



# Connecticut Department of Public Health Drug Overdose Monthly Report

## Fatal Unintentional and Undetermined Intent Drug Overdose Report

### Key Findings of Drug Overdose Decedents, 2019 – April 2023\*

- The current monthly report is based on confirmed fatal drug overdose cases from 2019 to the 2<sup>nd</sup> week of April 2023. Data from 2022 and early 2023 data are preliminary and may change due to pending cases. Period of analysis includes January 2019 through February 2023.
- **2023\* data overview:** As of the 2<sup>nd</sup> week of April there were 326 deaths for 2023, with 107 in January, 121 in February and 82 in March. Approximately 81.3% of these deaths involved fentanyl. Data are subject to change because of pending cases.
- **2022\* data overview:** From January to December 2022, there were 1,468 confirmed fatal drug overdoses. The percentages of substances involved in the fatal overdoses are as follows: any opioid (illicit/prescription) 92% (N=1350), fentanyl 85.3% (N=1,251), xylazine 24.7% (N=353) and Gabapentin 11.4% (N=166).
- **Comparison between 2020-2022:** There were 1,531 confirmed deaths for 2021 with an increase of 11.4% compared to the previous year, 2020 (N=1,374). Preliminary data from 2022 suggest a decrease in drug overdose deaths by 4.1%, compared to 2021.
- **Demographic data for 2022\*:** Males had a higher mortality rate than females in 2022 (58.2 vs. 20.9 per 100,000 population, respectively). In 2022, the mortality rate was highest for the non-Hispanic Black population and for 35–44-year-olds.
- **Place of death in 2021 and 2022:** Most of the decedents died at a residence (either their own or someone else's) in 2021 (60%) and 2022 (63%).
- **Fentanyl-involved drug overdose deaths:** The average percentage of fentanyl- or fentanyl analog-involved deaths was 85% for 2020, 2021 and 2022, compared to 82% in 2019.
- **Xylazine, an animal tranquilizer, in drug overdose deaths:** For the first time in 2019, xylazine/fentanyl combinations were found to be involved in drug overdoses (N=71). The same lethal combination continued to be a problem in 2020 (N=141), 2021 (N=295), 2022 (N=353) and in preliminary data of 2023. There were 72 deaths (22.1%) involving xylazine/fentanyl combinations in 2023, with 21 in January, 26 in February and 13 in March.
- **New and emerging substances:** Para-fluorofentanyl, a fentanyl analog, emerged in 2020 and was present in 13 overdose deaths that year, 94 in 2021, 32 in 2022, and 10 in 2023. The Injury and Violence Surveillance Unit (IVSU) from the Department of Public Health (DPH) continues to monitor for other new emerging substances which include but are not limited to Flualprazolam (benzodiazepine family) and the Nitazene family of substances (novel synthetic opioids).

