



OPIOID FACT SHEET

Essential, current information on opioids for prevention professionals and community partners in Connecticut.

989

CT OVERDOSE DEATHS IN 2024
(CONFIRMED)

836

CT DEATHS IN 2025 (FINAL)

69.1%

FENTANYL-INVOLVED IN 2025 (578
DEATHS)

31

CARFENTANIL DEATHS IN 2025

WHAT ARE OPIOIDS

Opioids are a class of natural, semi-synthetic, and synthetic drugs that include both prescription pain medications and illegal drugs like heroin. They bind to opioid receptors in the brain and body, reducing pain and affecting areas that control emotion, which can create euphoria and, at higher doses, dangerously slow breathing.

Prescription opioids

Legitimate medical uses, with real risks of dependence.

- Hydrocodone (Vicodin®)
- Oxycodone (OxyContin®, Percocet®)
- Morphine (Kadian®, Avinza®)
- Codeine, often in combination products
- Fentanyl patches for medical use

Illicit & synthetic opioids

The primary driver of overdose deaths today.

- Heroin
- Illicitly manufactured fentanyl (IMF), often mixed into other drugs
- Fentanyl analogs such as carfentanil, roughly 100 times stronger than fentanyl
- Novel synthetic opioids (nitazenes)

COMMON STREET NAMES

Prescription: Oxy, Percs, Vikes, Happy Pills. **Heroin:** Big H, Horse, Brown Sugar, Smack. **Fentanyl:** Apache, China White, Dance Fever.

SCOPE OF THE PROBLEM

Connecticut is now in a multi-year decline, though the supply is more potent and more contaminated than ever. Figures are from the [Connecticut Department of Public Health \(DPH\)](#) and [Office of the Chief Medical Examiner \(OCME\)](#) (report updated May 2026); see the live [CT overdose dashboard](#) for the newest data.¹

- 989 confirmed overdose deaths in 2024, a 26% decrease from 1,338 in 2023, a third straight year of decline.¹
- In 2024, 75.9% of deaths involved fentanyl and 34.7% involved xylazine, its highest share on record.¹
- Final 2025 data show 836 deaths, a 15.5% decrease from 2024, with fentanyl at 69.1% (578 deaths), its lowest share since 2020, and xylazine at 13.2% (110 deaths).¹
- Cocaine remains common, involved in 59.7% of 2024 deaths and 58.6% of 2025 deaths.¹
- 181 deaths were confirmed through April 2026, with more cases still pending.¹



CT confirmed overdose deaths by year (CT DPH / OCME, data as of May 22, 2026).

EMERGING THREATS TO WATCH

Even as fentanyl and xylazine decline, more potent additions are rising. Carfentanil (about 100x fentanyl) was involved in 31 deaths in 2025, up from 10 in 2024, and designer benzodiazepines such as bromazolam reached 42. Medetomidine, another veterinary sedative, was involved in 6 deaths. Cases from 2026 are still being confirmed; see the [dashboard](#).¹

Rates fell across every group in 2024 but remain highest among the non-Hispanic Black population (46.4 per 100,000), males, and ages 35 to 64, and in Southeastern, South Central, and Hartford County. Nationally, about 7.1 million Americans misused opioids in the past year and roughly 4 million had opioid use disorder (OUD), with illicitly manufactured fentanyl the primary driver of overdose deaths, per the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#).²

WHAT MAKES OPIOIDS DANGEROUS

Extreme potency, an unpredictable illicit supply, and a high potential for dependence or addiction combine to make today's opioids especially dangerous.

- Fentanyl is 50 to 100 times more potent than morphine, and as little as 2 mg (about the size of a few grains of salt) can be lethal.
- Illicitly manufactured fentanyl is often mixed into heroin, cocaine, and counterfeit pills without the user's knowledge.
- Tolerance builds quickly, pushing people toward larger, riskier doses.

Substance	Potency vs. morphine	Note
Morphine	1x	Baseline reference
Heroin	2 to 5x	
Fentanyl	50 to 100x	About 2 mg can be lethal
Carfentanil	10,000x	Not for human use

COUNTERFEIT PILLS: ONE PILL CAN KILL

Illegally made pills can look identical to real prescriptions but often contain fentanyl. There is no way to know by looking. The [U.S. Drug Enforcement Administration \(DEA\)](#) reports that about [2 in 5 fake pills carry a potentially lethal dose](#).⁴

XYLAZINE

Xylazine is a veterinary sedative found mixed with fentanyl in the illicit supply. It was involved in 34.7% of CT overdose deaths in 2024 (its highest share on record), though 2025 data show a sharp drop to 13.2%, or 110 deaths. Because it is not an opioid, [naloxone does not reverse its effects](#), though you should still give naloxone for the opioid component and always call 911.⁶

- Causes heavy sedation and dangerously slowed breathing, compounding fentanyl's effects.
- Associated with severe, slow-healing skin wounds that can occur anywhere on the body.
- There is no approved reversal agent, so supportive care and 911 are essential.

