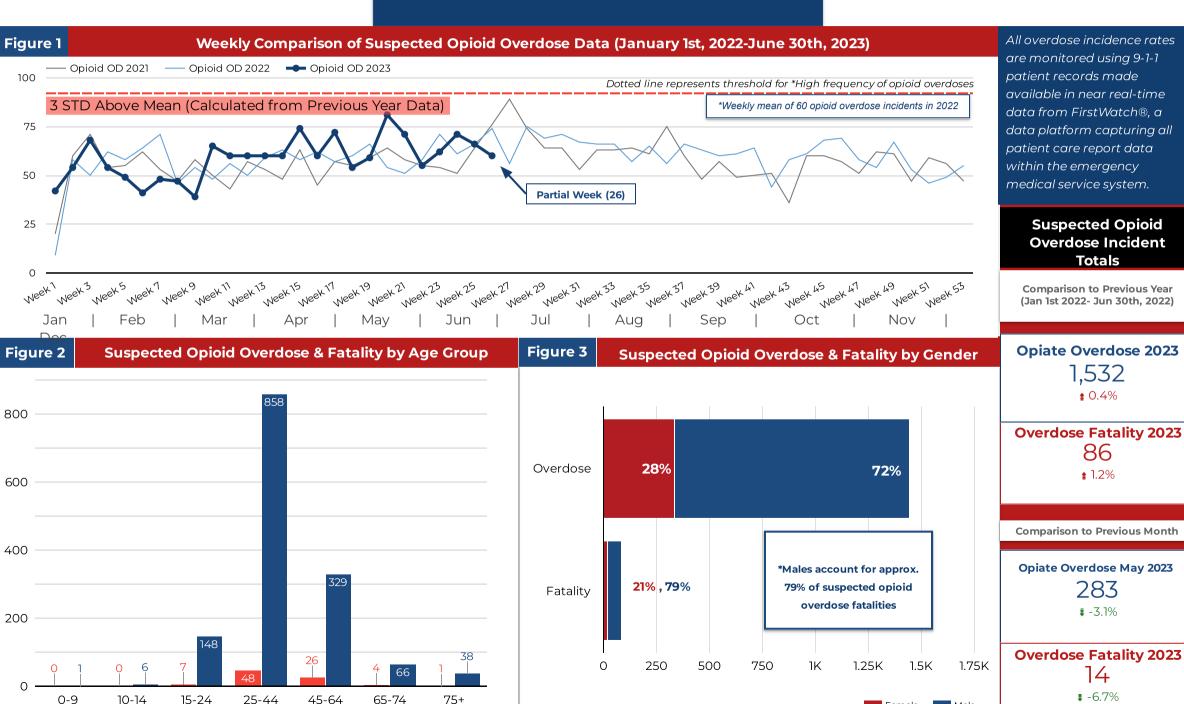


2023 Surveillance Report

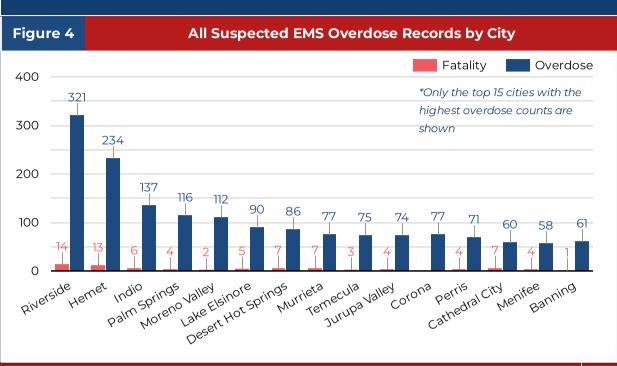
(January 1st, 2023-June 30th, 2023)





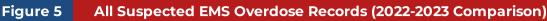
Dead at Scene Suspected Opioid Overdose

All Suspected Drug Overdose EMS Incidents (January 1st, 2023- June 30th, 2023)