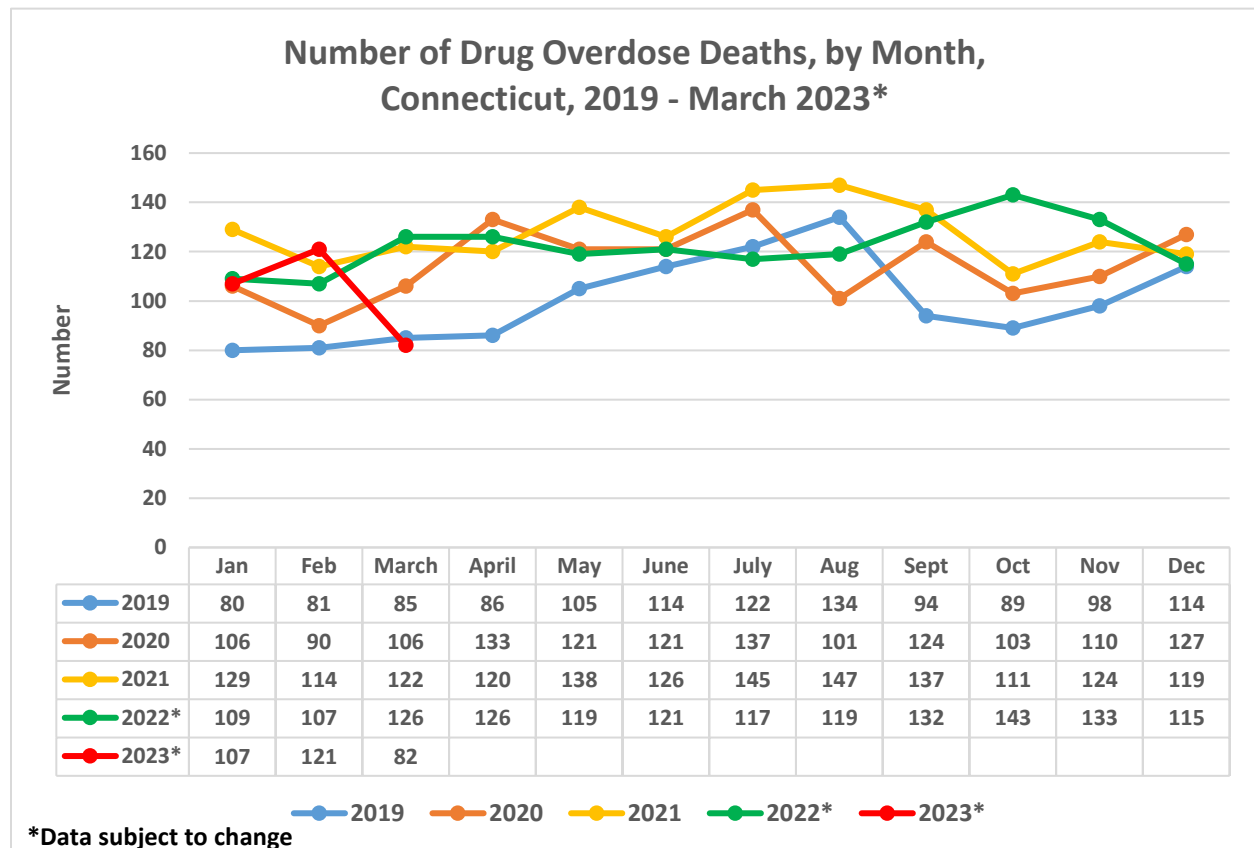
\*Data subject to change due to pending cases.

Updated on 5-19-2023; Data Source: Connecticut Office of the Chief Medical Examiner (OCME), per CDC-SUDORS grant guidelines.

For substance use disorder information visit: <https://www.drugfreect.org>.

For information on the CT DPH Opioids and Prescription Drug Overdose Prevention Program in the Office of Injury and Violence Prevention, visit: <https://www.ct.gov/dph/injuryprevention>.

