Trends and Characteristics of Unintentional Drug Overdose Deaths in Connecticut

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• Fatal drug overdoses in Connecticut over the years
• Impact of COVID-19
• Substances involved
• Demographic data
• Circumstances of overdose deaths
• CDC-funded OD2A grant and prevention strategies
• Surveillance strategies
• Data driven prevention efforts
• Data dissemination to local authorities
CT DPH Collaborates with multiple agencies/Prevention Committees

Office of Chief Medical Examiner (OCME)
Local Health Departments/Health Districts (LHDs)
Department of Consumer Protection (DCP)
Department of Mental Health and Addiction Services (DMHAS)
Department of Correction
Emergency Medical Services (EMS)
Opioid task force and prevention committees
Harm reduction (Syringe exchange program)
Planned Parenthood
Alcohol and Drug Policy Council (ADPC) Prevention Subcommittee
New England High Intensity Drug Trafficking Area (NE HIDTA)
Fatal Drug Overdose Data Sources

- Office of Chief Medical Examiner (OCME)
  https://portal.ct.gov/OCME/Statistics

- State Unintentional Drug Overdose Reporting System (SUDORS)
Drug overdose deaths in Connecticut resulted in a total of 9,226 deaths from 2012 to 2021. There was a gradual, but significant increase (330%) in the number of deaths from 2012 (N=357) to 2021 (N=1,531).

For 2022, there are 664 confirmed deaths as of the 1st week of July.
Unintentional Drug Overdose Deaths
Connecticut, 2012-2021

Data Source: CT Office of the Chief Medical Examiner
## Unintentional Drug Overdose Deaths Toxicology Tables
Connecticut, 2012-2021

<table>
<thead>
<tr>
<th>Table 1: Number and Percentage of Different Drugs Involved in Unintentional Drug Overdose Deaths, Connecticut, 2012-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>Opioids</strong></td>
</tr>
<tr>
<td><strong>Fentanyl + Cocaine</strong></td>
</tr>
<tr>
<td><strong>Heroin</strong></td>
</tr>
<tr>
<td><strong>Heroin + Cocaine</strong></td>
</tr>
<tr>
<td><strong>Fentanyl</strong></td>
</tr>
<tr>
<td><strong>Varenicline</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

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**Data Source:** Office of the Chief Medical Examiner

1. Total number of Accidental Intoxication Deaths and pure alcohol intoxications are not included.
5. Any Varenicline included: Varenicline, and related analogues.
6. Any opioid included: Heroin, Methadone, and related analogues.
7. Any opioid included: Heroin, Methadone, and related analogues.
8. **ODMA** (Opioid Data Management System)
9. **MAT** (Methadone Treatment)
10. **Rehab** (Rehabilitation)

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Percentage of Drug Overdose Deaths by Drug Type Involved, CT, 2012-2021

- **Opioids**
  - 2012: 4%
  - 2013: 8%
  - 2014: 11%
  - 2015: 12%
  - 2016: 13%
  - 2017: 22%
  - 2018: 24%
  - 2019: 25%
  - 2020: 24%
  - 2021: 18%

- **Fentanyl**
  - 2012: 49%
  - 2013: 52%
  - 2014: 58%
  - 2015: 55%
  - 2016: 53%
  - 2017: 65%
  - 2018: 75%
  - 2019: 82%
  - 2020: 84%
  - 2021: 86%

- **Heroin**
  - 2012: 29%
  - 2013: 30%
  - 2014: 25%
  - 2015: 30%
  - 2016: 30%
  - 2017: 30%
  - 2018: 34%
  - 2019: 32%
  - 2020: 21%
  - 2021: 18%

- **Cocaine**
  - 2012: 11%
  - 2013: 12%
  - 2014: 22%
  - 2015: 24%
  - 2016: 25%
  - 2017: 24%
  - 2018: 22%
  - 2019: 19%
  - 2020: 18%
  - 2021: 11%

