



# 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

## Problem Statement

In Connecticut (CT), the use of heroin often involves the use of fentanyl, either intentionally or unknowingly. We continue to see a rise in the use of fentanyl. This profile will attempt to, where appropriate, describe the concurrent and overlapping use of fentanyl and heroin.

According to the 2021 National Survey on Drug Use and Health (NSDUH), among people aged 12 or older in 2021, 3.3% (or 9.2 million people) misused opioids (heroin or prescription pain relievers) in the past year. Among the 9.2 million people who misused opioids in the past year, 8.7 million people misused prescription pain relievers compared with 1.1 million people who used heroin.<sup>1</sup>

Less than one percent (0.26%) of CT residents 18 or older have used heroin in the past year, a rate slightly lower than the national average (0.33%). The highest prevalence is among young adults aged 18-25 years old (0.28%), followed by adults aged 26 or older (0.25%). Adolescents did not report any heroin use for this time period.<sup>1</sup> According to the 2021 Connecticut School Health Survey (CSHS) (CT's Youth Risk Behavior Surveillance survey), an estimated 0.6% of high school students in Connecticut reported to have used heroin.<sup>2</sup>

Since 2017, fentanyl-related deaths have progressively outnumbered heroin-involved deaths in CT, while the number of drug-related deaths continues to rise (11% increase from 2020-21, 28% increase since 2019). Of deaths involving heroin, 93% also involved fentanyl.<sup>3</sup> With 9 out of 10 heroin-involved deaths including fentanyl, and just over 1 in 10 (12%) fentanyl-involved deaths including heroin<sup>4</sup>, most of the heroin consumed in CT contains fentanyl. This puts all individuals who use heroin at risk of fentanyl exposure.<sup>3</sup>

According to the Drug Abuse Warning Network (DAWN), in 2021, fentanyl was responsible for 62.62% of all drug-related emergency department visits in CT; most of these visits from individuals between the ages of 26-44. Heroin was responsible for 57.33% of all drug-related emergency department visits in CT; most of these visits were from individuals between the ages of 26-44. Most of these individuals were mostly Non-Hispanic White males.<sup>5</sup>

While the number of overdose deaths in CT involving heroin has declined since 2016, these numbers are

misleading due to the associated rise of fentanyl. The increasing number of opioid deaths in CT involving fentanyl and/or heroin relate to the intertwined nature of heroin and fentanyl in the illicit opioid supply. Across New England, fentanyl availability is high, and may be available either mixed with white powder heroin or alone and may be sold in powder form as heroin or as fentanyl.<sup>6</sup> Fentanyl is often sold under the same or similar "brand" names as heroin, creating confusion and uncertainty among buyers.

The COVID-19 pandemic had a significant impact on individuals' use of and access to substances. Some factors to consider include a combination of stressors and isolation. At the height of the pandemic, barriers were present in Naloxone access. People living with a substance use disorder may also be more vulnerable to health complications related to COVID-19 because of compromised respiratory and pulmonary health. For individuals who are in recovery, the pandemic may have presented many mental health challenges, including isolation, that may have led to individuals relapsing in their recovery or even experiencing or dying from an overdose.<sup>7</sup>

## Magnitude (prevalence)

The opioid epidemic does not discriminate and affects all individuals. Overdose deaths are now common across all genders, races, and ethnicities. Opioid overdose deaths more commonly involve illicit drug use and have increased with the presence of fentanyl in such supplies. However, there is a statistically significant decrease in overdose deaths involving heroin in CT from 2019-2020. Decreases in heroin overdoses have corresponded with increases in fentanyl overdoses. Fentanyl almost entirely supplanted heroin in CT's illicit drug supply. This continues into 2022.<sup>6</sup>

The number of individuals diagnosed with a Heroin Use Disorder has decreased since 2015. Overall rate of use has declined. This includes individuals between the ages of 18-25 who are most likely to use heroin in CT.<sup>1</sup>



# 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

## NSDUH Substate Estimates:

### Percent Reporting Past Year Heroin Use, ages 12+

|           | CT  | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|-----------|-----|----------|----------|----------|----------|----------|
| 2016-2018 | .60 | .47      | .59      | .64      | .67      | .61      |
| 2018-2020 | .24 | .20      | .27      | .26      | .24      | .21      |

Data Source: NSDUH, 2020

According to Office of the Chief Medical Examiner (OCME), there were 1,524 accidental intoxication deaths in CT in 2021. Of these deaths, 1,312 involved fentanyl and 165 involved heroin. Compared to 2020, the number of fentanyl involved deaths (1,159) has increased and the number of heroin involved deaths (262) has decreased.<sup>3</sup> From 2019 to 2021, there has been a 4% increase in fentanyl involved drug overdose deaths and a 19% decrease in heroin involved overdose deaths.<sup>8</sup>

