A Connecticut Clearinghouse Educational Forum,
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Fatal and Nonfatal Unintentional* Drug Overdose Trends In Connecticut and Substances Involved in Drug Overdoses

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* Includes drug overdose deaths of undetermined intent.

Connecticut Public Health

1

Learning Objectives

01 Fatal and nonfatal drug overdose trends

02 Demographic data of drug overdose deaths

03 Key substances involved in drug overdoses

04 Risk factors and circumstances

05 Data reports

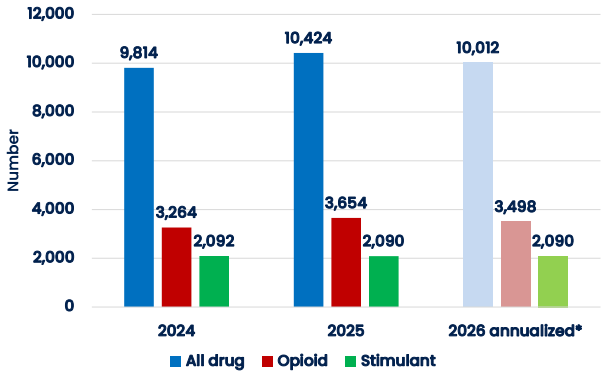
06 CDC grant, surveillance & prevention strategies

07 Conclusions and next steps

2

Suspected Nonfatal Drug Overdose related Emergency Department Visits, by Year 2024-2026*, Connecticut

- The substances observed were opioid, stimulant, and all drug-involved overdoses.
- Between 2024 to 2026* there was very little change in number of overdose ED visits in each category of substances observed, although the number of overdose deaths has declined substantially during this time.

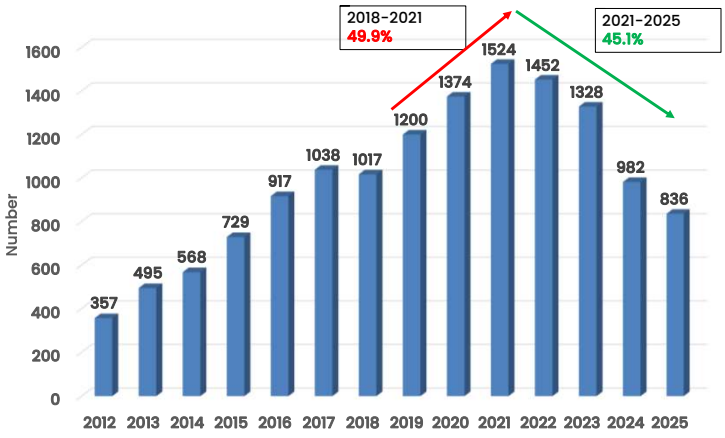


* 2026 data are annualized based on January-June data
Data source: Syndromic surveillance (Epicenter) data from emergency department visits. These data are preliminary and suspected that are used for situational awareness.

3

Unintentional Drug Overdose Deaths, Connecticut, 2012-2025

- Highest # of overdose deaths was in 2021 (1,524 deaths)
- Drug overdose deaths increased from 2018 to 2021 by 49.9%
- Drug overdose deaths decreased from 2021 to 2025 by 45.1%



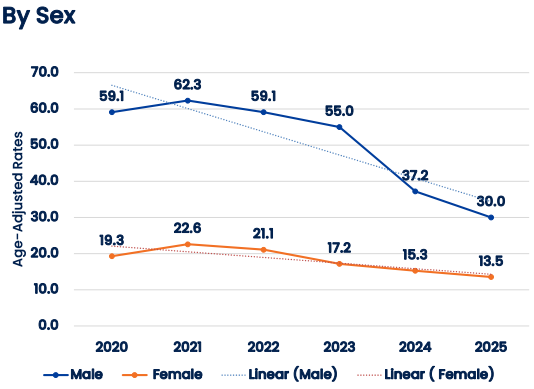
Red line shows increase 2018-2021 and Green line shows decrease 2021-2025

Data source: Office of the Chief Medical Examiner (OCME)

