

2022 Region 1 Epidemiological Profile: Prescription Drug Misuse

Problem Statement

Non-medical use of prescription drugs is a problem that continues to be a concern in the U.S., including within Connecticut. The types of prescription drugs that are most misused include painkillers (opioids), central nervous system depressants (tranquilizers, sedatives, benzodiazepines), and stimulants.¹ Oxycodone (OxyContin), oxycodone, tramadol, and hydrocodone are examples of opioid pain medications. Opioid painkillers work by mimicking the body's natural pain-relieving chemicals so the user experiences pain relief. Opioids can also induce a feeling of euphoria by affecting the parts of the brain that are involved with feeling pleasure. Tranquilizers, sedatives, and benzodiazepines are central nervous system depressants often prescribed for anxiety, panic attacks and sleep disorders. Examples include Xanax, Valium, Klonopin, Ativan, and Librium. These drugs can also slow normal brain function. Stimulants increase alertness, attention, and energy by enhancing the effects of norepinephrine and dopamine in the brain. They can produce a sense of euphoria and are prescribed for attention-deficit/ hyperactivity disorder (ADHD), narcolepsy, and depression.¹

Magnitude (prevalence)

According to the Office of the Chief Medical Examiner (OCME) there were 1,527 unintentional intoxication deaths throughout the state of CT in 2021. In this, 18% total deaths involved a mix of any opioid and benzodiazepine, 128 deaths involved methadone, 83 deaths involved oxycodone, 87 deaths involved amphetamine/methamphetamine, and 34 deaths involved buprenorphine alone.² Department of Public Health (DPH) reports as of 2021, 93% of overdose deaths involved an opioid (e.g., fentanyl, heroin, or a prescription opioid pain reliever).³

First reported in 2019, [xylazine](#), an animal tranquilizer, and fentanyl combinations were involved in 71 drug overdoses, and the same lethal combination continued to be a problem in 2020 with 141 overdoses followed by in 2021 with 295. This continues to be a problem into 2022.³

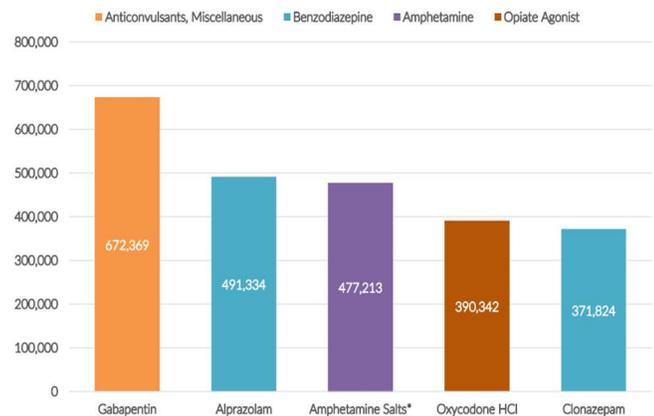
According to DPH, gabapentin was involved in 11.87% of drug overdose deaths in 2021. CT also saw the introduction of Gabapentin. This drug is used to treat nerve pain and epilepsy and is prescribed for a host of other issues, including some mental health issues.³

According to data from Connecticut Department of Consumer

Protection (DCP), the total schedule II* prescriptions dispensed in SW CT was 2,349,120 in 2021 compared to 6,309,422 prescribed statewide. The most common controlled substances dispensed include medical marijuana, benzodiazepines, and opiate agonists, followed by opiate partial agonist and stimulants.⁴

* Schedule II drugs are defined as, substances, or chemicals, drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.

Top 5 Prescriptions



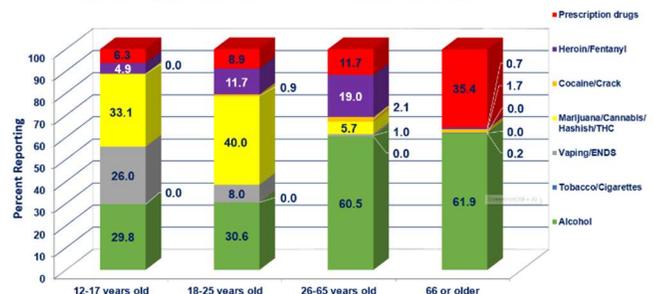
*Specifically, the drug dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate



In Southwestern Connecticut (SW CT), there were 239 drug overdose deaths in 2021. Of these deaths, 25% (60) were a result of Benzodiazepines. The number of Benzodiazepine deaths have increased from 2020 (54).