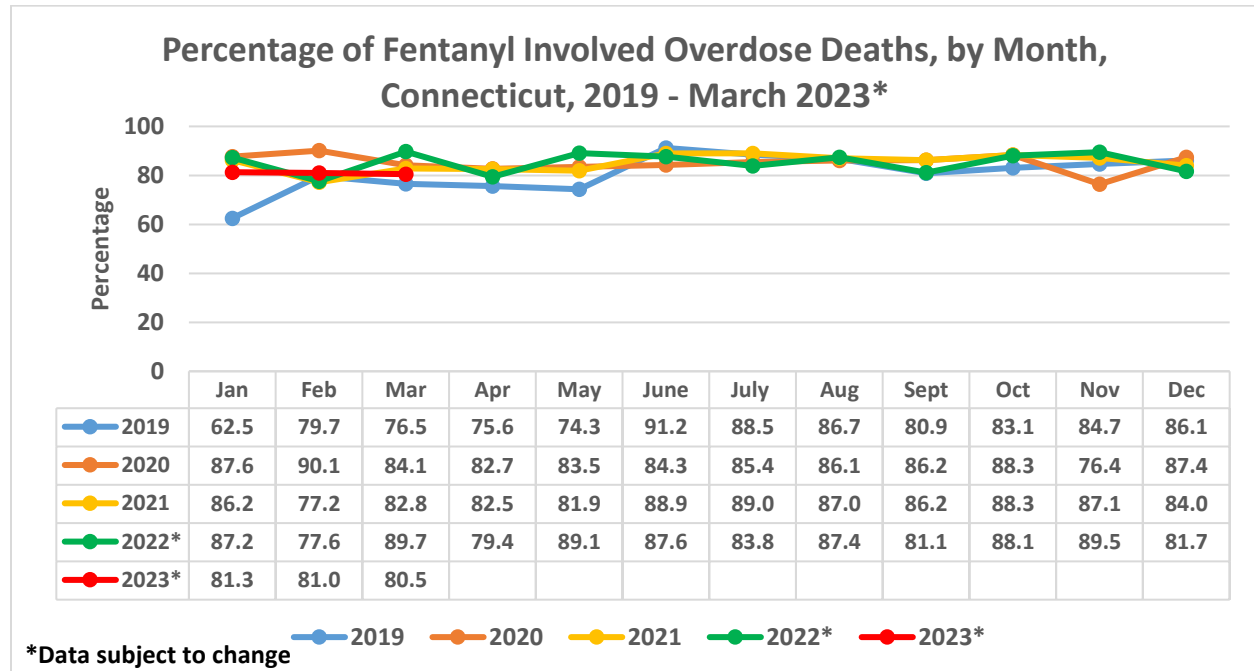
**Unintentional and undetermined intent drug overdose deaths, by month, Connecticut, 2019 – March 2023\***. Compared to 2020, there was an increase of 11.4% in 2021 for unintentional and undetermined intent drug overdose deaths in Connecticut. However, preliminary data for 2022 suggest a decrease of 4.1% in drug overdose deaths, compared to the previous year of 2021. The chart below represents the monthly count of confirmed drug overdose deaths from January 2019-March 2023\*. The years 2022 and 2023 numbers may change due to the processing of pending cases.



**The percentage of fentanyl-involved overdose deaths continues to be a problem in 2023\*.**

Fentanyl-involved overdose deaths substantially increased in 2019 to 82%, compared to the previous years of 2015 to 2018. For 2020, 2021 and 2022\*, the average percentage of fentanyl-involved deaths was 85%. In the year 2023, January had 81.3%, February had 81% and March had 80.5% of deaths involving fentanyl and these percentages may change because of pending cases.

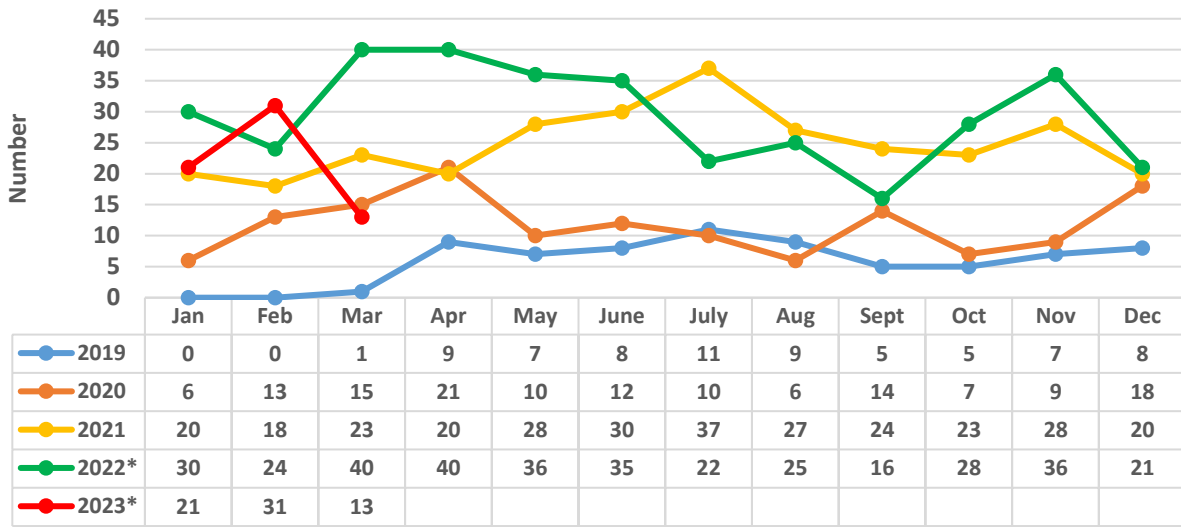
The chart below represents the percentage of fentanyl-involved deaths by month during January 2019-March 2023\*.



