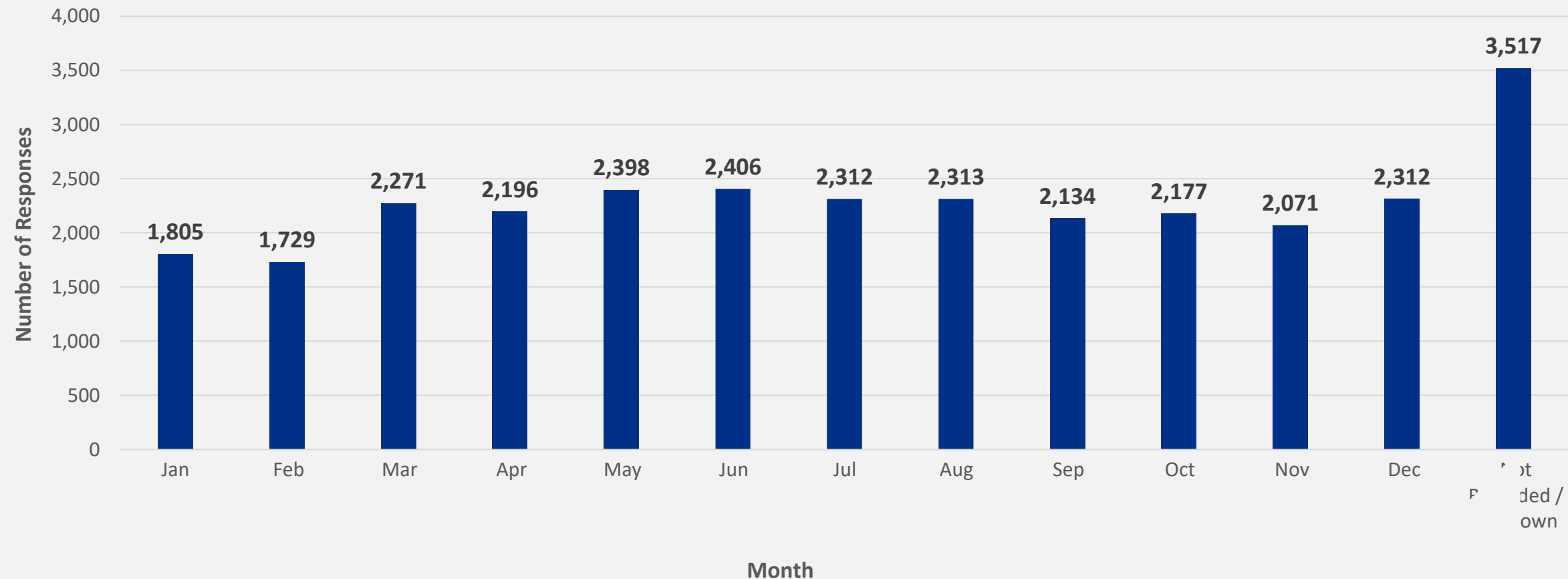


# Non-Fatal Opioid Drug Poisoning EMS Responses by Hour

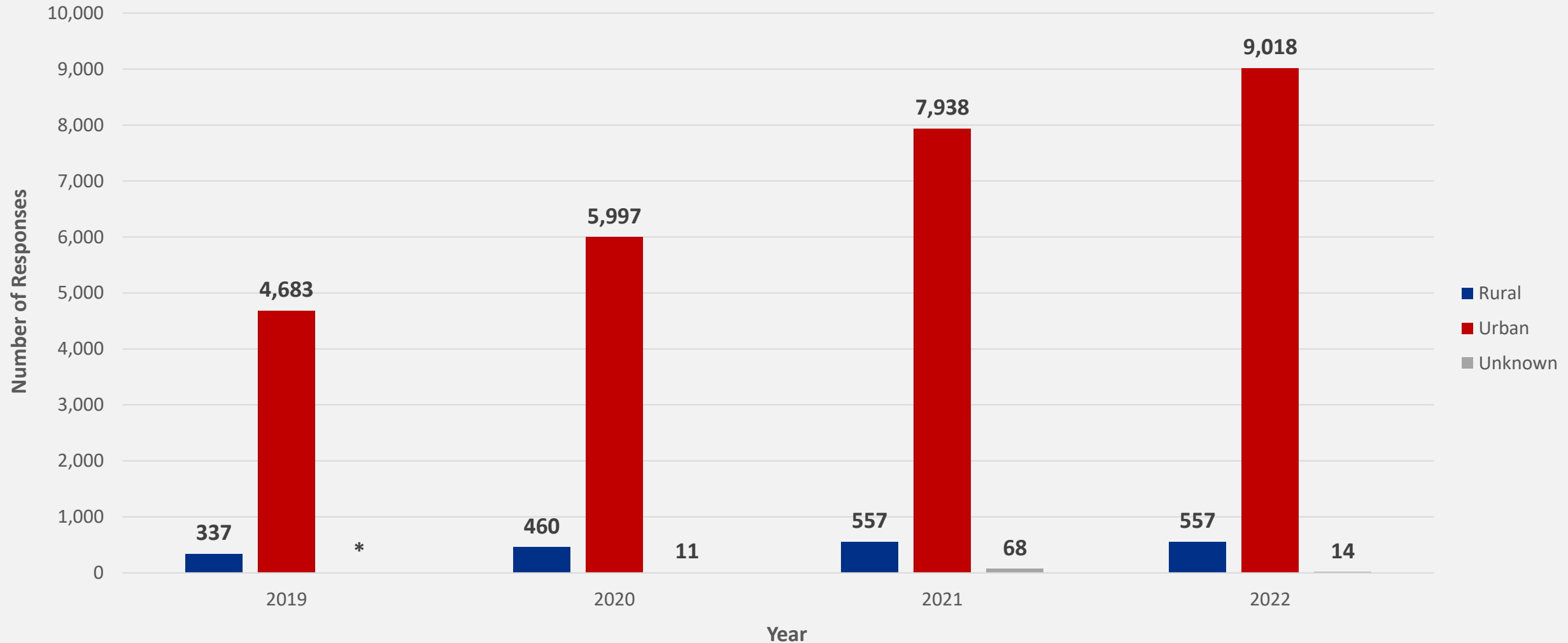