Bridgeport, Stamford, Norwalk, and Stratford continue to experience high numbers of prescription drug overdose deaths into 2021. Of the 96 total overdose deaths, in Bridgeport (13) or 13.5% were a result of Benzodiazepines with Stamford (27) or 33.33%, Norwalk (20) or 25% and Stratford (17) with 23%.³

Problem Substances of Greatest Concern for Age Groups, According to Key Informants: The Hub CRS, 2022



35.4% of key informants identified prescription drugs of greatest concern for ages 65 and older.¹⁰

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Although the state has had a long history with heroin, recent data reflects a palpable shift from prescription use to heroin and now fentanyl as the primary substance involved in 85% of deaths in 2021.³

According to key informant focus groups conducted by The Hub, counterfeit drugs or pills are becoming increasingly more concerning. The use of counterfeit prescription drugs is more of a concern in SW CT and is a more of an issue among young adults compared to youth and children.¹¹

Among prescription medications, pain relievers are the most frequently used for non-medical purposes in the US. According to the 2021 Survey of Drug Use and Health (NSDUH), 2.7% of CT respondents 12 and older reported past year use of prescription pain relievers, generally in line with the northeast and the US.⁵

Approximately 1.3% of CT respondents 12 and older met criteria for pain reliever disorder, vs 1.7% in the northeast, and 1.8% in the US.⁵

According to the 2021 CT YRBS, 8.5% of high school students reported ever taking prescription drugs without a doctor's prescription.⁶ Young adults, ages 18 to 25, show 6% use of over the counter, non-medical prescription drugs. 77% of young adults reported engaging in substances to have a "good time". 78% of young adults reported limiting substance use due to physical or health concerns. 30% of high school students obtained prescription pain medication without a prescription by someone giving it to them or taking it from their home or someone else's home. 4.4% of high school students have taken over-the-counter drugs to get high.¹² According to the Young Adults Statewide Survey, of 1,257 young adults ages 18-25, 14% had engaged in prescription drugs in the past month and 6% in their lifetime.¹²

Analysis of local youth surveys revealed that high school aged youth in the region reported limiting substance use due to potential physical or health concerns.⁶ 30% of high school students obtained prescription pain medication without a prescription by someone giving it to them or taking it from their home or someone else's home. 4.4% of high school students have taken over-the-counter drugs to get high.³

According to the Young Adults Statewide Survey of 1,257 young adults ages 18-25, 14% had engaged in prescription drugs in the past month and 6% in their lifetime.⁶

According to key informant focus groups conducted by The Hub, use of prescription drugs is a higher priority for young adults compared to youth. It is a low priority for youth and children. With young adults, stimulants, counterfeit drugs, and Adderall are particularly misused.¹¹

Risk Factors and Subpopulations at Risk

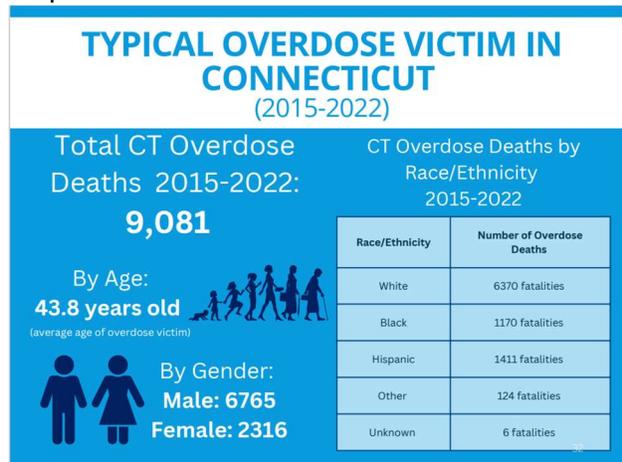
Persons at risk of misusing prescription drugs include:

- Those with past year use of other substances, including alcohol, heroin, marijuana, inhalants, cocaine, and methamphetamine.
- People who take high daily doses of opioid pain relievers.
- There is a strong correlation between prescription drug misuse and problem gambling; often referred to as a dual diagnosis.
- Veterans.
- People who are prescribed multiple controlled prescription medications, often by different providers.
- Individuals with disabilities or mental illness are at increased risk of prescription opioid misuse and use disorders.
- Undocumented individuals are less likely to receive accessible care due to fear of arrest or deportation.
- According to key informant focus groups conducted by The Hub, Electronic Sport Gamers or "E-Gamers" are increasingly using Adderall to stay awake longer for gaming.
- The elderly population may be at risk of consequences of prescription drug misuse, as they use prescription medications more frequently compared to the general population and may be at higher risk of medication errors.
- CT Hispanic students had the highest rates of taking prescription drugs without a doctor's prescription (12.5%)
- According to key informant focus groups conducted by The Hub, treatment providers state that many individuals face language barriers in accessing care. There is a lack of Spanish, Creole, and Polish speaking providers.
- According to key informant focus groups conducted by The Hub, treatment providers frequently see individuals facing barriers in accessing