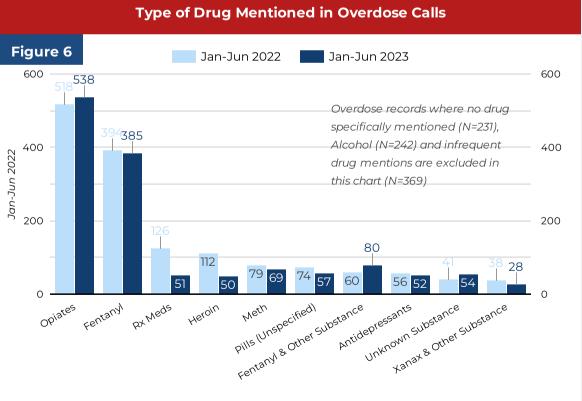


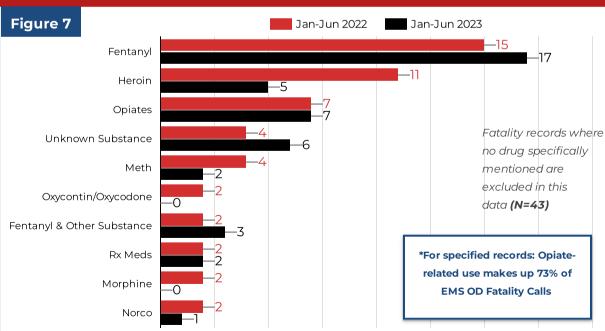


Drug Overdose Fatality (Jan-Jun 2023)
98
\$ 5.4%









7.5

10

12.5

15

17.5

20

2.5

Type of Drug Mentioned in Fatal Overdose Calls

Overdoses in Patients Experiencing Homelessness and/or Mental Health Crisis

(January 1st, 2023- June 30th, 2023)

Overdose-Homelessness Records

455

Mental Health-Overdose Records

115

Homelessness-Overdose Fatality

11

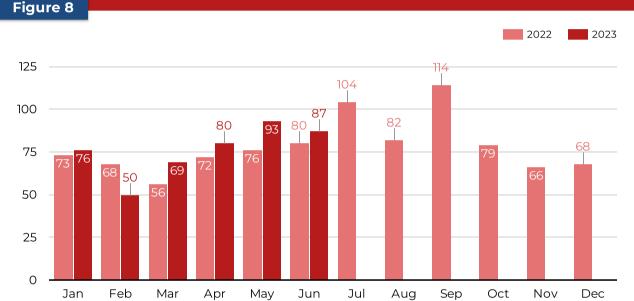
Mental Health-Overdose Fatality

 C

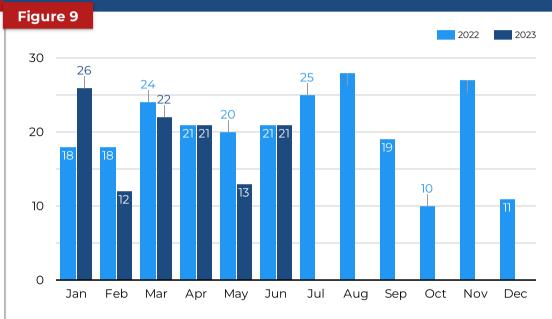
According to California Welfare and Institutional Code (WIC), a 5150 (mental health crisis) enables law enforcement and designated medical professionals to place individuals posing imminent risk to self or others on involuntary 72-hour hold. From 1/1/2023-6/30/2023, Riverside County Emergency Medical Services (EMS) providers responded to an average of 19 WIC-5150 emergency and non-emergency transport overdose calls each month so far in 2023.

Homelessness (unstable housing) is an important factor for resource allocation and understanding all factors that can lead to overdose in the EMS system. Homeless status is established and self-reported by patient to EMS provider and noted in electronic patient care records that display patient as homeless. There are two fields within the record "Patient Home Address"="Homeless" or a checkbox, "Is patient homeless" marked "Yes" to indicate homeless patient status. The data displays all overdose records that involve a patient with homeless status.