Based on a 24-hour timeline with "0" as midnight.

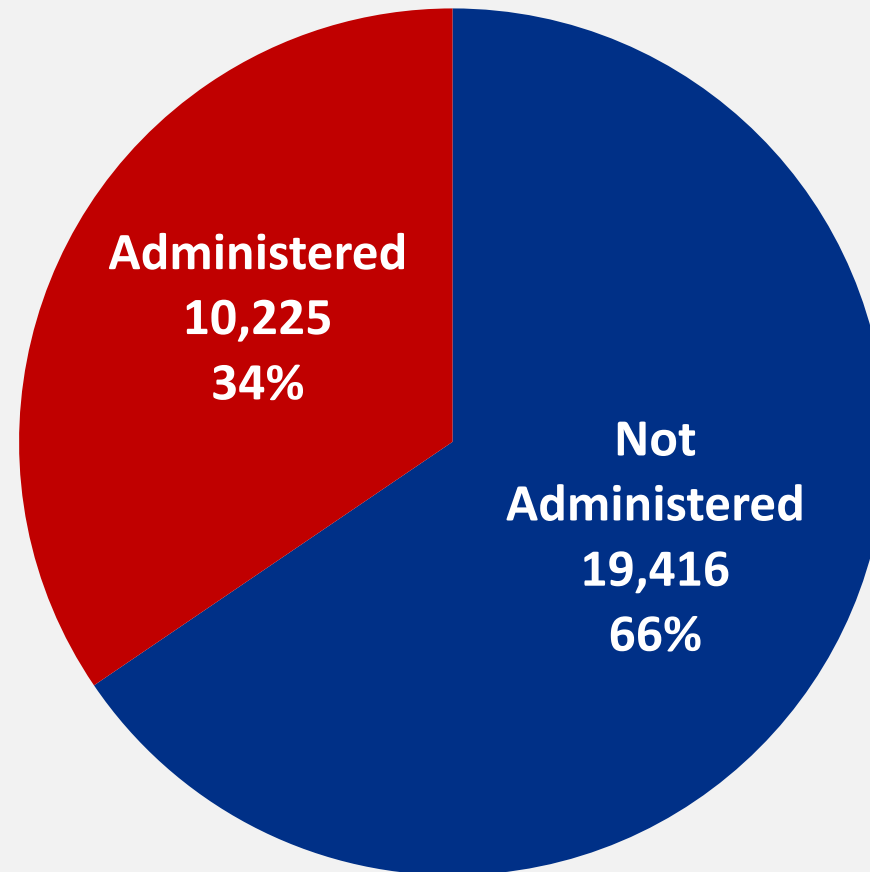
# Non-Fatal Opioid Drug Poisoning EMS Responses by Month



