

CHAPTER 1



The Opioid Epidemic in Connecticut

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INTRODUCTION

The word epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population and in that geographic area. The United States is experiencing an opioid overdose epidemic.



Since 1999 more than 1 million people have died from a drug overdose. Since 2021, nearly 3 out of 4 drug overdose deaths now involve some form of an opioid – including prescription opioids, heroin, and synthetic opioids such as fentanyl.

The misuse of opioid-prescriptions and illicit drugs was the main cause for drug overdose deaths in Connecticut which resulted in nearly 7,000 deaths during 2019 to 2023.

Opioids have analgesic and sedative effects. Opioids can cause euphoria – a feeling or state of intense excitement or happiness, which is one of the main reasons why they are taken for non-medical reasons. However, opioid use can cause difficulties with breathing, and opioid overdose can lead to death. This includes infants! In Connecticut, exposure to fentanyl was listed as the cause of death for 8 “non-natural” deaths of children under the age of 27 months occurring between January 2019 and August 2022.

Presumably, these infants encountered trace amounts of exposure to fentanyl through utensils used to mix a bottle of formula or through unintentional contact with the substance.



Similarly, children and youth can encounter opioids such as prescription pain medication that may not be safely stored or secured in a home setting.

The good news is that opioid overdoses among children and youth ages 19 and under account for just 0.014% of all overdoses. However, overdoses among teens has risen significantly in the past decade.

Almost 1 in 10 Connecticut high school students have taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.

in the past decade. The increase can be attributed to fentanyl contaminating the supply of counterfeit pills made to resemble prescription medication.



The other news is that a high number of students report engaging in risky substance misuse behaviors, too many young people feel sad or hopeless, and too many young people do not have a caring adult – family member or otherwise, who they can talk to about their feelings.

1 in 4 high school students have ever lived with someone who was having a problem with alcohol or drug use. 1 in 3 high school students have ever lived with someone who was depressed, mentally ill, or suicidal.

Putting this data to action has and will continue to result in effective strategies that will:

1. Prevent misuse
2. Improve opioid prescribing
3. Reduce exposure to opioids
4. Treat opioid use disorder

This chapter summarizes what we know about youth substance misuse among high schoolers and their mental health. It also provides a snapshot of the opioid overdose epidemic in Connecticut.

THE CONNECTICUT SCHOOL HEALTH SURVEY

The human brain continues to mature during the mid-to-late 20s. This explains why adolescents sometimes make decisions that are risky or can lead to safety and health concerns. Experimenting with substances or regularly using substances can affect brain development and lead to a higher likelihood of a substance use disorder.

The Connecticut Department of Health (CT DPH) conducts a “Connecticut School Health Survey” every two years as part of a national Youth Risk Behavior Surveillance System coordinated by the Centers for Disease Prevention and Control (CDC).

The Connecticut School Health Survey asks questions about:



- **Demographics** such as sex, sexual identify, race and ethnicity, and grade



- Youth **health behaviors** such as sexual, injury and violence, bullying, diet and physical activity, and mental health



- **Substance use behavior** including electronic vapor product, tobacco use, alcohol and other use, and gambling.



- **Student experiences** including parental monitoring, school connectedness, and exposure to community violence

What We Know about Youth Mental Health



Remember, substances such as opioids can cause euphoria – a feeling or state of intense excitement or happiness, which is one of the main reasons why they are taken for non-medical reasons. Young people who feel disconnected, lonely, or sad may be more likely to misuse substances.

Here is what we know about youth mental health from the most recent Connecticut School Health Survey.



1 in 4 high school students reported that their mental health was not

good most of the time or always, with a higher percentage of females feeling this way (40.5%). The percentage increased from 25.8% in 9th grade to 33.1% in 12th grade. A higher percentage of Hispanic/Latino students (31.2%) and White students (29.2%) reported their mental health was not good most of the time or always.