TREATMENT & RECOVERY

Medications for opioid use disorder (MOUD) are the gold-standard, evidence-based treatment and reduce the risk of death by about half. When combined with counseling and peer support, they facilitate long-term recovery ([SAMHSA](#)).⁷

METHADONE

Full opioid agonist dispensed daily at certified clinics. Reduces cravings and withdrawal, with a long track record.

BUPRENORPHINE (SUBOXONE®)

Partial agonist prescribed by certified providers and taken at home, with a lower overdose risk than methadone.

NALTREXONE (VIVITROL®)

Opioid antagonist given as a monthly injection that blocks opioid effects. Requires full detox first; no misuse potential.

WHAT THESE TERMS MEAN

An **agonist** activates opioid receptors (methadone fully, buprenorphine partially) to ease cravings and withdrawal, while an **antagonist** (naltrexone) blocks those receptors so opioids have no effect.

NALOXONE SAVES LIVES

Naloxone rapidly reverses an opioid overdose, is now available over the counter and [free through the Department of Mental Health and Addiction Services \(DMHAS\)](#) and its [Regional Behavioral Health Action Organizations \(RBHAOs\)](#), and causes no harm even if no opioids are present. With fentanyl, more than one dose may be needed. MOUD is also safe and effective during pregnancy.⁷

KEY MESSAGES FOR PREVENTION PROFESSIONALS

PROGRESS IS REAL

Overdose deaths fell 26% in 2024, a third straight year of decline, with drops across every group, though the non-Hispanic Black population still has the highest rate.

FENTANYL LEADS, THREATS EVOLVE

About 76% of 2024 deaths involved fentanyl. As it and xylazine decline, carfentanil and designer benzodiazepines are rising, and cocaine remains common.

NALOXONE AND PERSON-FIRST CARE

Distribute naloxone widely (it causes no harm without opioids) alongside MOUD, and use [person-first language](#) to reduce stigma.

OVERDOSE RESPONSE, EVERY MINUTE COUNTS

If you suspect an opioid overdose, act immediately. Connecticut's Good Samaritan Law protects those who call for help.

911

CALL FIRST

Report a suspected overdose and stay until help arrives.

Naloxone

GIVE NALOXONE

Use it right away and repeat every 2 to 3 minutes if there is no response.

Breathe

SUPPORT BREATHING

Give rescue breaths and place the person in the recovery position.

988

CRISIS SUPPORT

Call or text 988 for mental health and substance-use crises.

SIGNS OF AN OPIOID OVERDOSE

- Pinpoint (tiny) pupils
- Unresponsive or unconscious
- Slow, shallow, or stopped breathing
- Choking or gurgling (the "death rattle")
- Blue or gray lips, nails, or skin
- Limp body

GOOD SAMARITAN PROTECTION

Connecticut's [Good Samaritan Law](#) protects people who call 911 in good faith and anyone giving naloxone with reasonable care. Note that xylazine and carfentanil may resist naloxone, so still give it and always call 911.⁶

CONNECTICUT & NATIONAL RESOURCES

CT 24/7 Access Line

CONNECTICUT

Referrals to detox and medication-assisted treatment. Call 1-800-563-4086.

portal.ct.gov/dmhas

Drug Free CT

CONNECTICUT

Prevention resources, naloxone, and fentanyl test strips.

drugfreect.org

DMHAS Naloxone & RBHAOs

CONNECTICUT

Free naloxone and training across Connecticut.

portal.ct.gov/dmhas

CT Overdose Data Dashboard

CONNECTICUT

Live CT overdose data from DPH, 2015 to present.

[public.tableau.com \(CT DPH\)](https://public.tableau.com/CTDPH)

SAMHSA National Helpline

NATIONAL

Free 24/7 treatment referral. 1-800-662-HELP (4357).

samhsa.gov/find-help

NIDA: Fentanyl

NATIONAL

Facts on fentanyl and MOUD from the National Institute on Drug Abuse (NIDA).

nida.nih.gov

TTASC Online Learning

CONNECTICUT

On-demand courses from the Prevention Training and Technical Assistance Service Center (TTASC).

preventiontrainingcenter.org

SOURCES & FURTHER READING

- ¹ [CT DPH / OCME](#), Fatal Unintentional and Undetermined Intent Drug Overdose Deaths, monthly report, 2020 to April 2026 (data as of May 22, 2026); live [State Unintentional Drug Overdose Reporting System \(SUDORS\) dashboard](#) (2026 data provisional). ² [SAMHSA National Survey on Drug Use and Health \(NSDUH\), 2025](#); [CDC Overdose Prevention](#). ³ [CDC](#), national fatal overdose data. ⁴ U.S. DEA, ["One Pill Can Kill"](#) (about 2 in 5 fake pills carry a lethal dose). ⁵ [NIDA](#), Fentanyl and Medications for Opioid Use Disorder. ⁶ U.S. [Food and Drug Administration \(FDA\)](#), xylazine risks; CT [Good Samaritan Law](#). ⁷ [SAMHSA](#), Medications for Substance Use Disorders; naloxone over the counter.



Developed by TTASC in partnership with the Connecticut Department of Mental Health & Addiction Services. For education only, and not a substitute for professional medical advice.