- **Any Opioid + Benzodiazepine**
  - 2012: 0%
  - 2013: 10%
  - 2014: 20%
  - 2015: 30%
  - 2016: 40%
  - 2017: 50%
  - 2018: 60%
  - 2019: 70%
  - 2020: 80%
  - 2021: 90%
Impact of COVID-19 on Fatal Drug Overdoses
2019-2021
Unintentional Drug Overdose Deaths
Connecticut, 2019-2021

Percent Increase in Fatal Drug Overdoses between 2019-2021

- 2019 to 2021 = 27.6%
- 2019 to 2020 = 14.5%
- 2020 to 2021 = 11.4%
Percentage of Unintentional Drug Overdose Deaths, by Death Location, Connecticut, 2019-2021

Number of Drug Overdose Deaths, by Month, Connecticut, 2019 - June 2022*

* Data subject to change
Average Number of Drug Overdose Deaths Per Month, Connecticut, 2019-2021
Percentage of Fentanyl Involved Overdose Deaths, by Month, Connecticut, 2019 - June 2022*

For more details on fentanyl and fentanyl analogs in Connecticut: https://journals.sagepub.com/doi/10.1177/00333549211042829
Heather Clinton et al.

*Data subject to change
Number of Xylazine Involved Overdose Deaths, By Month, Connecticut, 2019 - June 2022*

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>7</td>
<td>8</td>
<td>11</td>
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<td>5</td>
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<tr>
<td>2020</td>
<td>6</td>
<td>13</td>
<td>15</td>
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<td>10</td>
<td>12</td>
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<td>6</td>
<td>14</td>
<td>7</td>
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<td>18</td>
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<td>2021</td>
<td>20</td>
<td>18</td>
<td>23</td>
<td>20</td>
<td>28</td>
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<td>37</td>
<td>27</td>
<td>24</td>
<td>23</td>
<td>28</td>
<td>20</td>
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<tr>
<td>2022*</td>
<td>30</td>
<td>24</td>
<td>40</td>
<td>40</td>
<td>36</td>
<td>17</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

For more details on Xylazine in Connecticut: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a5.htm](https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a5.htm)

Shobha Thangads et al

*Data subject to change*
Percentage of Drug Overdose Deaths by Drug Type Involved, CT, 2012-2021

- Opioids
- Fentanyl
- Heroin
- Cocaine
- Any Opioid + Benzodiazepine

Year: 2012-2021

Percentage: 0-100
Substances Involved in Unintentional Drug Overdose Deaths
Connecticut, 2019 to 2021

- No change in percentage of opioid-involved deaths
- 4% increase in fentanyl (82% vs 86%)
- 14% increase in cocaine + fentanyl
- 16% increase in cocaine in any death
- 19% increase in xylazine
- 3% increase in methadone
- 2% increase in opioid + benzodiazepines
- 19% decrease in heroin
Number of Unintentional Drug Overdose Deaths with Presence of Marijuana and Alcohol, Connecticut, 2019-2021*

<table>
<thead>
<tr>
<th>Year and Substance</th>
<th>2019</th>
<th>2020</th>
<th>2021**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Deaths</td>
<td>1196</td>
<td>1369</td>
<td>1496</td>
</tr>
<tr>
<td>Marijuana</td>
<td>304</td>
<td>412</td>
<td>428</td>
</tr>
<tr>
<td>Alcohol</td>
<td>404</td>
<td>474</td>
<td>578</td>
</tr>
</tbody>
</table>

* Data subject to change; ** Annualized data as of June 2021
Unintentional Drug Overdose Deaths with Presence of Marijuana and Alcohol, Connecticut, 2019-2021*

* Data subject to change; ** Annualized data as of June 2021
Rate of Unintentional and Undetermined Drug Overdose Deaths per 100,000 Population, by Sex, Connecticut, 2019-2021

Note: Deaths in females increased at a higher rate than males.
Rates are based on 2019 population.
Rate of Unintentional and Undetermined Drug Overdose Deaths per 100,000 Population, by Race/Ethnicity, Connecticut, 2019-2021

*All races of Hispanic population.
**Other includes American Indian or Alaska Native, Asian or Pacific Islander or Unknown population