Over 1 in 3 (35.6%) of high school students felt sad or hopeless, with a higher

percentage of females feeling this way (47.6%). The percentage increased from 31.8% in 9th grade to 39.3% in 12th grade. A higher percentage of Hispanic/Latino students (42.6%) and Black students (34.9%) reported feeling sad or hopeless.

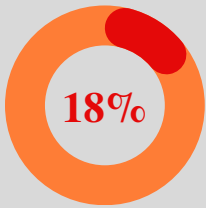


What We Know about Youth Substance Misuse



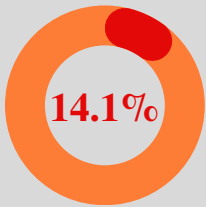
Understanding substance misuse among youth provides insights into risk taking behaviors. Substance misuse affects developing brains. Substance misuse continues to become more dangerous. Experimenting comes with more risks – including unintentional opioid overdoses.

Here are some highlights about substance misuse among high school students in Connecticut. Recall, 21 years old is the legal age for the purchase of tobacco, alcohol, and adult-use cannabis.



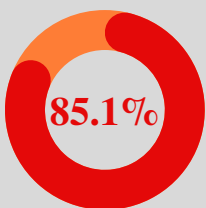
18.0% of high school students did something to purposely hurt themselves without wanting to die, with a higher percentage of females (25.1%)

acting in this way. 11th and 9th graders reported the highest percentage at 22.0% and 19.0%, respectively. White (18.6%) and Hispanic/Latino (18.5%) students were more likely to do something to purposely hurt themselves.



14.1% of high school students seriously considered attempting suicide with a higher occurrence among females (19.8%). 11th and 9th

graders reported the highest percentages at 15.9% and 14.6%, respectively. Higher percentages were reported in Black students (18.0%) and Hispanic/Latino (14.9%).



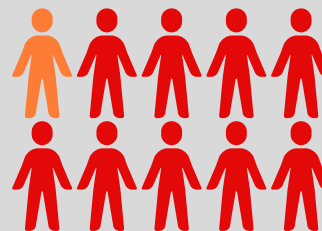
85.1% of high school students strongly agree or agree that their family loves them and gives them help and support when they need it. However,

44.3% of high school students feel they can most of the time or always are able to talk to an adult in their family or caring adult about their feelings.



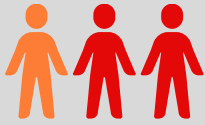
1 in 4 (24.9%) of high school students have ever used an electronic

vaping product, with females accounting for a higher percentage (29.6%). More Hispanic/Latino students (28.8%) have ever used an electronic vapor product.



1 in 10 (10.6%) of high school students currently used an electronic vapor product, smoke

cigarettes or cigars or used smokeless tobacco, with females accounting for a higher percentage (29.6%). More Hispanic/Latino students (28.8%) have ever used an electronic vapor product.



1 in 3 (33.9%) high school seniors have tried cannabis. Only

2.4% of high school students have tried cannabis for the first time before age 13. By senior year in high school 16.0% have used cannabis during the past 30 days.

8.5%

During their lifetime, **8.5% of high school students have taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.**



Female high school students are almost twice as likely to misuse prescription pain medication than males (11.1% to 6.1%). Prescription pain misuse occurs in a higher percentage of Hispanic/Latino students (12.5%) and Black students (9.7%).

7%



7% of high school students were offered, sold, or given an illegal drug on school property with the highest percentage (8.2%) among ninth graders.



More than 1 in 4 (26.7%) of high school students have ever lived

with someone who was having a problem with alcohol or drug use.



1 in 3 (33.5%) of high school students have ever lived with someone who was depressed, mentally ill, or suicidal.

OPIOID OVERDOSES

The Connecticut Emergency Medical Services (EMS) Statewide Opioid Reporting Directive (SWORD) requires all Connecticut certified and licensed EMS organizations and providers to report information to the Connecticut Poison Control Center (CPCC) after any call where the patient is suspected of opioid use causing decreased responsiveness, respiratory depression or death, whether or not naloxone (a drug that rapidly reverses an opioid overdose) was administered.