According to Department of Public Health (DPH), Southwestern CT (SW CT) experienced 150 drug overdose deaths in 2021: an increase since 2020 with 136 deaths. In 2022, there were at least 82 deaths from January to September.<sup>8</sup>

The towns with the largest numbers of overdose deaths in 2021 are as follows: Bridgeport (89), Stamford (23), Norwalk (19) and Fairfield (9). More than half of these overdose deaths happened at a residence.<sup>8</sup>

In 2021, 26 people died in SW CT from a heroin overdose alone. This is a large decrease from the 55 reported in 2020. Bridgeport had the highest in SW CT with 10 deaths reported in 2021 compared to Norwalk's 4 and Stamford's 4.<sup>8</sup>

In SW CT, individuals between the ages of 45 to 64 saw a total of 31 heroin overdose deaths in 2020. In 2021, this number dropped to 14 deaths in this age range. There was a similar drop in heroin overdose deaths for 55-year-olds (7 deaths in 2021) and 35-year-olds (5 deaths in 2021).<sup>8</sup> These numbers indicate that state-wide, young adults are most at risk for a heroin overdose but in SW CT, older adults are most at

risk instead.

According to DPH, there is a new and emerging trend in polysubstance use. The presence of xylazine, an animal tranquilizer, in fentanyl-involved deaths was first seen in 2019 and has risen steadily since then.<sup>8</sup>

According to key informant focus groups conducted by The Hub, fentanyl continues to be a serious concern. Oftentimes, individuals are accessing poly-substances, a mix of drugs (cannabis, alcohol, cocaine, xylazine, etc.) including fentanyl. Therefore, many individuals are under the impression that they are obtaining a specific drug, not realizing that their drugs are typically a mix of dangerous substances.<sup>9</sup>

In SW CT, 49.8% of Department of Mental Health and Addiction Services (DMHAS) treatment admissions were for Substance Abuse care. In 2021, 38.3% of reported drugs used in DMHAS treatment cases were for Heroin & Non-Rx Methadone. This number is higher than other DMHAS regions in CT and has increased in 2022 to 48.1%. These numbers are similar for young adults (18-25) admitted to DMHAS treatment.<sup>10</sup>

According to The Hub's key informant focus groups, individuals who are either seeking treatment for substance use disorder or are currently in recovery from substance use disorder are rarely engaging in heroin alone. If someone is using heroin, it is typically with a mix of other substances, including fentanyl. On the other hand, fentanyl is everywhere, and it is increasing. More individuals are using fentanyl, whether intentionally seeking fentanyl, or unknowingly because fentanyl is mixed with other substances. There are variations of fentanyl analogs that are incredibly potent and on the rise. Many stakeholders encourage a harm-reduction approach when providing prevention, treatment, and recovery services. The rise in fentanyl use is creating some challenges in treatment admissions as many agencies need to test individuals for fentanyl before admitting individuals to detox. Often, this fentanyl testing can take up to two days to process, causing a barrier for individuals seeking timely treatment.<sup>9</sup>

According to local youth surveys, most middle-school and high-school aged students feel that it is difficult to obtain illicit substances such as heroin, cocaine, methamphetamine, phencyclidine (PCP), etc. Nearly all

## Risk Factors and Subpopulations at Risk



## 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

youth are aware of the risk of misusing illicit drugs. However, the small group of students who have tried illicit substances were mostly 12 years or younger.<sup>11</sup> According to key informants who were interviewed, youth who are seeking substances often do so over social media and unknowingly obtain counterfeit drugs that are laced with fentanyl.<sup>9</sup>

- People who are addicted to other substances are more likely to meet criteria for heroin use disorder. Compared to people without an addiction, those who are addicted to alcohol are 2 times more likely to become addicted to heroin. Those addicted to cannabis are 3 times more likely, while those addicted to cocaine are 15 times more likely, and those addicted to prescription pain medications are 40 times more likely to become addicted to heroin;<sup>6</sup>
- Other risk factors include previous overdose, personal or family history of substance misuse, history of depression or anxiety.
- Other groups at risk include<sup>8</sup>:
  - Non-Hispanic whites.
    - Males.
    - Young adults (18 to 25);