### **Xylazine-involved drug intoxication deaths in Connecticut, 2019 – March 2023\*.**

To enhance drug effects, recreational drugs are often adulterated with other pharmacological agents such as xylazine, a veterinary sedative not intended for human use. In Connecticut, in March 2019, xylazine was identified as a novel and emerging adulterant in fatal drug intoxications when combined with fentanyl. It continues to be a problem in 2023. There were 71 xylazine-involved deaths in 2019, 141 in 2020, 295 in 2021 and 253 in 2022. As per preliminary data from 2023, there were 21 xylazine involved deaths in January, 31 in February and 13 in March. Numbers from 2022 and 2023 may increase due to the processing of pending cases. The below chart represents the number of xylazine-involved deaths from January 2019-March 2023\*.

**Number of Xylazine Involved Overdose Deaths, By Month, Connecticut, 2019 - March 2023\***

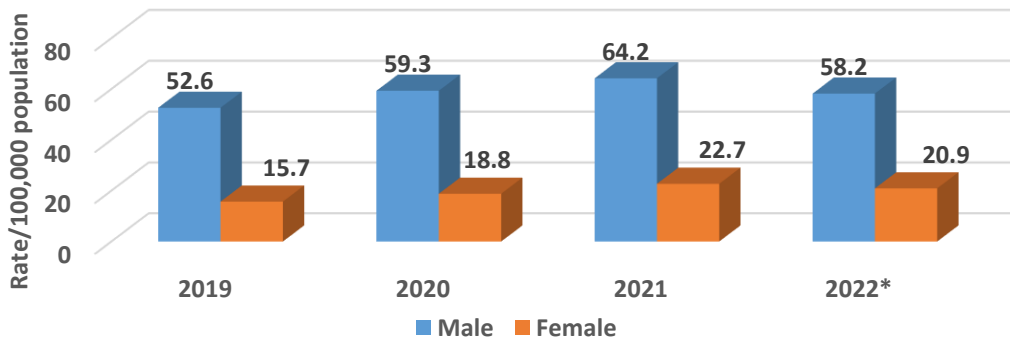


\*Data subject to change

**Drug overdose death rates were higher in males compared to females during 2019 through 2022\*.**

Rates of unintentional and undetermined intent drug overdose-related deaths were consistently higher among males when compared to females. The bar graph below represents rates of unintentional and undetermined intent drug overdose death by sex (rate per 100,000 sex-specific population) during 2019 through 2022\*.