This information helps public health officials and community leaders understand patterns and trends in their communities and regions, including identify “hotspots” that require immediate action. The data points below are from Connecticut’s SWORD system.

Use the following overdose data to increase your awareness of risk factors.

Drug overdoses in Connecticut remain high, however they are decreasing. 4,135 suspected overdoses were reported by EMS to the SWORD program between June 1, 2022, and May 31, 2023, a 9.7% decrease over the previous year.

Non-Fatal Opioid Overdoses

Place of Overdose



58% of reported nonfatal overdoses occurred in **residences**



11% occurred in a **motor vehicle**

Timing of an Overdose



Since 2019, a higher number of overdoses occur in **June, July, and August**. Youth tend to be out of school during these months and exploring their communities.



Most overdoses occurred on **Fridays** with the peak overdose time of **2:00 p.m. to 9:00 p.m.**

Overdoses by Gender

Men



73.8%

The gender of overdose patients remained constant during since 2019 with **73.8% Male** and **26.2% Female**.

Women



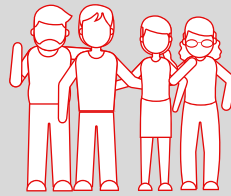
26.2%

Naloxone



Bystanders and other non-emergency providers administered naloxone prior to 911 (EMS, Fire, Police) arrival in 21% of the overdose cases where 911 was called. Most nonfatal opioid overdose patients were transported to a hospital emergency department. 11% of nonfatal overdose patients who received naloxone refused transport. Get trained to administer naloxone and get a naloxone kit.

Youth Overdoses



Overdoses of those **14 and under** accounted for just **0.002%** of **all overdoses**. Overdoses of those 19 and under accounted for just 0.014% of all overdoses.

Adult Overdoses

In 2019, the median overdose age was 38 and the average age was 40.8. By 2023, the median age has risen to 43 and the average age to 44.2.

Most overdoses during the period occurred in the 30-34 age group, followed by 35-39 and then 40-44. However, **in 2023, the largest age group was 40-44**, followed by 35-39, and then 30-34.

Suspected opioid overdoses are increasing in persons age 60 and older. Overdoses in those 60 and over accounted for 13.3% of all overdoses during the study period, but this percentage increased each year from 9.9% in 2019 to 17.4% in 2023.

OPIOID OVERDOSE DEATHS

The Connecticut Department of Public Health collects data on unintentional and undetermined intent (unintentional) drug overdoses. It is useful to understand how these deaths affect communities and family systems and use the information to inform prevention and treatment strategies.

Overdose deaths remain high, however they are decreasing. Approximately 1,331 unintentional and undetermined drug overdose deaths occurred in 2023 or 3.6 deaths per day. The number of overdose deaths has declined slightly from a peak of 1,532 in 2021.

Drug Overdose Death Rates are Highest in Males and in Individuals 25 to 44 Years Old

Males consistently account for a higher proportion of deaths (58.2 vs. 20.9 per 100,000 population).

Drug overdose death rates were highest among the middle-aged groups. In 2023, the 45 to 54 aged group experienced a drug overdose death rate of 77.0 per 100,000 population compared to 45 to 44 (73.6 per 100,000) and 55 to 64 (65.9 per 100,000).

Drug overdose deaths affect persons of all ages. In Connecticut, exposure to fentanyl was listed as the cause of death for 8 “non-natural” deaths of children under the age of 27 months occurring between January 2019 and August 2022.

Drug Overdose Death Rates are Higher Among non-Hispanic Black and Hispanic Populations

In 2023, the drug overdose death rates for non-Hispanic Blacks was 68.5 overdose deaths per 100,000 population as compared to Hispanic all races (37.0 per 100,000) and non-Hispanic Whites (35.5 per 100,000 population).

Drug overdose mortality rates have increased the most



substantially in the non-Hispanic Black and Hispanic populations since 2020, increasing from 48.8 per 100,000 to 68.5 per 100,000.

