

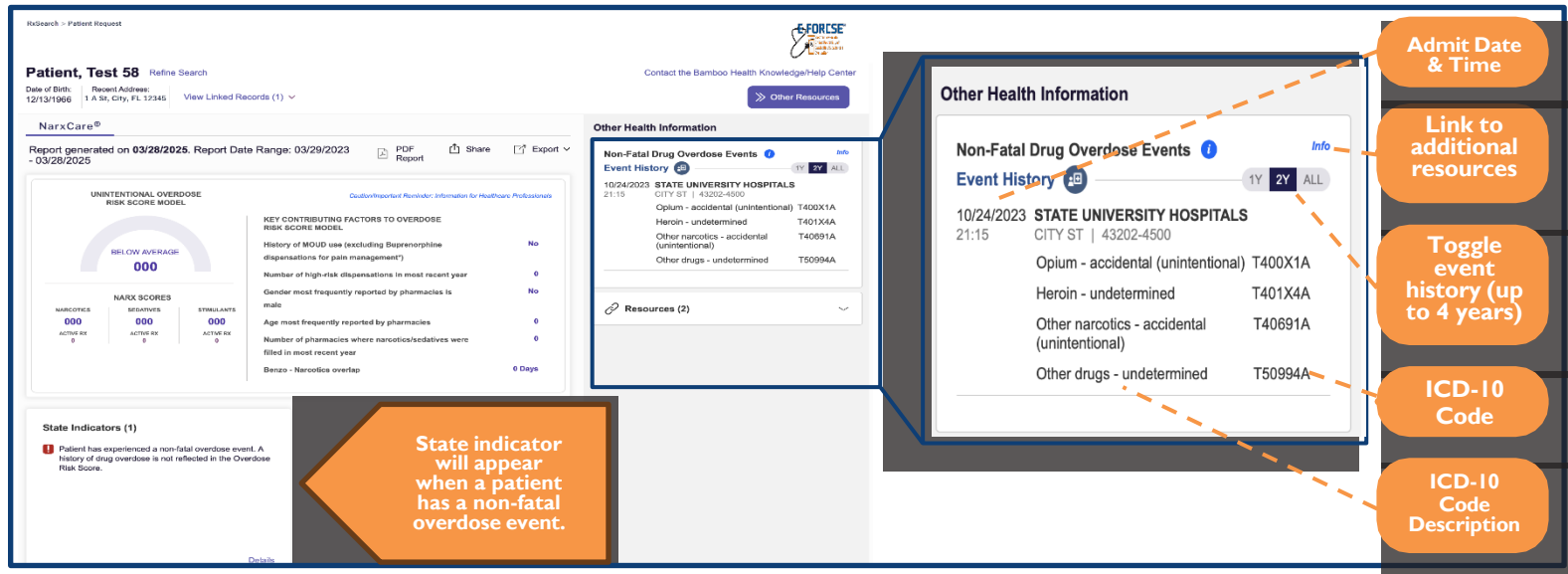
Non-Fatal Drug Overdose Indicator

Research shows that people at risk of overdose frequently interact with the healthcare system.¹

Medication for opioid use disorder is associated with decreased non-fatal overdose risk.²

Understanding the Indicator

Starting June 2025, non-fatal drug overdose events, as reported by the Florida Health Information Exchange, will be displayed on patient reports within the E-FORCSE Reporting System.



The screenshot displays the E-FORCSE Reporting System interface for a patient named Test 58. The interface includes a patient information section, a risk score model, and a list of non-fatal drug overdose events. A callout box highlights the 'Other Health Information' section, which contains a table of overdose events with columns for date, location, substance, and ICD-10 code. A legend on the right side of the screenshot explains the components of the indicator:

- Admit Date & Time**: The date and time of the overdose event.
- Link to additional resources**: A link to the event history.
- Toggle event history (up to 4 years)**: A toggle to view the event history.
- ICD-10 Code**: The ICD-10 code for the overdose event.
- ICD-10 Code Description**: The description of the ICD-10 code.

Important Reminders About the Indicator



Non-fatal drug overdose history is NOT reflected in the ORS.

The ORS takes into consideration several pieces of information within E-FORCSE such as quantity and combination of controlled substance medications, and certain patient demographics such as age and gender. The non-fatal overdose indicator should be used in conjunction with the ORS along with other data within the PDMP and patient history information outside the PDMP to help improve patient care. **Please be advised that patients with a recent history of non-fatal overdose events are associated with an increased risk of a fatal overdose.**



Indicates a patient experienced a non-fatal overdose as reported by the Florida Health Information Exchange on or after April 10, 2025.

Does not include overdoses treated by EMS where the patient refused transport to a hospital or overdoses that were treated in Florida hospitals prior to April 10, 2025. Therefore, it is still important to ask patients whether they have experienced previous overdose events.



Includes both intentional and unintentional drug overdoses as well as overdoses of undetermined intent.

NOTE: Many overdoses reported to E-FORCSE will be listed as unspecified (using the T50.9 code series), which means they do not include the specific substance involved in the patient's overdose and may include any drug poisoning.



Non-fatal overdose information is available to prescribers and pharmacists only.

The indicator is not made available to other E-FORCSE users such as law enforcement.

Incorrect Patient Flagged in E-FORCSE?

E-FORCSE uses a sophisticated algorithm to match patients based on data reported. However, there is a chance that a patient may have been flagged incorrectly. If this situation arises, please contact the E-FORCSE team via email (eforcse@flhealth.gov).

How to Use this Information

- Reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or not providing medications. The information on this report is not warranted as accurate or complete.
- The CDC recommends patients be offered the opportunity to begin medication for opioid use disorder (MOUD). Given the lethality of the illicit drug supply, improving access to these medications can decrease overdose deaths. MOUD use is associated with reductions in overdose compared with other treatments.³

Words Matter
People Matter

Tips to Address Stigma Against People with Substance Use Disorder

Substance use disorder (SUD) is a chronic, treatable medical condition. However, feeling stigmatized can make people with SUD less willing to seek treatment. In 2021, about 10.4% of people who felt they needed substance use treatment but did not receive it in the past year said they did not seek treatment because they feared attracting negative attitudes from their communities.⁴

Patients battling SUD appreciate their questions and concerns being addressed using non-judgmental and non-stigmatizing language. They typically respond better when information is shared, understanding of the patient's goals and experiences is sought after, lecturing or patronizing is avoided, and the overall interaction is approached through a lens of shared decision-making.

An important step toward eliminating stigma is replacing stigmatizing language with preferred, empowering language that doesn't equate people with their condition or have negative connotations. Studies show that terms like "junkie" and "addict" feed negative biases and dehumanize people.

Use person-first language and let individuals choose how they are described. Person-first language maintains the integrity of individuals as whole human beings — by removing language that equates people to their condition or has negative connotations. Using person-first language maintains the integrity of individuals as whole human beings.