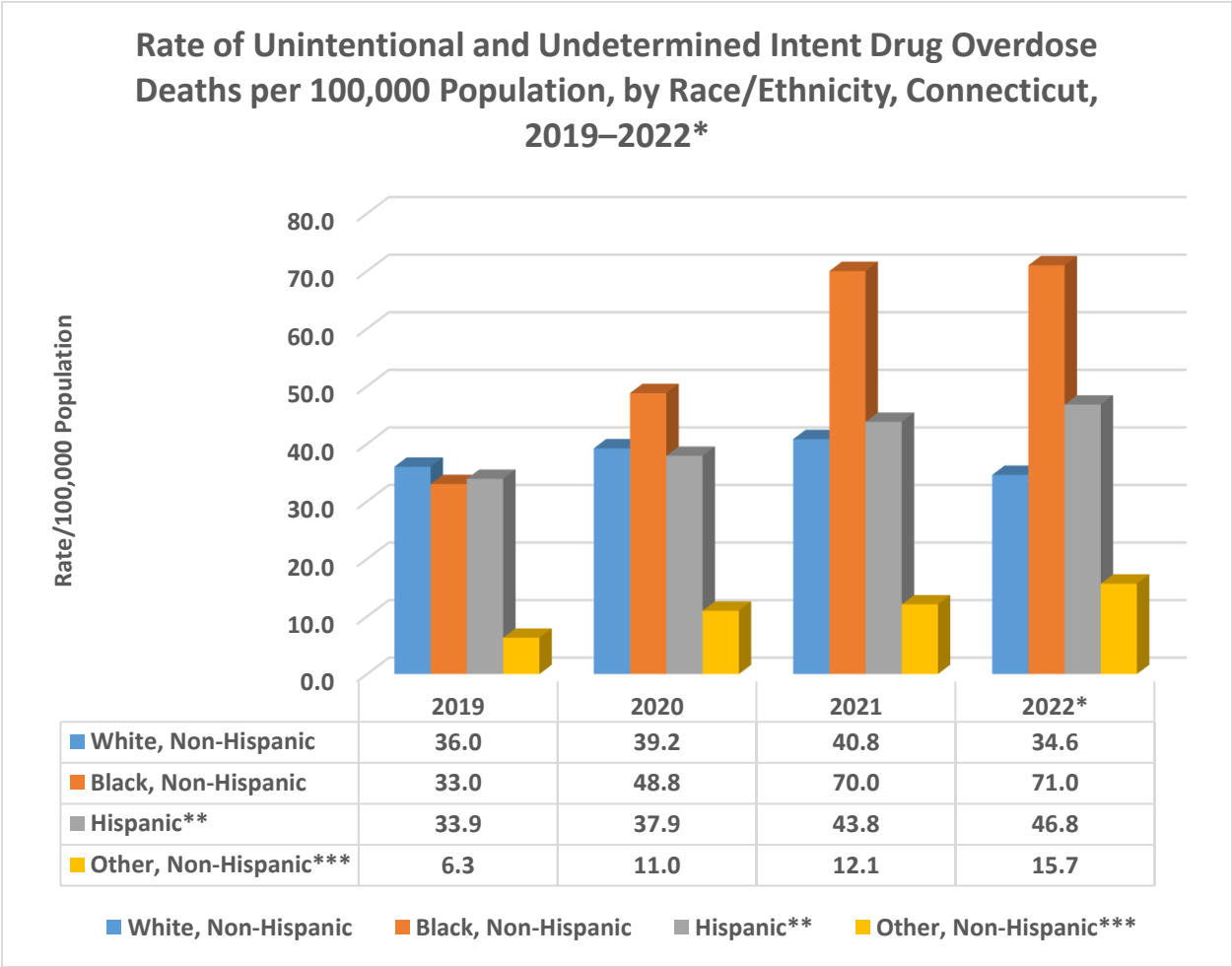
**Rate of Unintentional and Undetermined Intent Drug Overdose Deaths per 100,000 Population, by Sex, Connecticut, 2019–2022\***



\*Annualized data based on January-June 2022 numbers and subject to change

**Drug overdose death rates were higher among the non-Hispanic Black and Hispanic populations compared to the non-Hispanic White population.**

Drug overdose death rates were highest among non-Hispanic Whites followed by the Hispanic population in 2019. However, from 2020 to 2022\*, the drug overdose mortality rate substantially increased in the non-Hispanic Black and Hispanic populations compared to 2019. The graph below represents the unintentional and undetermined intent drug overdose mortality rate in Connecticut, by race/ethnicity for years 2019-2022\*.