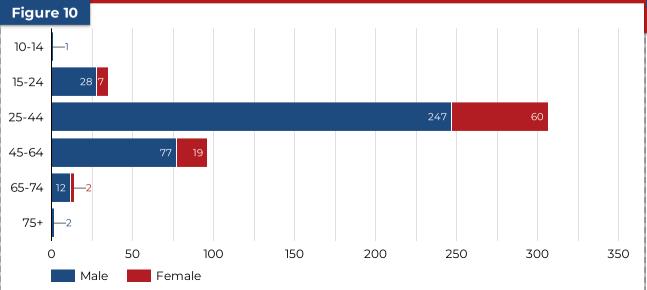




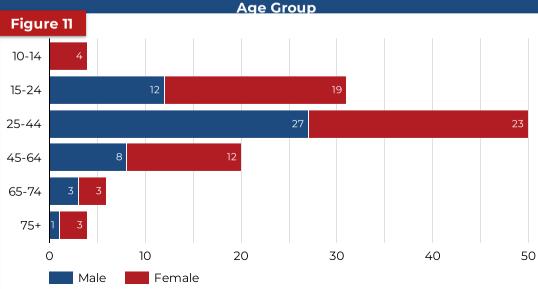
Overdoses in Patients Experiencing Mental Health Crisis by Month



Overdoses in Patients Experiencing Homelessness by Gender & Age Group



Overdoses in Patients Experiencing Mental Health Crisis by Gender &



Suspected Opiate Overdose Treatment Adherence (January 1st, 2023-June 30th, 2023)

In order to get an in depth look at opioid overdose data, it is important to understand the willingness of patients that are seen and treated by EMS providers to comply with provider recommendations. This provides context and highlights potential obstacles in overdose treatments.

The following data represents patients that go against medical advice (AMA), thereby refuse treatment, or transport to a designated healthcare facility for further treatment. Patients encountered that were determined to be deceased when EMS units arrived are denoted as DOA.

Treated & Transported 1,310

Treated & Released (AMA)

Refused Treatment & No Transport

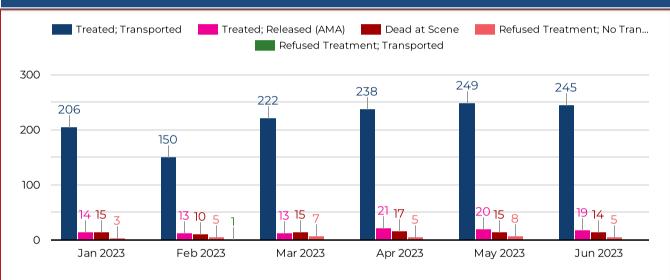
33

Refused Treatment & Transported

86

DOA

Figure 12A-B: Count & Proportion of Patients Treated/Transported/Refused for Suspected Opioid Overdose Incidents



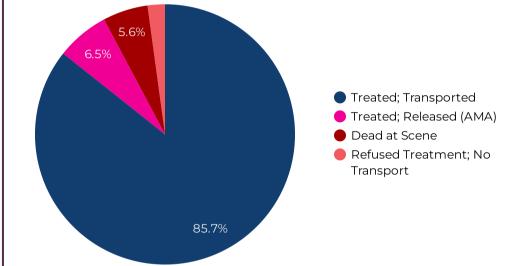


Figure 13: Patients Treated/Transported/Refused for Suspected Opioid Overdose Incidents by Age Group