4

Demographic Data of Fatal Drug Overdoses, By Sex

- Males had higher mortality rate than females
- There was a decrease in mortality rates in both males and females between 2020 and 2025
- Females did not decrease as much as males

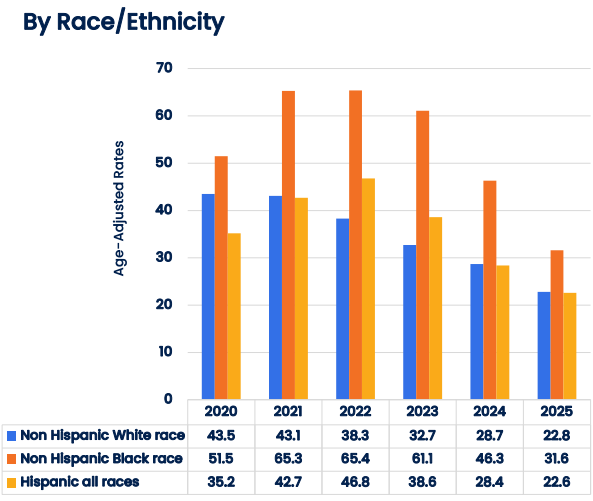


Data source: Office of the Chief Medical Examiner (OCME)

5

Demographic Data of Fatal Drug Overdoses, by Race and Ethnicity

- Between 2020 and 2025 drug overdose death rates decreased among all races and ethnicities
- Non-Hispanic Black population had highest risk of overdose death
- There is changing risk with the Hispanic population over time
  - In 2020, non-Hispanic Whites had higher death rates than Hispanic population
  - In 2022, the Hispanic rate was higher than non-Hispanic whites.
  - In 2024 and 2025, the Hispanic rates were the same as the rates in Non-Hispanic Whites



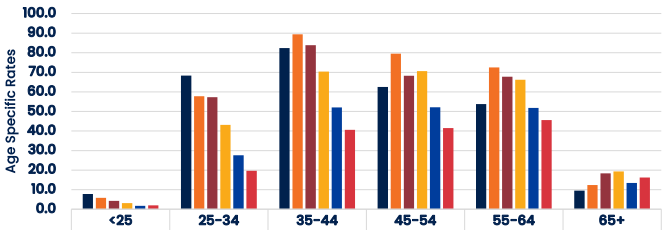
	2020	2021	2022	2023	2024	2025
Non Hispanic White race	43.5	43.1	38.3	32.7	28.7	22.8
Non Hispanic Black race	51.5	65.3	65.4	61.1	46.3	31.6
Hispanic all races	35.2	42.7	46.8	38.6	28.4	22.6

6

Demographic Data of Fatal Drug Overdoses By Age Groups

- Between 2021 and 2025, drug overdose death rates decreased steadily among all age groups except 65+year-olds
- 65+ year olds increased 70.5% between 2020 and 2025
- Largest decline was seen in the <25-year-olds (74.4%)
- Smallest decline was seen in the 55 to 64-year-olds (15.2%)

By Age Group



	<25	25-34	35-44	45-54	55-64	65+
2020	7.8	68.3	82.4	62.5	53.8	9.5
2021	5.8	57.8	89.4	79.5	72.5	12.4
2022	4.2	57.2	83.8	68.2	67.7	18.3
2023	3.1	43.1	70.4	70.6	66.2	19.3
2024	1.8	27.6	52.1	52.1	51.8	13.4
2025	2.0	19.6	40.6	41.5	45.6	16.2

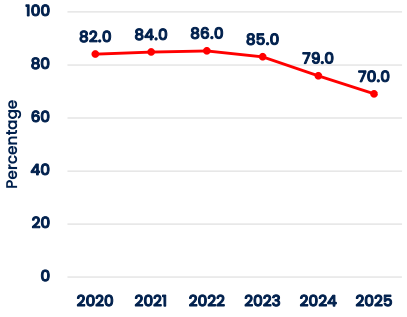
Data source: Office of the Chief Medical Examiner (OCME)

