AMR Fatal and Non-Fatal Overdose Responses in The Project CLEAN Target Area: 2017

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Introduction
The following information is from the database compiled from the American Medical Response (AMR) team, based on calls for service to the 911 Call Center. The data includes any case that had Narcan administered. There were several instances when Narcan was administered multiple times to the same individual, and these duplicate cases were removed to get an accurate count of overdose responses. There were a total of 58 overdose responses with Narcan administrations from AMR in 2017 in the Project CLEAN target area. To identify the cases that occurred within the target area, the addresses associated with the AMR response was filtered to for the streets within the zip codes of the target area (14621 and 14605). Refer to the working paper ‘AMR Fatal and Non-Fatal Overdose Response Citywide in Rochester, NY: 2017’ for overdose data across the City.

AMR Overdose Response in the Project CLEAN Target Area
In 2017, by Month

The clearest and highest peak in the monthly overdose response occurs in July, with a total of 10 overdose responses. The average number of overdose responses in the target area per month is about 5; the range of responses is 1-10 per month. July is the peak month for overdose responses, and may therefore be a key time to implement interventions.
Unlike the citywide data, the overdose response in the target area has distinct peaks on specific days of the week, with a bit more variation. Thursdays (19%), Mondays (17%) and Wednesdays (17%) are the busiest days in terms of overdose responses, while Sundays (10%) are the least likely. Week-day interventions may be most effective according to this data breakdown.
AMR Overdose Response in the Project CLEAN Target Area
In 2017, by Time of Day

The peak times for an overdose response in the Project CLEAN target area are about 2 hours after the peaks in the citywide data; a spike in responses at 2:00 PM followed by a large drop through 5:00 PM. Between 7:00 and 8:00 PM there is another slight peak, with 5 overdose responses each hour.
The trends for overdose response by gender in the target area is similar to those of citywide overdose responses; 78% of overdose responses were for male victims (compared to 70% citywide) and 22% for female victims (compared to 30% citywide). Understanding gender-specific risk factors for overdose may help to focus interventions that are responsive to unique needs of males or females.
The age breakdown for overdose response has a larger peak range than the citywide data; 21-30 year olds are the second most likely to overdose, with 31-40 being the largest age range of victims in an overdose response. The peak slightly decreases by age 41-50 and is generally constant until a steep decrease beginning with 61-70 years old. This is a larger target population when identifying risk factors and intervention strategies. The AMR data does not include race and ethnicity data, but it is possible that the older victims are the historical heroin users in the neighborhood: older, Latino, males.
AMR Overdose Response in the Project CLEAN Target Area
In 2017, by Type of Location

Roadways (36%) are the most common location for AMR to respond for an overdose within the target area, followed closely by a home or residence (29%). The large proportion of overdoses illustrates open-air the nature of this drug market in the target area.

Conclusions
The Project CLEAN target area (made up of portions of zip codes 14605 and 14621) experienced an AMR response for overdoses 58 times in 2017. Many of these overdoses occurred on a roadway, establishing the need for outdoor interventions; as well as when to focus these effort, peak overdose response times are around 2:00 PM and 7:00-8:00 PM. Mondays, Wednesdays and Thursdays are the most frequent days for overdose responses to occur, which can also affect intervention planning and deployment.