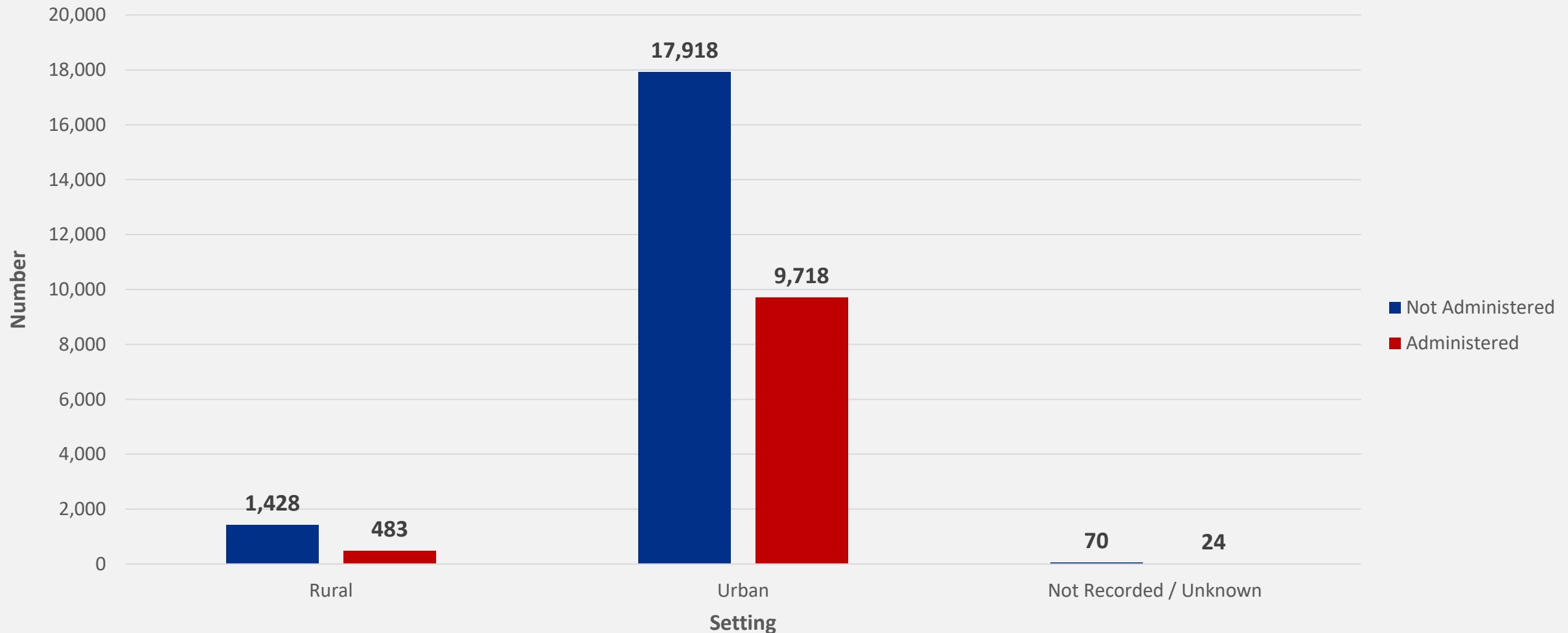
# Non-Fatal Opioid Drug Poisoning EMS Responses by Year and Setting