7

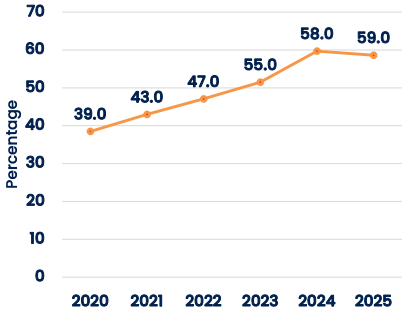
Percentages of Fentanyl-, Cocaine- and Xylazine-Involved Unintentional Drug Overdose Deaths, by Year, Connecticut, 2020 - 2025

- **Fentanyl**- In 2022, fentanyl involved deaths peaked at 86% of all drug overdose deaths and steadily decreased to 70% in 2025; a decrease of 16%
- **Cocaine** - Cocaine involved deaths rose steadily from 39% in 2020 to 59% in 2025; a 20% increase
- **Xylazine** – Steadily increased from 2020 to 2024 and dropped substantially in 2025. Xylazine involved deaths peaked in 2024 at 35% and decreased to 13% in 2025.

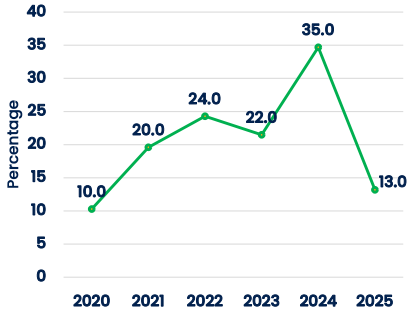
Fentanyl ↓



Cocaine ↑



Xylazine ↓



Data source: Office of the Chief Medical Examiner (OCME)

8

2026* Drug Overdose Deaths

- As of the 2nd week of July 2026, there were 374* drug overdose deaths.
- Most of the deaths were polysubstance involved
  - Fentanyl involved 70.3%
  - Cocaine involved 58.0%
  - Xylazine continued to decrease (7.5%)
- Emerging Substances
  - Expecting to see an increase in Medetomidine and Kratom alkaloid (*7- Hydroxymitragynine is most dangerous*)

* 2026 data are subject to change due to pending cases awaiting toxicology results

9

New Substances Included in Toxicology Testing Panel in 2026 for Fatal Drug Overdoses

10

Emerging Substances in 2026

Medetomidine:

- Veterinary sedative
- More potent than xylazine
- Slowed heart rate, prolonged sedation, hypotension, and respiratory issues
- Often it is mixed with fentanyl, so naloxone must be administered
- Added to the OCME toxicology testing panel in 2025

Kratom (Gas station heroin):

- Changed to Schedule-1 controlled substance on 3/25/2026
- 7-hydroxy mitragynine one of the potent and dangerous alkaloids in Kratom
- Synthetic 7 hydroxy mitragynine can bind to opioid receptors and cause dependance, respiratory depression, and overdose
- Added to the OCME toxicology testing panel in 2026

11

New and Emerging Substances in Fatal Drug Overdoses, Connecticut, 2020-July 2026*

- Carfentanil and designer benzodiazepine involved deaths increased over time and were highest in 2025
- Medetomidine was detected in 6 cases in 2025. There were 34 cases as of 2nd week of July 2026 (5x higher and rising)
- Kratom alkaloid, 7-hydroxy mitragynine, was detected in 4 cases in 2026

Substance	2020	2021	2022	2023	2024	2025	2026*
Carfentanil	2	1	0	7	10	31	6
Designer benzodiazepines	3	5	5	31	39	42	8
Medetomidine	ND	ND	ND	ND	ND	6	34
2 Kratom alkaloids: 7-Hydroxymitragynine & Mitragynine Pseudoindoxyl	ND	ND	ND	ND	ND	ND	4

- Data are subject to change due to pending cases awaiting toxicology results
- ND: Not determined, substances were not on the OCME toxicology testing panel during that year

Data source: Office of the Chief Medical Examiner (OCME)