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care due to insurance, as many are uninsured or underinsured.¹¹

- Prescription opioid misuse is a risk factor for heroin and other illicit opioid misuse, including illicitly manufactured fentanyl. Data on the typical overdose victim in CT indicates Non-Hispanic White male between the ages of 35 – 64 was most likely to overdose. However, drug overdose deaths have risen across several race/ethnicity groups. In some towns with higher numbers of overdose deaths, particularly Bridgeport and Norwalk, Non-Hispanic Black Males are increasingly overdosing more so than non-Hispanic white males.



Source: Naloxone Training Slides, The Hub

Burden (consequences)

There was an increase in opioid-involved fatalities in Connecticut from 2020 (1,273) to (1,413) 2021.

- 275 deaths involved a mix of any opioid and benzodiazepine,
- 128 deaths involved methadone,
- 83 deaths involved oxycodone,
- 87 deaths involved amphetamine/methamphetamine, and
- 34 deaths involved buprenorphine alone.
- An emerging substance, Para-fluorophenyl, a fentanyl analog, was present in 13 overdose deaths in 2020, 94 overdose deaths in 2021, and 33 overdose deaths in 2022 as of the first week of December.³

According to the 2021 CT Community Wellbeing Survey, 31% of CT residents personally know someone struggling with addiction to heroin or other opiates, such as prescription painkillers 44% of whom state that the person is a family member.

Within SW CT, rates of residents knowing someone who is currently struggling with addiction to heroin or other opiates are similar to state rates. In most towns, residents who know someone who is struggling are most likely to be a family member and are most likely to be the individual who residents identify as struggling. However, in Greenwich, it is more likely for residents to identify a close friend. In Trumbull, it is more likely for residents to identify an acquaintance.⁹

Treatment admissions in the SW region for opiates and synthetics have increased from 2018 through 2021. In SW, there were 1,829 admissions in 2018, 3,260 admissions in 2020 and 4,772 admissions in 2021.³

Capacity and Service System Strengths

2022 Community Readiness Survey (CRS): 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

There is a decrease in community readiness statewide from 2020 to 2022. However, SW CT shows an increase in community readiness from 2020 to 2022.

Prevention & Education:

Connecticut's Region 1 Behavioral Health Action Organization is funded by DMHAS to provide community support through mini grants. With the coordination communities can:

- Educate prescribers on the CT Prescribing Monitoring response system (CPMRS)
- Promote awareness campaigns such as:
 - You Think You Know (YTYK)
 - Change the Script
 - LiveLOUD
 - Naloxone + Overdose Response App (NORA)

In the 2022 calendar year, The Hub/Region 1 RBHAO hosted 44 trainings, trained 295 people and distributed 1862 Naloxone kits. We have increased the number of regional Naloxone trainers, which includes newly trained Spanish speaking leads. According to DPH between 12/1/21-11/30/22 it was aggregated that naloxone was given to 3,693 patients.

Treatment & Recovery: Medications for Opioid Use Disorder (MOUD), such as buprenorphine, methadone and naltrexone are available throughout the region. There are detoxification facilities in the region. The state Access Line provides

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transportation to detoxes when needed. 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 YTYK, 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 use disorder and recovery. With the support from The Hub, there currently are 7 SW CT agencies that have completed certification and have been declared state certified by Governor Lamont.

¹ NIDA, Misuse of Prescription Drugs Research Report

² OCME, Office of the Chief Medical Examiner (2021)

³ CT DPH, Department of Public Health (2021)

⁴ CT Department of Consumer Protection (DCP)

⁵ NSDUH (2021)

⁶ Connecticut School Health Survey (2021)

⁷ Bali V. Research in Social and Administrative Pharmacy 2013; (3): 276–287.

⁸ Environmental Research and Public Health (2018)

⁹ Data Haven (2022)

¹⁰ Community Readiness Survey (CRS) (2022)

¹¹ The Hub's Key Informant Focus Groups, (2022)

¹² Youth Risk Behavior Survey (2021)