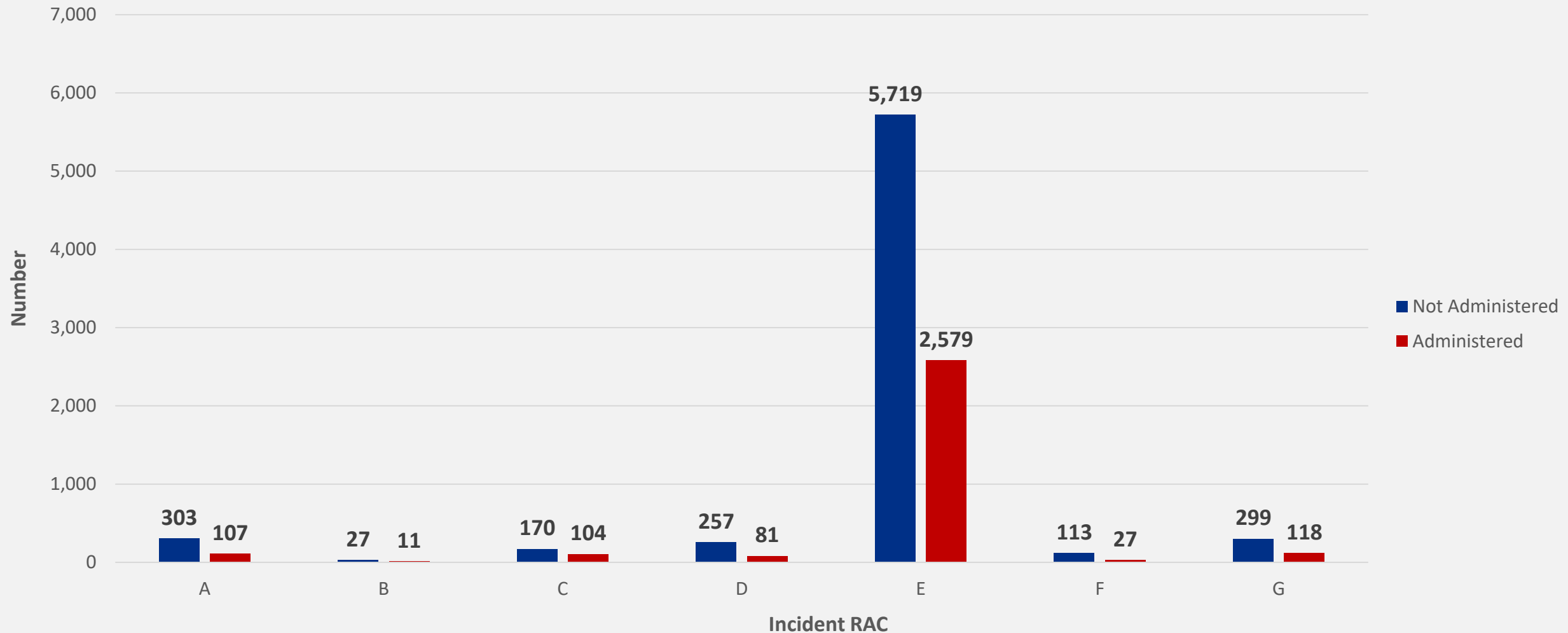
# Non-Fatal Opioid Drug Poisoning EMS Responses by Narcan Administration