12

Circumstances of Fatal Drug Overdoses

13

Circumstances of Fatal Drug Overdose Decedents

	2021	2022	2023	2024	2025
Total Deaths	**1,531**	**1,462**	**1,329**	**986**	**836**
	Percentages (%)				
Overdosed at a residence (their own or someone else's)	**72**	**76**	**74**	**72**	**78**
Potential opportunities for intervention to prevent death	**76**	**79**	**76**	**75**	**N/A**
• *Bystander presence*	*55*	*53*	*50*	*49*	*49*
• *Current mental health diagnosis*	*34*	*36*	*34*	*38*	*42*
• *Fatal drug overdose witnessed*	*11*	*9*	*9*	*9*	*7*
• *Prior overdose reported*	*12*	*13*	*12*	*13*	*15*
• *Current MOUD treatment*	*10*	*10*	*10*	*11*	*12*
• *Recent release from institutional setting*	*10*	*15*	*15*	*11*	*11*
• *Homeless (aka Unhoused)*	*3*	*4*	*5*	*4*	*6*

N/A Not available

14

Key Points From Circumstances Data

- *More education and awareness needed on not to use alone.*
  - Majority of the decedents had a fatal overdose in a residence
  - Witnessed drug overdose percentages decreased between 2021 and 2025
- *Naloxone distribution and trainings need to be increased.*
  - On average, 51.7% of the time there was a bystander in the vicinity of where the overdose occurred
- *Mental health treatment is an opportunity for care.*
  - Mental health diagnosis increased among decedents between 2021 and 2025
- *MOUD increased but can be improved upon.*
  - More decedents had Medication for Opioid Use Disorder (MOUD) at the time of death

15

More Key Points from Circumstances Data

- *Linkage to care opportunities needs to be addressed.*
  - Decedents with previous overdose increased between 2021 and 2025.
- *Linkage to care and education before discharge from institutions can potentially save lives.*
  - Recent release (4 weeks prior to death) from Institutional setting (DOC, Hospital, Rehab etc.) decreased in 2024 and 2025 compared to previous years.
- *Housing situation to be improved.*
  - Decedents who were unhoused at the time of the drug overdose death increased in the last few years with 2025 having the highest percentage of unhoused decedents.

16

Data Reports

17

Reports Available on CT DPH Website

- Fatal drug overdose monthly report
- SUDORS Tableau interactive dashboard
- Emerging substances report and toxicology tables
- Fact sheets
- Opioid prescription data linked to fatal drug overdoses
- Syndromic surveillance nonfatal overdose data reports and dashboard
- Reports on naloxone distribution and training through Department of Correction
- Quarterly opioid prescription maps by local health departments

https://portal.ct.gov/dph/health-education-management--surveillance/the-office-of-injury-prevention/opioid-and-drug-overdose-statistics?language=en_US

https://ctdph.jotform.com/251782579289072

18

Possible Reasons for Decrease in Drug Overdose Deaths

19

Work that Contributes to the Reduction in Drug Overdose Deaths

- **Changes in the Illegal Fentanyl Supply**
  - Reduced availability of fentanyl and tighter controls on chemical precursors led to a decrease in the concentration of illicit fentanyl (*DEA 2025 National Drug Assessment/ DEA Fentanyl Free America Dec 4, 2025 Press Release*)
- **Widespread Availability of Naloxone**
  - Increased, proactive distribution of naloxone by public health departments and community organizations
  - Over the counter availability
- **Expanded Access to Addiction Treatment**
  - Increased accessibility to evidence-based treatments for substance use disorders, such as methadone and buprenorphine
- **Reduced Population Exposure and High Mortality Impact**
  - Overdose crisis over the past decade may have reduced the overall population of high-risk users
  - Dramatic decline in prescription opioid sales has decreased the number of people developing opioid use disorder

20

Decreased Fentanyl Purity Over Time (National Data)

Decreased Fentanyl Purity

A. Between 2023 and 2025 fentanyl pills containing more than 2mg decreased from 76% of pills to 29%

B. Between 2023 and 2025 fentanyl powder purity decreased from 19.5% to 10.3%

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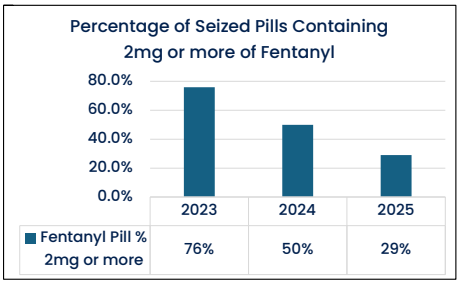