## 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

- Adults (25 to 44).
- People without insurance or enrolled in Medicaid.
- Seniors prescribed multiple medications.
- Women (due to biological factors and an increased likelihood of being prescribed opioids and being given longer term and higher dose prescriptions).
- People living in urban communities.
- There is a strong correlation between substance misuse and suicide. A new National Institute of Health (NIH) 2022 study found that nationwide, the number of intentional overdose deaths, or suicides, have declined in recent years but have increased among ages 15-24, 75-84 and non-Hispanic Black women. This same study reports that about 5-7 percent of reported overdose deaths are intentional (ie. suicides).<sup>7</sup>
- Chronic opioid misuse may also lead to serious medical consequences such as fatal overdose, scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses, and other soft-tissue infections, and liver or kidney disease. Poor health conditions and depressed respiration from heroin use can cause lung complications, including various types of pneumonia and tuberculosis.
- Opioid misuse during pregnancy can result in a miscarriage or premature delivery, as well as neonatal abstinence syndrome (NAS), and exposure in utero can increase a newborns' risk of sudden infant death syndrome (SIDS).

### NSDUH Substate Estimates:

#### Percent Reporting Perception of Great Risk from Trying Heroin Once or Twice, ages 12+

|           | CT    | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|-----------|-------|----------|----------|----------|----------|----------|
| 2018-2020 | 86.17 | 84.74    | 86.01    | 85.56    | 85.64    | 86.17    |

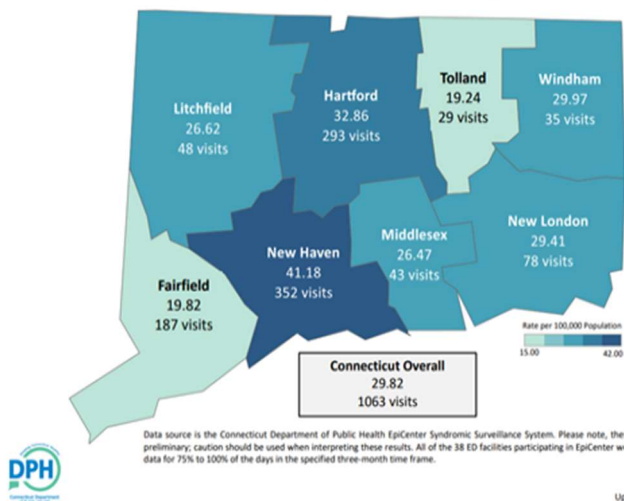
Data Source: NSDUH, 2019-2020

The 2021 CSHS shows that Hispanics reported the highest overall rate (1.1%), which is higher than the prevalence for Black non-Hispanics and White non-Hispanics (0.4% each). One percent of boys and .2% of girls reported ever use of heroin.<sup>2</sup> Use among high school students in general is of particular concern, as youth use is often linked to continued use and substance use disorder in the future.

### Burden (consequences)

- Opioids such as fentanyl and heroin are highly addictive, and their misuse has multiple medical and social consequences including increased risk for HIV/AIDS, property and violent crime, arrest and incarceration, unemployment, disruptions in family environments, and homelessness.

3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for "Suspected Drug Overdose" Syndrome in Connecticut, by County of Residence, November 2021



Data Source: DPH, 2021

### Opioid-Involved Non-Fatal Overdoses (DPH)

|      | CT    | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|------|-------|----------|----------|----------|----------|----------|
| 2020 | 5,842 | 680      | 1636     | 626      | 1822     | 1086     |
| 2021 | 5,420 | 666      | 1714     | 520      | 1552     | 977      |

\*Numbers are approximate due to suppression

Data Source: DPH, 2021

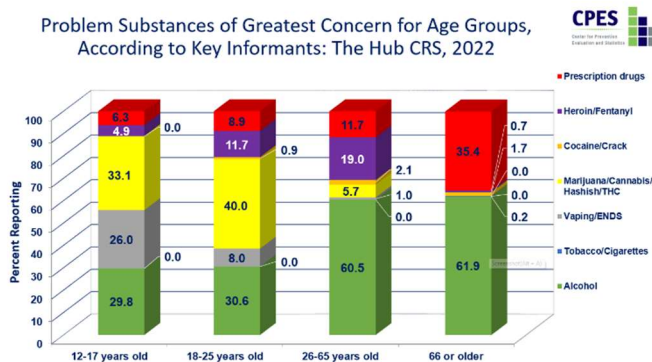


# 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

In one urban core town in SW CT, roughly 1 in 3 adults personally know someone who is struggling with an opioid addiction.<sup>12</sup> According to the Community Wisdom Survey (2021), 51% of respondents reported that the community is struggling with drugs and alcohol.<sup>13</sup> In the Community Wellbeing Survey (2021), 15% of residents reported that the likelihood of youth in the area to abuse drugs or alcohol is "Almost Certain."<sup>14</sup>

According to the 2022 Community Readiness Survey, 19.0% of 26 – 65-year-olds and 11.7% of 18 – 25-year-olds are concerned about heroin and fentanyl.<sup>14</sup>