Rates are based on 2019 population
Rate of Unintentional and Undetermined Drug Overdose Deaths per 100,000 Population, by Age Group, Connecticut, 2019-2021

Rates are based on 2019 population
Rate of Unintentional and Undetermined Drug Overdose Deaths per 100,000 Population*, by Injury County, Connecticut, 2019-2021

<table>
<thead>
<tr>
<th>County</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairfield</td>
<td>18.9</td>
<td>23.4</td>
<td>24.8</td>
</tr>
<tr>
<td>Hartford</td>
<td>39.7</td>
<td>43.3</td>
<td>45.3</td>
</tr>
<tr>
<td>Litchfield</td>
<td>38.8</td>
<td>39.4</td>
<td>31.1</td>
</tr>
<tr>
<td>Middlesex</td>
<td>22.2</td>
<td>36.3</td>
<td>35.7</td>
</tr>
<tr>
<td>New London</td>
<td>42.1</td>
<td>47.4</td>
<td>59.2</td>
</tr>
<tr>
<td>New Haven</td>
<td>41.9</td>
<td>44.9</td>
<td>53.5</td>
</tr>
<tr>
<td>Tolland</td>
<td>22.6</td>
<td>21.9</td>
<td>19.9</td>
</tr>
<tr>
<td>Windham</td>
<td>41.1</td>
<td>46.2</td>
<td>39.4</td>
</tr>
</tbody>
</table>

* Rate per 100,000 Population
Key Findings of Drug Overdose Deaths During Pandemic, Connecticut, 2019-2021

- Drug overdose deaths increased in 2020 and 2021, compared to 2019.
- Drug overdose death rates increased for both males and females.
- Compared to the White population, drug overdose death rates increased more dramatically for Black and Hispanic populations in 2020 and 2021.
- Cocaine and cocaine + fentanyl deaths increased, whereas heroin deaths decreased.
- Identifying gaps, prompt data dissemination, and collaborating with multiple prevention partners are crucial components to preventing drug overdose deaths.
Unintentional Drug Overdose Deaths
Connecticut, January - 1st week of July 2022*

- January to 1st week of July = **664** confirmed.
  (There are several pending cases).
  90.6% - Any opioid
  85.4% - Fentanyl
  45.7% - Cocaine
  29.4% - Xylazine
  17.1% - Benzodiazepines
  11.9% - Gabapentin
  5.8% - Heroin
  5.8% - Oxycodone
  24.8% - Alcohol

* Data subject to change
How do we collect circumstantial information about decedents?
Comprehensive Information of Fatal Drug Overdoses

Data source: SUDORS Data (State Unintentional Drug Overdose Reporting System)

The overall goals of SUDORS are to:

• Better understand the circumstances that surround overdose deaths and describes how the overdose death occurred.

• Improve overdose data timeliness and accuracy.

• Identify specific substances causing or contributing to the death.

(A look into the life of the decedent: for example, medical history, substance use disorder treatment history, and criminal justice involvement etc.)
How can SUDORS data be used for action

Because of the richness of the data and the different types of information, SUDORS data can be used for action in the following ways:

• Educating partners about location-specific circumstances and risk factors
• Alerting health providers, public health professionals, medical examiner and coroner offices, and other partners of newly emerging drug threats
• Informing drug overdose prevention and response planning and strategies using toxicology and circumstance data
• Evaluating the impact of overdose prevention and response efforts
Circumstances Involved in Fatal Drug Overdose
2020 SUDORS Data Analysis
What Circumstances were Documented?
Unintentional drug overdose deaths, 2020

- 9.6% Current treatment for substance use disorder(s)
- 11.4% Fatal drug use witnessed
- 30.3% Mental health diagnosis

Potential bystander present 13
- 10.7% Prior overdose
- 9.8% Recent release from institutional setting

9% Current pain treatment
5% Experiencing homelessness or housing instability
31% Naloxone administered
5% Recent return to use of opioids

A potential bystander was present in 55% of deaths indicating there may have been an opportunity to provide life-saving actions at the time of overdose.

