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175. Preliminary Results From the Drug Overdose Toxicology Surveillance (DOTS) Reporting Program: Admission Status by Sociodemographic Characteristics

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Background: The opioid overdose crisis has evolved to become poly-substance with novel psychoactive substances and adulterants. Real-time surveillance is needed to follow the trends to inform public health decision making and clinical management.

Research Question: What are the preliminary findings for characteristics among hospital admission status among patients seen in emergency departments for severe or life-threatening opioid and stimulant overdoses?

Method: The Drug Overdose Toxicology Surveillance (DOTS) Reporting Program launched a drug overdose surveillance system consisting of 17 medical toxicology sites to monitor severe opioid and stimulant drug overdoses presenting to the emergency department (Food and Drug Administration (FDA) Contract #75F40122D00028/75F40123F19002). Data forms captured demographic, clinical features, treatments, and admission status via chart review. Analyses consisted of examining sociodemographic characteristics by admission status.

Result: Three hundred and sixty-nine patients were approached for consent. Sixty-one declined consent and 10 were not able to provide a blood specimen. Two hundred and nineteen of the remaining 298 have completed clinical data to date. The mean age of patients was 45 years (SD 14.5), and 25% of the patients were 57 or older. However, there were no differences in age categories among admission status. Male admissions were 61 of 157 (39%) while female admissions were 29 of 62 (47%). Black/African American patients who consented were 125 of 137 (91%) with 42/125 (34%) admitted while Caucasian/White patients who consented were 75 of 105 (71%) with 43/75 (57%) admitted.

Conclusion: Gender and racial differences were noted in the rate of hospital admissions for severe opioid and stimulant overdoses. A high response rate was noted among African Americans however, these are still preliminary data. Future sensitivity analyses will evaluate if there are demographic differences between those who provided informed consent compared to those who declined.