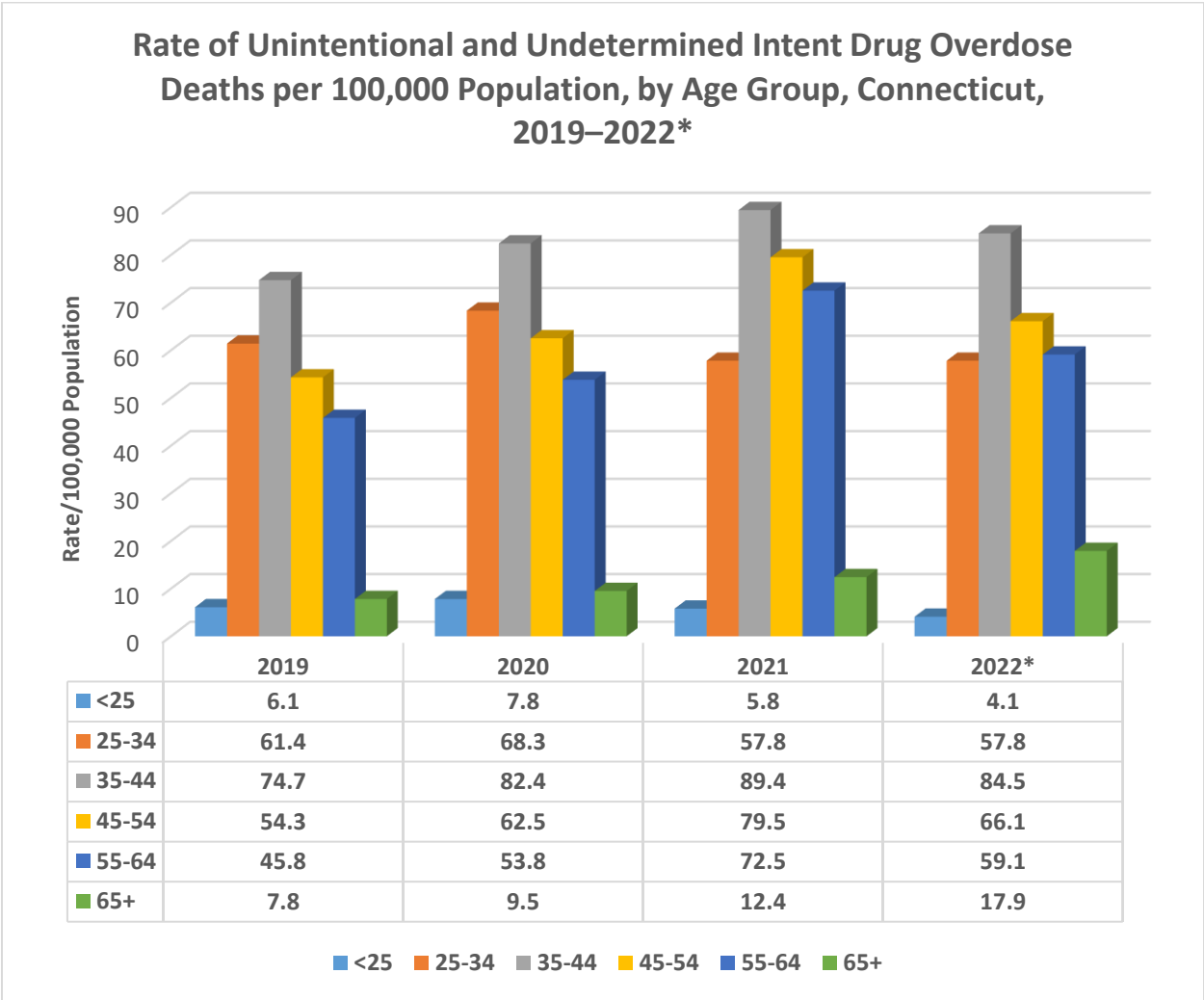
\*Annualized data based on January-June 2022 numbers and data are subject to change

\*\*All races of Hispanic ethnicity

\*\*\*Other includes American Indian or Alaska Native, Asian or Pacific Islander or Unknown population