75% of drug overdose deaths had at least one opportunity for intervention

13 A person physically present nearby and potentially had an opportunity to intervene.
14 Released within a month before death from institutional setting.
15 Persons experiencing housing instability who lack the support network.
16 Naloxone is a life saving medication to reverse opioid overdose.
17 Recent period of abstinence from opioid use followed by return to use.
CDC SUDORS Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in Connecticut – 2020

• 75% of the drug overdose deaths had at least one opportunity for intervention.
• Only 9.6% of the decedents had current treatment for Substance use disorder (SUD)
• 11.4% of the deaths were witnessed by someone
• 30.3% had mental health diagnosis
• 55.4% potential bystander presence
• 10.7% prior overdose
• 9.8% recent release from Institutional setting
• 31% naloxone administered
• 5% housing instability
• 5% relapsed decedents
<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; or = 8th Grade</td>
<td>40</td>
<td>2.9%</td>
</tr>
<tr>
<td>9th-12th grade</td>
<td>88</td>
<td>6.4%</td>
</tr>
<tr>
<td>High School or GED graduation</td>
<td>734</td>
<td>53.4%</td>
</tr>
<tr>
<td>Some College credits</td>
<td>75</td>
<td>5.5%</td>
</tr>
<tr>
<td>Associate</td>
<td>75</td>
<td>5.5%</td>
</tr>
<tr>
<td>Bachelor</td>
<td>82</td>
<td>6.0%</td>
</tr>
<tr>
<td>Master</td>
<td>21</td>
<td>1.5%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>4</td>
<td>0.29%</td>
</tr>
<tr>
<td>Unknown</td>
<td>249</td>
<td>18.1%</td>
</tr>
</tbody>
</table>
Overdose Fatality Review (OFR)

- In the process of forming Overdose fatality Review (OFR) board.

- Trained professional available (care Navigator) at Medical examiner office to talk to families.
Data driven prevention efforts
Some of the highlights of SUDORS data implemented to drive prevention efforts

1. **Advocacy to use fentanyl testing strips**: Illicitly Manufactured Fentanyl (IMF) was responsible for 85% of the deaths. Creating awareness, educating communities about dangers of fentanyl and fentanyl combinations, and the importance of using fentanyl testing strips are crucial. Encouraging communities to use test strips can save lives.

2. **Gabapentin prescriptions**: CT DPH is collaborating with the Department of Consumer Protection for gabapentin prescription data investigation (between 2019 and 2021 presence of gabapentin increased from 7.3% to 13.1% in fatal drug ODs).

3. **Disparities in demographic data**: Disparities in race/ethnicity and age groups were highlighted to LHDs, stressing the need for enhanced prevention work in these specific populations in local jurisdictions.
Some of the highlights of SUDORS data implemented to drive prevention efforts

4. To improve Medication for Opioid Use Disorder (MOUD):
   • Prior substance misuse history and mental health issues are two major factors in drug overdose deaths.
   • Approximately 29.3% of drug overdose decedents had either current or past substance use disorder treatment in 2019, and that percentage decreased during the pandemic years of 2020 (20.5%) and 2021 (21%).
   • These findings were shared with the CT Department of Mental Health and Addiction Services (DMHAS) to help improve Medication for Opioid Use Disorder (MOUD) services.

5. Naloxone distribution: Analysis of SUDORS data also identified a gap in naloxone administration as only about 30% of decedents were administered naloxone either by first responders or other bystanders between 2019-2021, indicating a need to improve naloxone distribution and education among communities.
Overdose Data to Action (OD2A)
CDC funded grant to Connecticut
2020-2023
## Data to Action: Data dissemination and Prevention efforts

### Goals:

- To highlight the disparities and ‘gaps’ to improve prevention activities.
- To create awareness and educate local communities for data driven decisions.
Overdose Data to Action (OD2A) Grant

OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies.

Multiple activities and partnerships are focused on surveillance and prevention strategies.