## Problem Substances of Greatest Community Concern by Age Group



Data Source: 2022 CT Community Readiness Survey (CRS)

## Capacity and Service System Strengths

### Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention

|      | CT   | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|------|------|----------|----------|----------|----------|----------|
| 2020 | 5.37 | 5.14     | 5.55     | 5.21     | 5.59     | 5.25     |
| 2022 | 5.31 | 5.72     | 5.36     | 4.89     | 5.25     | 5.12     |

Data Source: 2022 CT Community Readiness Survey (CRS)

According to the 2022 CRS, Region 1 SW CT had the highest mean stage of substance use prevention readiness in CT and has since increased in perceived readiness since 2020.<sup>14</sup>

**Prevention & Education:** SW CT continues to provide awareness about the harmful effects and high potential for substance use disorders to the community at large. We have educated our communities in life-saving interventions, such as Naloxone, and have been able to distribute

Naloxone kits. This has likely contributed to the reversal of many fatal overdose experiences. In 2022, The Hub has trained 295 individuals and multiple stakeholder groups throughout the region in Naloxone administration and gave out nearly 1,862 Naloxone kits. The Hub hosted two Naloxone TOT's, increasing our training capacity to include new Spanish-speaking trainers. Local Prevention Councils (LPCs) have also conducted community education on opioids and overdose reversal and provided Naloxone kits for families, providers and more. The Hub supports these efforts through information, opioid education, and distribution of Naloxone kits, in conjunction with LPCs and through an AmeriCorps Prevention Corps grant. Many LPCs are also supported with the State Opioid Response (SOR) grant and opioid settlement dollars are being distributed to municipalities. Fentanyl-testing strips, safe needle exchanges and other harm reduction programs are also available.

SW CT's Naloxone training includes resources such as Naloxone + Overdose Response (NORA) app, the Live LOUD campaign and You ThinkYouKnow. The Narcan NOW app and the state's newly developed Naloxone + Overdose Response App ("NORA," available at [www.norasaves.com](http://www.norasaves.com)) are both useful resources providing information on how to recognize the symptoms of a suspected opioid overdose, administer Naloxone, dispose of medications, and find treatment and recovery resources. NORA also has an anonymous feature to report on kits used in a revival.

**Treatment:** Medications for Opioid Use Disorder (MOUD), such as buprenorphine, methadone and naltrexone are available at 12 publicly funded nonprofits, 2 private for profits, and individual providers throughout the region. There are detoxification facilities in the region. The state Access Line provides transportation to detoxes when needed.

**Recovery:** SW CT has many peer support specialists, including Recovery Coaches available. Recovery Coaches are an effective way to use people with lived experience to respond to overdoses that are common in Emergency Departments, connecting people to treatment and recovery support. Other recovery supports include the CT Community for Addiction Recovery (CCAR), the CARES Group, Courage to Speak, SMART Recovery for individuals and Family & Friends support. Many virtual and in-person support groups are available throughout the region and state. Additional resources include Turningpointct.org, a program developed by young people who are in recovery from behavioral health issues, and YouThinkYouKnow, an educational campaign on the dangers of counterfeit drugs causing overdoses.

The Recovery Friendly Workplace initiative empowers agencies with resources, training, and support to promote employee health and success within the work environment in relation to substance



## 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

use disorder and recovery. With the support from The Hub, there currently are 6 SW CT agencies that have completed certification and have been declared state certified by Governor Lamont.



# 2022 Region 1 Epidemiological Profile: Heroin & Other Illicit Opioids

## Footnote Key:

- <sup>1</sup> National Survey on Drug Use (NSDUH), 2020
- <sup>2</sup> Connecticut School Health Survey (CSHS), 2021
- <sup>3</sup> Connecticut Office of Chief Medical Examiner (OCME), 2021
- <sup>4</sup> Center of Disease Control (CDC)
- <sup>5</sup> Drug Abuse Warning Network (DAWN), 2021
- <sup>6</sup> Datahaven, 2020
- <sup>7</sup> National Institute of Health (NIH), 2022
- <sup>8</sup> Department of Public Health (DPH), 2021
- <sup>9</sup> The Hub's Key Informant Focus Groups, 2022
- <sup>10</sup> Department of Mental Health and Addiction Services (DMHAS) Treatment Admissions, 2022
- <sup>11</sup> Local Youth Survey Data, 2021
- <sup>12</sup> Community Health Needs Assessment (CHNA), 2021
- <sup>13</sup> Community Wisdom Survey, 2021
- <sup>14</sup> Community Wellbeing Survey, 2021
- <sup>15</sup> Community Readiness Survey, 2022