# Non-Fatal Opioid Drug Poisoning EMS Narcan Administration by Setting

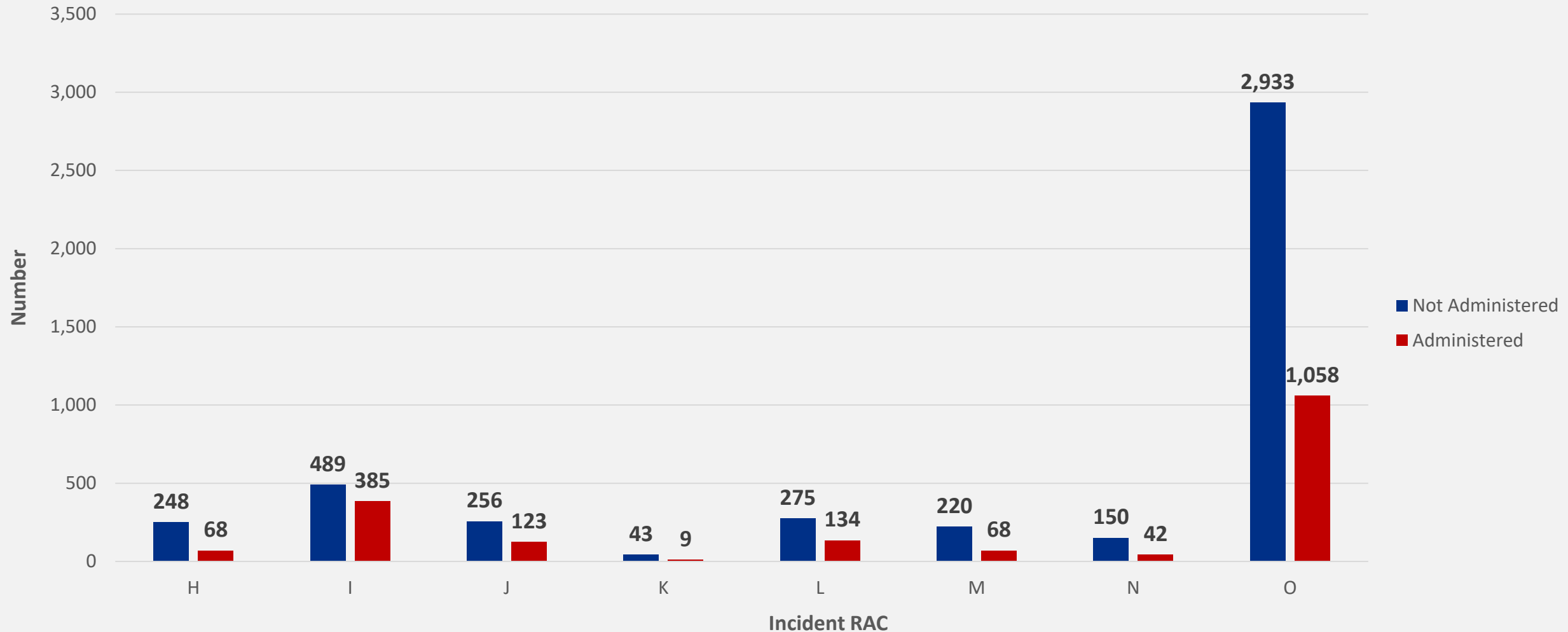


# Non-Fatal Opioid Drug Poisoning EMS Narcan Distribution by RACs A-G

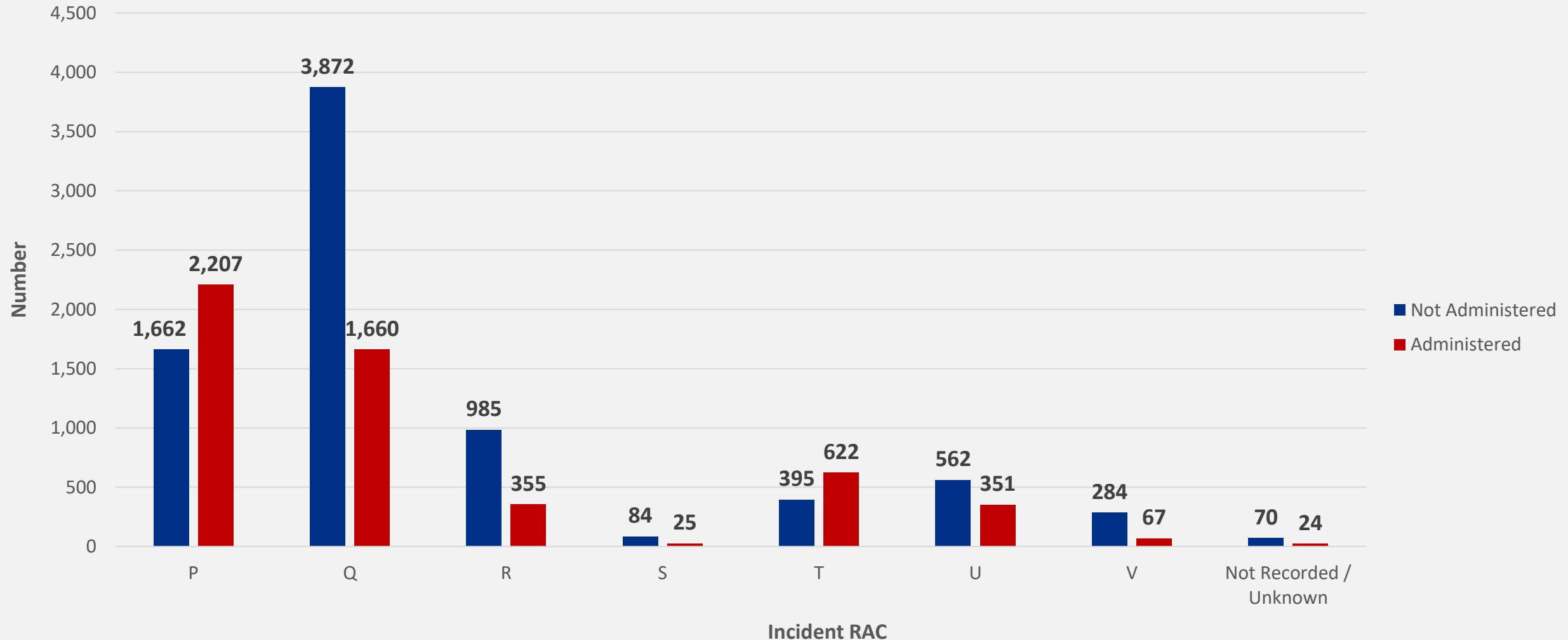




# Non-Fatal Opioid Drug Poisoning EMS Narcan Distribution by RACs H-O



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



# Texas Overdose Data to Action (TODA)



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# 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"><li>• Track fatal and non-fatal, intentional and unintentional drug poisonings;</li><li>• Identify emerging drug threats; and</li><li>• Use data to drive drug poisoning prevention strategies.</li></ul>

# 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](mailto:injury.web@dshs.texas.gov)