OD2A addresses the opioid crisis based on five key strategies:

1. Conduct surveillance and research
2. Build state, local and tribal capacity
3. Support providers, health systems and payers
4. Partner with Public Safety
5. Empower consumers to make safe choices
Overdose Morbidity Surveillance:
Collect and disseminate near real time emergency department (ED) data on suspected all drug, all opioid, heroin, and stimulant overdoses

Overdose Death Surveillance:
To collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data

Innovative Surveillance Strategies:
* Track illicit opioid drug supply
* Data linking project to observe opioid and controlled substance prescriptions as a risk factor
* Opioid overdose spike alerts; timely public health notification of local and regional stakeholders
OD2A Prevention strategies for discussion:

- Surveillance strategies (Epicenter, EMS, ODMap, Weekly case log)
- PDMP linking
- Linkage to care (DOC)
- Planned parenthood
<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022*</th>
<th>Grand Total</th>
</tr>
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<tbody>
<tr>
<td>Jan</td>
<td>335</td>
<td>437</td>
<td>406</td>
<td>305</td>
<td>1,483</td>
</tr>
<tr>
<td>Feb</td>
<td>309</td>
<td>421</td>
<td>343</td>
<td>360</td>
<td>1,433</td>
</tr>
<tr>
<td>Mar</td>
<td>320</td>
<td>360</td>
<td>394</td>
<td>363</td>
<td>1,437</td>
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<td>Apr</td>
<td>356</td>
<td>404</td>
<td>413</td>
<td>360</td>
<td>1,533</td>
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<tr>
<td>May</td>
<td>434</td>
<td>481</td>
<td>421</td>
<td>386</td>
<td>1,722</td>
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<tr>
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<td>474</td>
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<td>463</td>
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<td>1,835</td>
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<td>Jul</td>
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<td>507</td>
<td>489</td>
<td>413</td>
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<td>456</td>
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<td>485</td>
<td>392</td>
<td>380</td>
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<td>1,257</td>
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<td>Nov</td>
<td>449</td>
<td>361</td>
<td>317</td>
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<td>Dec</td>
<td>422</td>
<td>381</td>
<td>368</td>
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<td>1,171</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>5,022</strong></td>
<td><strong>5,178</strong></td>
<td><strong>4,792</strong></td>
<td><strong>2,536</strong></td>
<td><strong>17,528</strong></td>
</tr>
</tbody>
</table>

*Data current as of 07/18/2022 and is subject to change

Data source: Epicenter ED data
Prescription Data Exchange and Linking to Death Data

* Office of the Chief Medical Examiner (OCME) provides case list to DPH and DPH sends list to DCP PMP
* The variables used for linking are the decedent’s first name, last name, and date of birth
  * Variables are copied into a CSV file which is uploaded directly into the CPMRS and a bulk search is performed
* Each individual record is reviewed
* When an individual notifies pharmacy of any changes, then the PMP record would have all changes
  * In the case of name changes, pharmacy must notify the PMP so all records for that individual can be consolidated into 1 record
Number of Unintentional Drug Overdose Decedents Matched with Prescription data, Connecticut, 2020-2021

- Total Deaths: 1374 (2020), 1531 (2021)
- Unmatched: 419 (2020), 310 (2021)

(70% of 2020 deaths matched, 80% of 2021 deaths matched)
Opioid Prescription Data Matched to Death Data

Percentage of Opioid prescriptions 30 days preceding the drug overdose death.

Percentage of Doctors Writing Opioid Prescriptions in the 180 Days Preceding Injury.

Percentage of Pharmacies Dispensing Opioids to Decedent in 180 days Preceding Injury.
Establishing Linkages to Care - Department of Correction

Objective:
Increase and improve coordination of linkage to treatment for Medication for Opioid Use Disorder (MOUD) among the criminal justice population.