Increase in Fentanyl and Xylazine Overdose Deaths

The average percentage of fentanyl- or fentanyl analog-involved deaths was 80% for 2019 and increased to 85% in 2020, 2021, 2022. The number hovers around **84% in 2023**.

Xylazine is a veterinary sedative not intended for human use. The first reported xylazine-involved drug overdose death occurred in March 2019. **282 xylazine-involved drug overdose deaths were reported during 2023**.

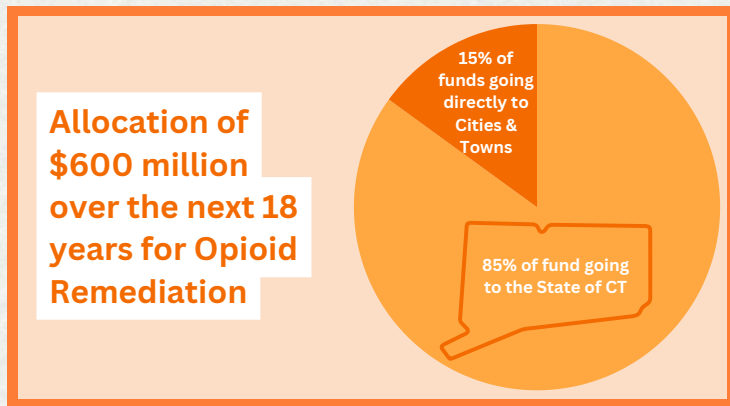
Put the Overdose Data to Use!

1. Ask your children and youth where they will be and who will be with them.
2. Make certain you store prescription medication safely and securely, follow the directions for use, and dispose of it properly.
3. Get trained in how to use naloxone and get a kit.
4. Be aware of broader patterns of overdose such as time of day and months.
5. Pay attention to and educate yourself about new and emerging substances in the state and your community.

CONNECTICUT OPIOID SETTLEMENT FUNDS

In 2023, Connecticut reached a landmark settlement with opioid distributors Cardinal, McKesson, AmerisourceBergen, and manufacturer Johnson & Johnson, which secured approximately \$600 million currently estimated across 18 payments.

The settlement mandates that 85% of those funds must be used exclusively for opioid remediation, including expanding access to opioid use prevention, intervention, and recovery.



The figure above shows that fifteen percent of the settlement funds will be distributed directly to cities and towns, with the remaining 85% going to the state.

To ensure proper allocation of the settlement funds, CT lawmakers passed into law Public Act 22-48, [AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS](#).

Among other things, the Act:

- The Opioid Settlement Advisory Committee (OSAC), co-chaired by the CT Department of Mental Health and Addiction Services (DMHAS) and a representative from the municipalities, to oversee the appropriate allocation of the settlement funds. ([OSAC Committee Webpage](#))
- Specifies that funds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for **prevention**, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.
 - Municipalities must file an annual report with the state detailing their spending.

Connecticut's mayors, first selectmen, city councils, and town representatives have discretion over how to spend those funds as long as they stay within the broad terms of the settlement agreements. **Contact your chief elected official or your local prevention coalition to find out how these funds are helping your community.**

State Funding Priorities

Funding Priority 1

Increase access to and support the most effective medications (methadone & buprenorphine) for Opioid Use Disorder across diverse settings.

Funding Priority 2

Reduce overdose risk and mortality, especially among individuals at highest risk and highest need, with linkage to treatment, naloxone, and harm reduction.

Funding Priority 3

Improve the use of existing data and increase data sharing across relevant agencies and organizations.

Funding Priority 4

Increase addiction specialist workforce and improve non-specialist clinician and community understanding of OUD and evidence-based treatments to reduce stigma and increase treatment uptake.

Funding Priority 5

Simultaneously deploy and evaluate select primary, secondary, and tertiary prevention strategies.

Funding Priority 6

Invest in efforts to reduce community stigma against Opioid Use Overdose (OUD) and Opioid Use Disorder Treatment.

Funding Priority 7

Address social determinants and needs of at-risk and impacted populations.