

Opioid Use Trends and Patterns in Connecticut, 2019

Jane A. Ungemack, DrPH

**Opioid & Prescription Drug Overdose Prevention Program
Local Health Department Meeting**

October 29, 2019

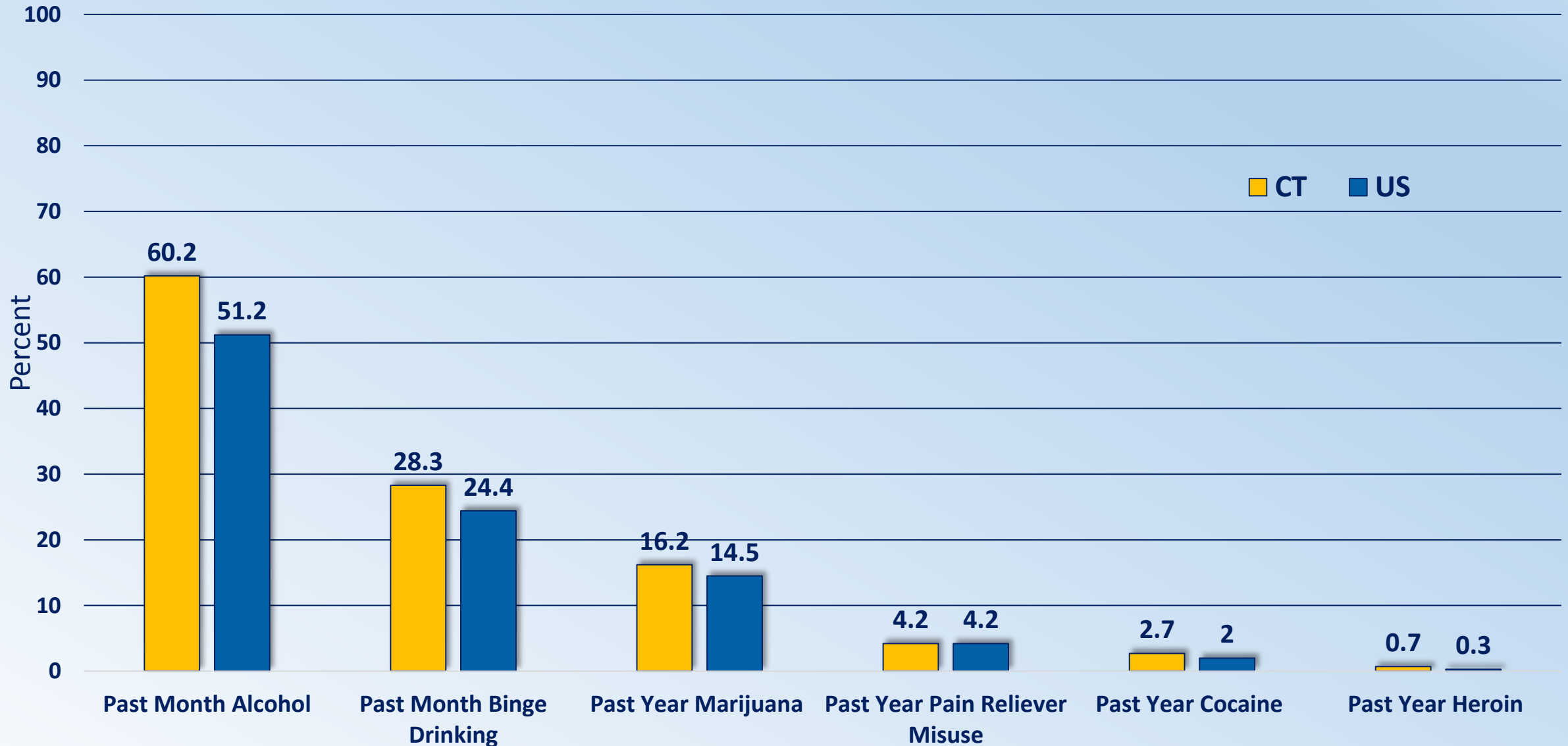
The Center for Prevention Evaluation and Statistics