**Drug overdose death rates were highest in the 35–44-year-old age group in Connecticut, 2019 – 2022\*.**

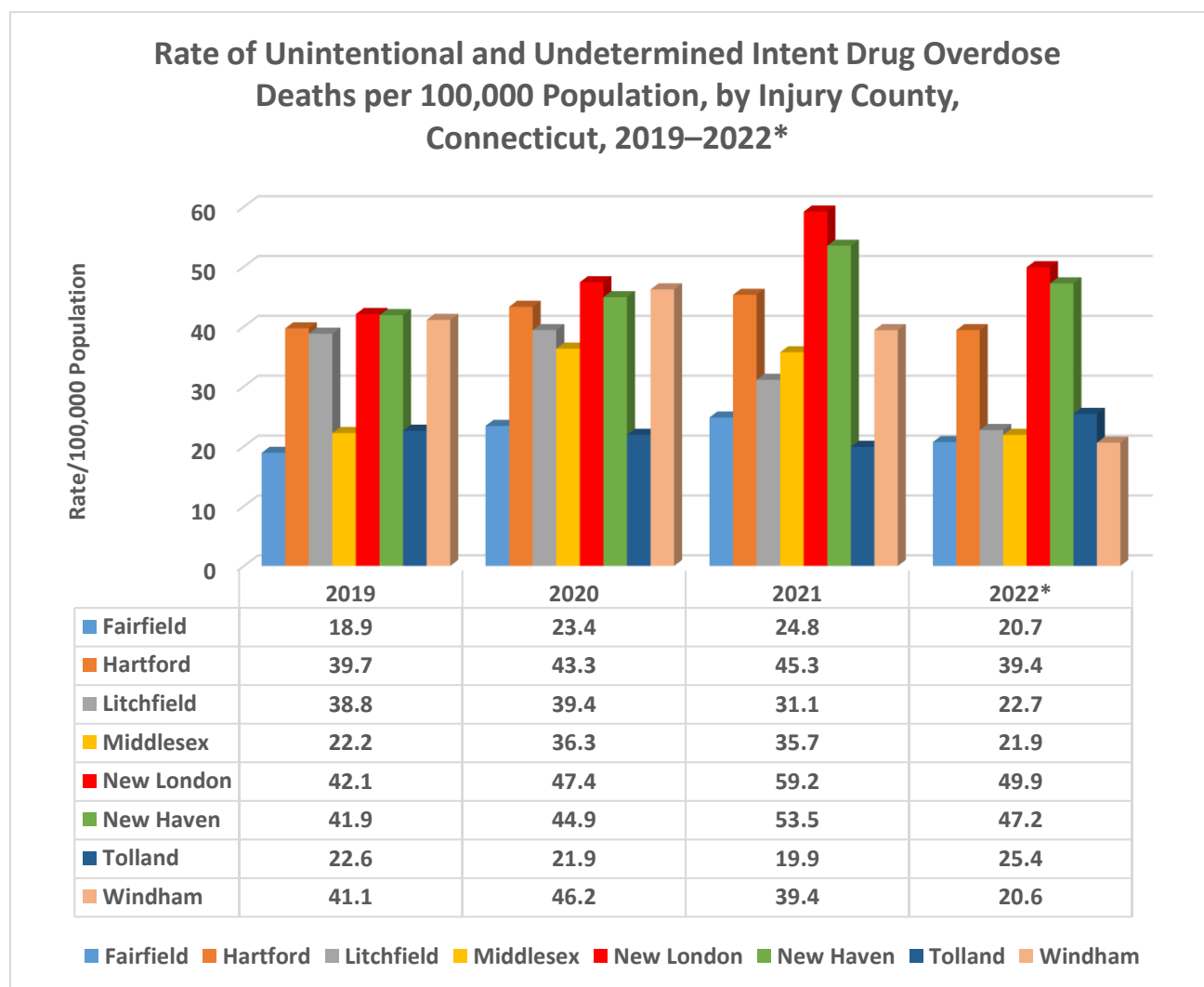
Drug overdose death rates were calculated per 100,000 age-specific population and were highest among the 35–44-year-old age group, followed by the 45-54 and 55-64 year-old age groups in 2021 and 2022. The graph below represents the unintentional and undetermined intent drug overdose mortality rate in Connecticut, by age group, by year for 2019-2022\*. There is an increasing trend in drug overdose death rate between 2019 and 2022 for older age group of 65+ years as depicted in the graph below.



\*Annualized data based on January-June 2022 numbers and data are subject to change

## Drug overdose death rates in Connecticut, by County of Injury, 2019 – 2022\*

The graph below represents the unintentional and undetermined intent drug overdose mortality rate in Connecticut, by injury county, for 2019, 2020, 2021 and 2022\*. Year 2022 rates are calculated from annualized numbers based on January-June data and the data are subject to change. Preliminary data suggest that drug overdose death rates have decreased across all counties for 2022 compared to 2021 except for Tolland County which has seen an increase from 19.9 in 2021 to 25.4 in 2022\*. Litchfield and Windham counties have a decreasing trend over the time period 2019-2022.



\* Annualized data based on January-June 2022 numbers and data are subject to change