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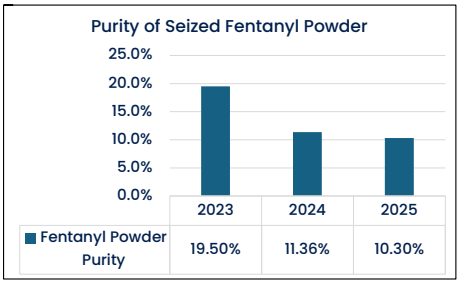


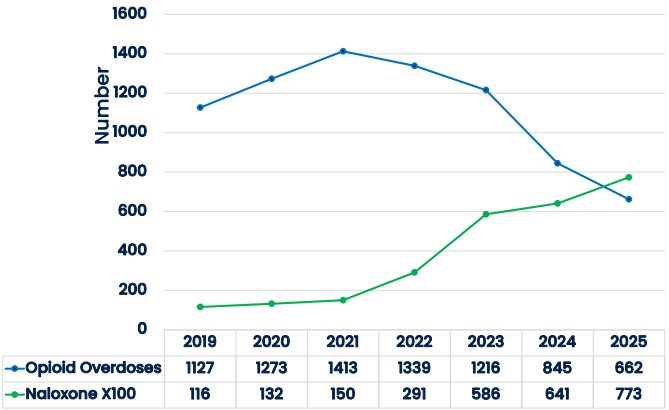
Sources: DEA 2025 National Drug Assessment/ DEA Fentanyl Free America Dec 4, 2025 Press Release

21

Naloxone Distribution Changes Over Time

With the increase in naloxone distribution to communities, the opioid involved fatal overdose deaths decreased between 2022 and 2025

Fatal Drug Overdoses Decline with Increased Naloxone Distribution



	2019	2020	2021	2022	2023	2024	2025
Opioid Overdoses	1127	1273	1413	1339	1216	845	662
Naloxone X100	116	132	150	291	586	641	773

Naloxone distribution by calendar year

2019	11,581
2020	13,162
2021	14,986
2022	29,064
2023	64,087
2024	66,510
2025	77,304

Source: DMHAS/ Chart by Peter Canning (From EMS)

22

Overdose Data to Action for States (OD2A-S)
CDC Funded Grant
Prevention Strategies

23

Using Data to Inform Prevention Initiatives

OD2A-S Prevention Strategies

- Enhancement of the Prescription Drug Monitoring Program data system for prescribers to identify and manage patients with opioid, benzodiazepine, and other controlled substances prescriptions
- Collaboration with UConn Health by partnering and supporting the CT Comprehensive Pain Center
- Linkage to care for people at high risk of overdose
- Comprehensive review of decedent information about circumstances and events leading to overdose death for informed decision-making and policy changes
- Targeted marketing, education and awareness campaigns for overdose prevention, treatment, and recovery

24

Conclusions and Next Steps

25

We should continue our great work…

- Supply disruptions are not permanent and may change.
- We have had success with reducing the impact of the illicit drug supply as of now, however we should continue with our prevention efforts.
- More treatment and better services can help whether the supply is expanding, stable or disrupted.
- It is a reminder of the need for robust data systems for monitoring drug markets and supply, not just drug use.

The Washington Post
https://www.washingtonpost.com/opinions/2026/01/08/fentanyl-supply-opioid-deaths-decline

26

Drug Overdoses are Preventable!

- Collaboration with multiple sectors is the key to success
- Need evidence-based or promising approaches, or novel innovative practices for prevention
- Prevention initiatives must be data-driven:
  - Our data collection systems should inform program initiatives and the state's constituents
  - Data help us evaluate the effectiveness of prevention initiatives

27

CONTACT US

ct.gov/DPH/Injuryprevention
Data request form
CT Public Health Initial Data Request Form

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28