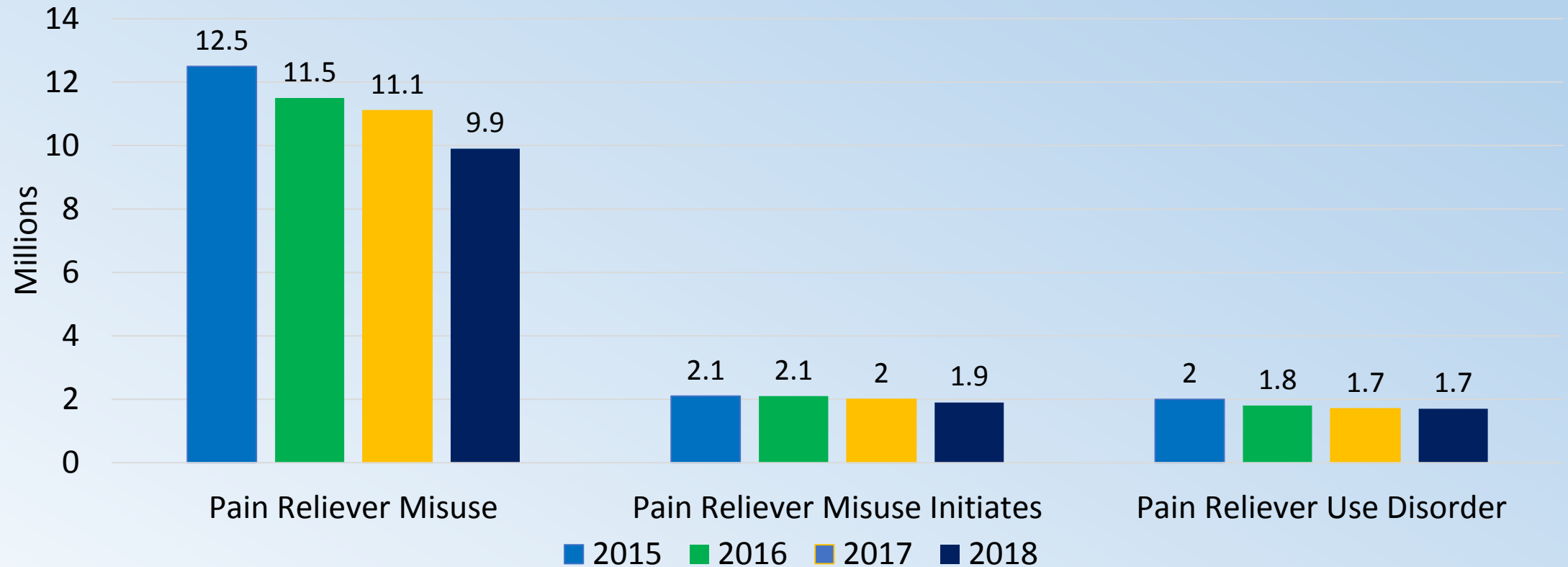
A DMHAS-funded Resource Link, coordinated and staffed by UCONN Health to:

- Identify, collect, analyze, interpret and disseminate data pertaining to substance use prevention and mental health promotion;
- Track behavioral health indicators;
- Convene, support and chair the SEOW;
- Develop and maintain an interactive data repository available to DMHAS, other state agencies, and statewide stakeholders;
- Disseminate findings via technical reports, epidemiological profiles, presentations, consultation;
- Provide research and statistical expertise and support;
- Provide training and technical assistance for evaluation and use of data.

Percent of Persons Reporting Use by Substance, Ages 12 and Older: CT vs. US, 2016-2017