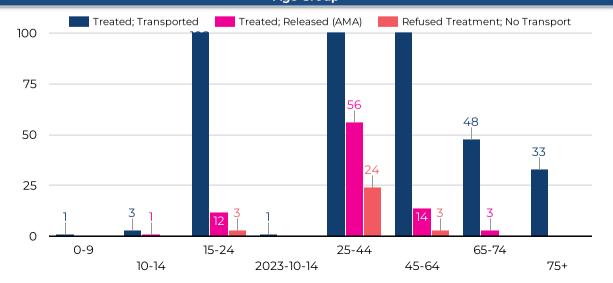
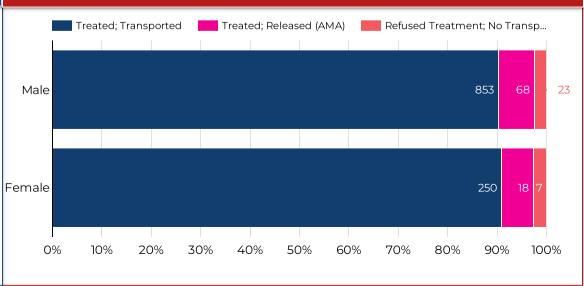


Figure 14: Patients Treated/Transported/Refused by Gender



Naloxone Administration in EMS Suspected Opioid Overdose Calls (Jan-Jun 2023)

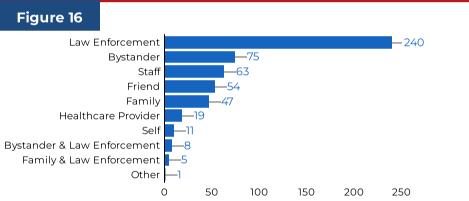
Narcan Administered by EMS

No Narcan Administered 50

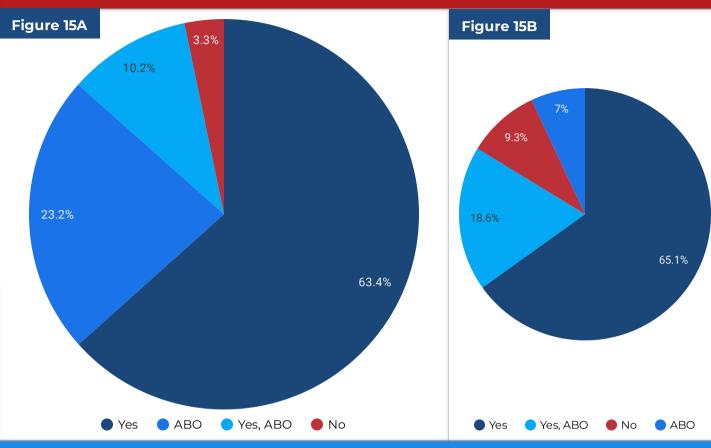
Administered by Other 399

Naloxone, aka Narcan, is the name of a generic drug that temporarily reverses the effects of an opioid overdose. First responders in our community have been trained to use narcan when they encounter an overdose while responding to an emergency incident. Understanding its efficacy in suspected EMS overdose incidents can help guide response activities and inform health care providers offering treatment services.

Naloxone Administration Prior to EMS Arrival



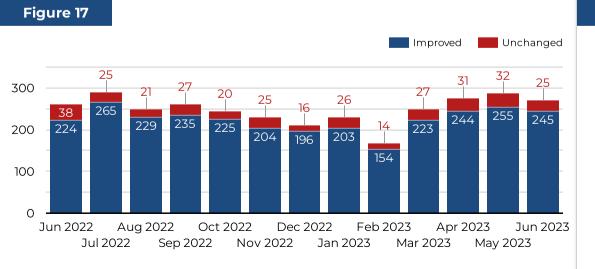
Naloxone Administration in All Suspected Opioid Overdose Calls (15A) & Overdose Fatality Calls (15B)



*ABO (administered by other) refers to naloxone administered by someone other than EMS prior to EMS arrival

*Yes, ABO refers to naloxone administered by EMS as well as prior to arrival

Patient Response to Naloxone Administration



% Patient Response to Naloxone Administration

Figure 18