1) No. of DOC inmates treated for MOUD prior to release.
240 (215 methadone & 25 buprenorphine) in 2019 to 316 (296 methadone & 20 buprenorphine) in 2020

2) No. of inmates linked to services immediately post release.
97% Inmate patients are connected to community care upon release.
### Fatal Drug Overdoses Data Matched With Department of Correction (2020-2021)

- **2733** Total Overdose Deaths 2020 & 2021
- **1374** 2020 Overdose Deaths
- **1359** 2021 Overdose Deaths

**DOC Matches**
- **1297**
- **47.46%**
- **13** Overdose MAT < 6 Months from Last Movement
- **31** Overdose MAT > 6 Months from Last Movement

- **1297 of 2733 Overdose Deaths** matched to DOC Records (Time frame not available)
- **3.39%** or **44** inmates Overdosed during this time frame (2020-2021) and were involved in MOUD at the time of release
- **13 of 44 (30%)** Overdosed within 6 months of release (MOUD)
- **31 of 44 (70%)** Overdosed over 6 months from release (MOUD)
Planned Parenthood SBIRT - Linkages to Care

(Objective:)

Increase and improve coordination of linkages to care for addiction among CT women seen by Planned Parenthood of Southern New England (PPSNE) in their health centers.
Number of Infants and Rate of Infants with NAS* per 1,000 Liveborn Infants, Connecticut, 2010-2019

The rate of NAS infants increased from 7.4 per 1,000 in 2010 to 11.6 per 1,000 in 2015, and then declined each year until 2018 which then stabilized at 9.0 per 1,000 liveborn infants.

* Neonatal Abstinence Syndrome: conditions caused when a baby withdraws from certain drugs he's exposed to in the womb before birth.
Data Dissemination to Key Stakeholders
How did we disseminate timely data?

- Data were shared regularly and in a timely manner with Local Health Departments (LHDs), State stakeholders, Opioid task forces, Prevention committees and other Community organizations through customized data analyses reports and PowerPoint presentations.
- Fatal data obtained from medical examiner office uploaded to ODMAP on daily basis.
- As needed ‘Situational awareness alerts’ are sent if any unexpected higher activity is identified.
Drug Overdose Data Available on DPH Portal

This report contains an overview and summary analysis of unintentional and undetermined drug overdose deaths in Connecticut in 2019 and 2020, and preliminary data for 2021.
### Drug Overdose Deaths Line Level data

<table>
<thead>
<tr>
<th>DOA</th>
<th>Sex</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Age</th>
<th>Residence Village</th>
<th>Residence City</th>
<th>Residence CO</th>
<th>Residence ID</th>
<th>Residence Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/2022</td>
<td>Female</td>
<td>White</td>
<td>No, not Spanish/Hispanic/Latino</td>
<td>31</td>
<td>Westbrook</td>
<td>Westbrook</td>
<td>Westbrook</td>
<td>Middlesex</td>
<td></td>
</tr>
<tr>
<td>1/4/2022</td>
<td>Male</td>
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Interactive data visualization dashboard for drug overdose deaths in Connecticut from 2015 to 2021*

Demographic, geographic and drug breakdowns by year

Available at: https://public.tableau.com/app/profile/heather.clinton/viz/SUDORS_Dashboard_final2/OverdoseDashboard

*Data subject to change
Key elements to reduce burden of overdoses in communities
Key Elements to Reduce the Overdose Burden in Communities

- Timely data analysis, identifying the gaps and prompt data dissemination are crucial components.

- Collaboration and active participation with multiple prevention partners is important.

- Customized data reports for jurisdictions to help target local communities most in need as data drives good decisions.
Top Priorities:

* To reduce influx of illicit drugs (fentanyl) and to disrupt drug trafficking operations. *Results from National Urine Drug Test (UDT) results reported that synthetic opioid use in USA increased by 800% over 7 years.*

* To increase awareness about dangers of fentanyl and pressed pills.

* To Educate about the importance of naloxone and wide distribution/availability of naloxone to communities in need.

* Stigma reduction. Break the stigma and create hope, “recovery is possible”.

* To enhance mental health help and MOUD programs, so that capacity meets the needs of everyone.

* Timely actionable data to guide the overdose response strategies.
Structural and policy-level interventions are essential to address access barriers

- Use culturally appropriate practices
- Provide support groups
- Link people to care and recovery
- Expand insurance coverage
- Offer telehealth
- Reduce criminalization
- Build structural support
- Reduce stigma

Source: CDC
Together we can make a difference!

Q & A

Thank You!