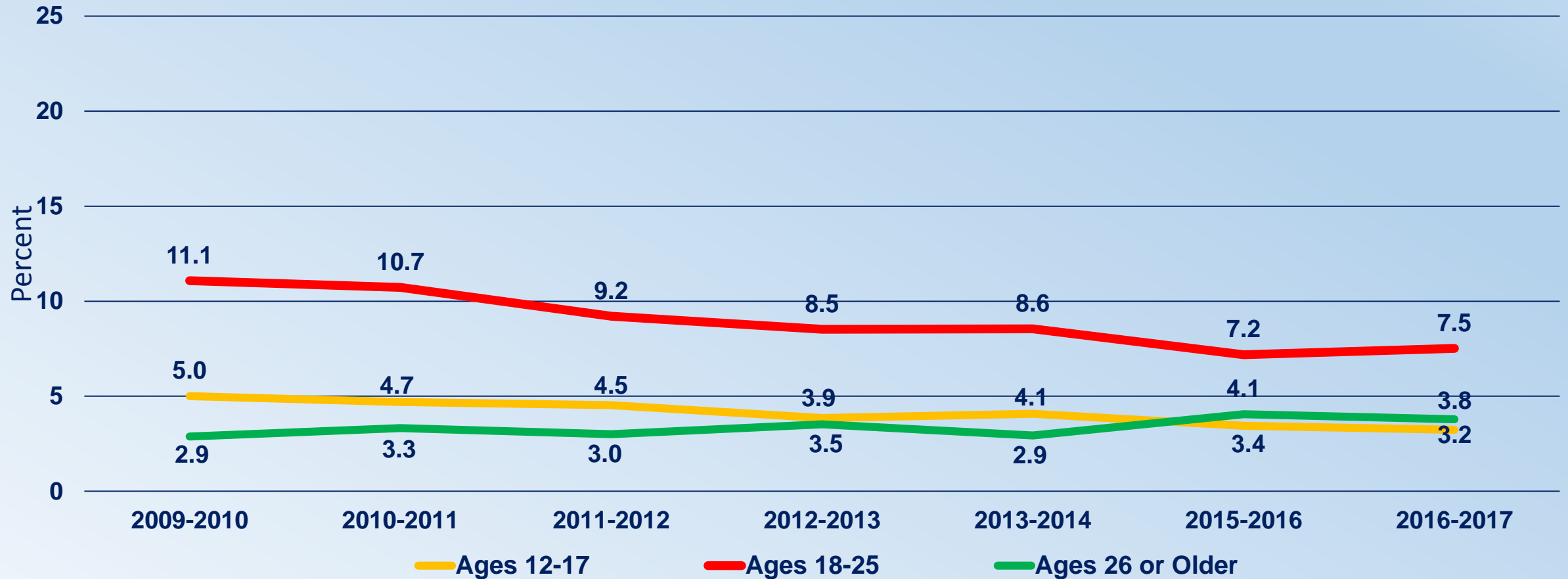


Past Year Prescription Pain Reliever Misuse and Disorder: US, NSDUH, 2015-2018



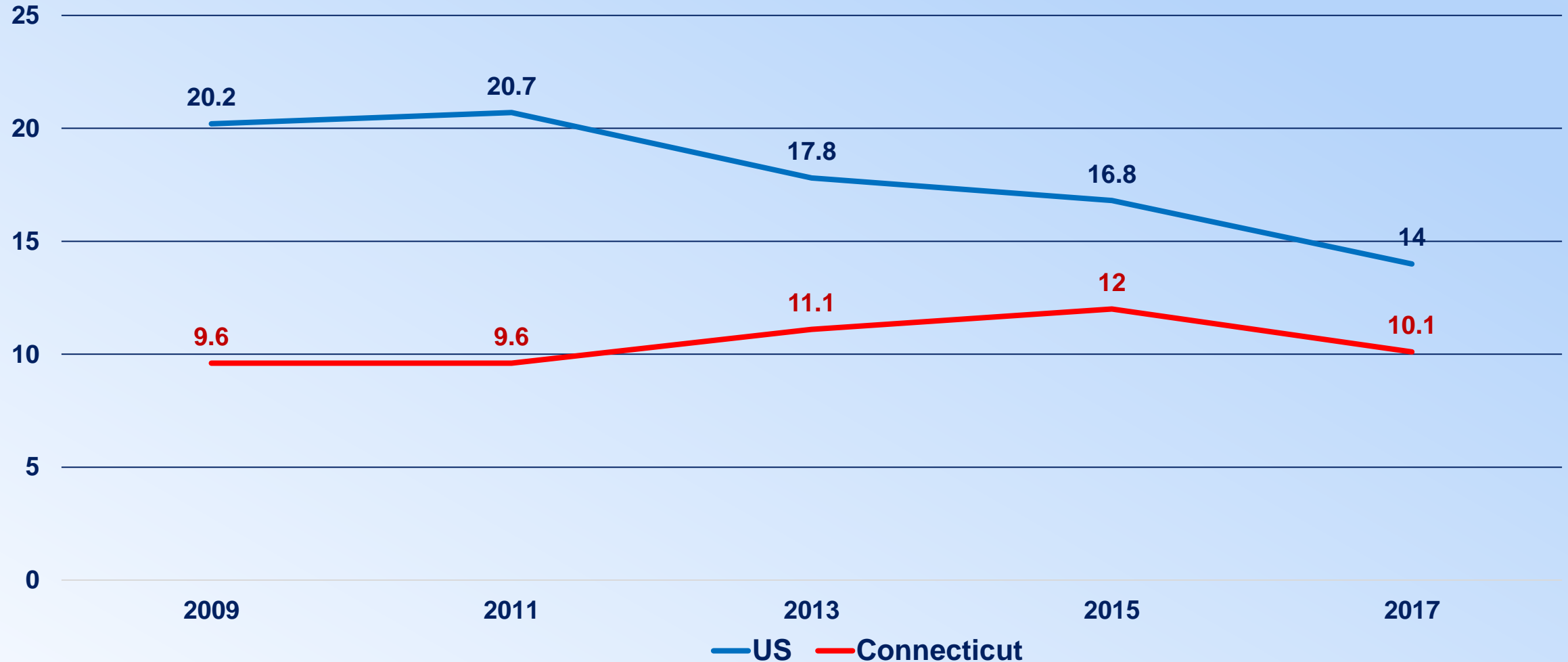
Source: NSDUH, 2018

Percent of Persons Reporting Past Year Non-Medical Use of Pain Relievers by Age Group: CT, 2009-2017



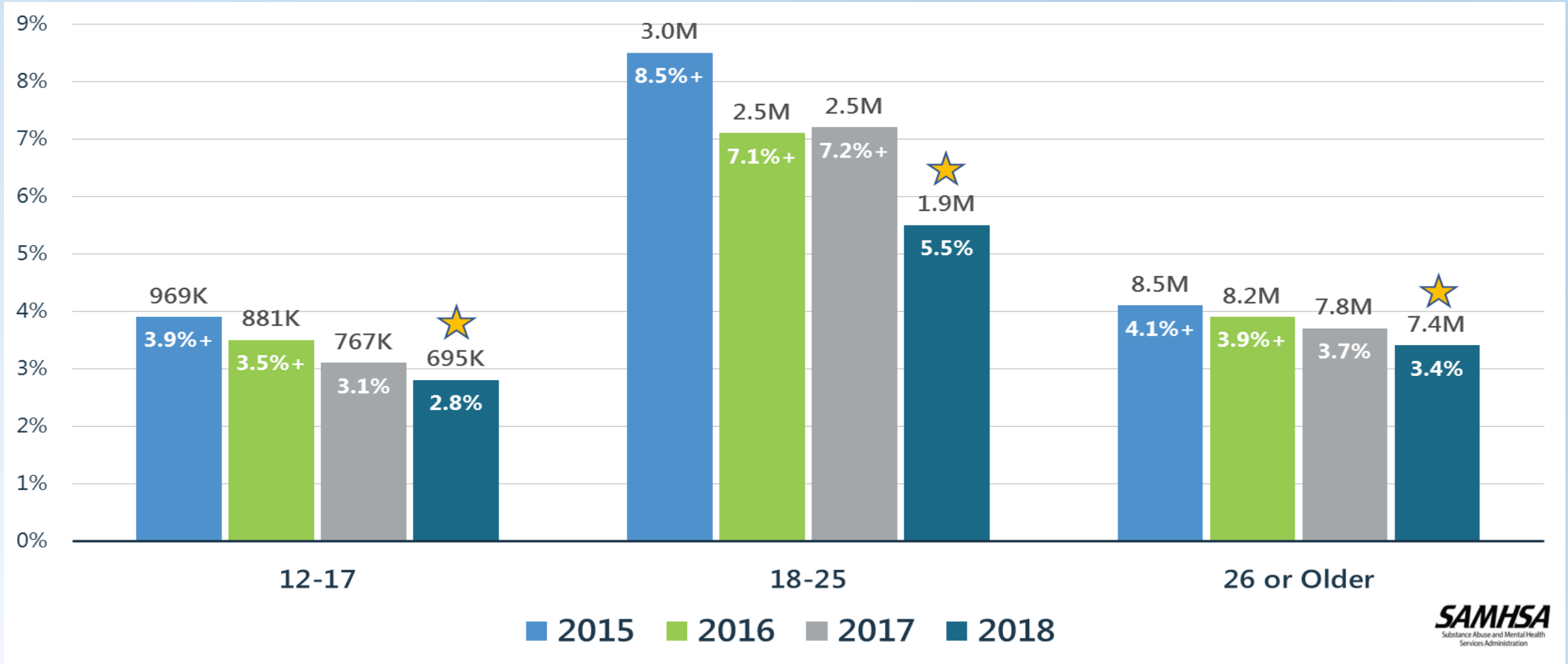
Note: In 2015, the definition of “non-medical use” was changed from “use of prescription drugs that were not prescribed for an individual or were taken only for the experience or feeling that the drugs caused” to “use in any way that a doctor did not direct you to use them.”

Percent of High School Students Reporting Ever Misusing Prescription Pain Medicine: YRBS, Connecticut vs. US, 2009-2017

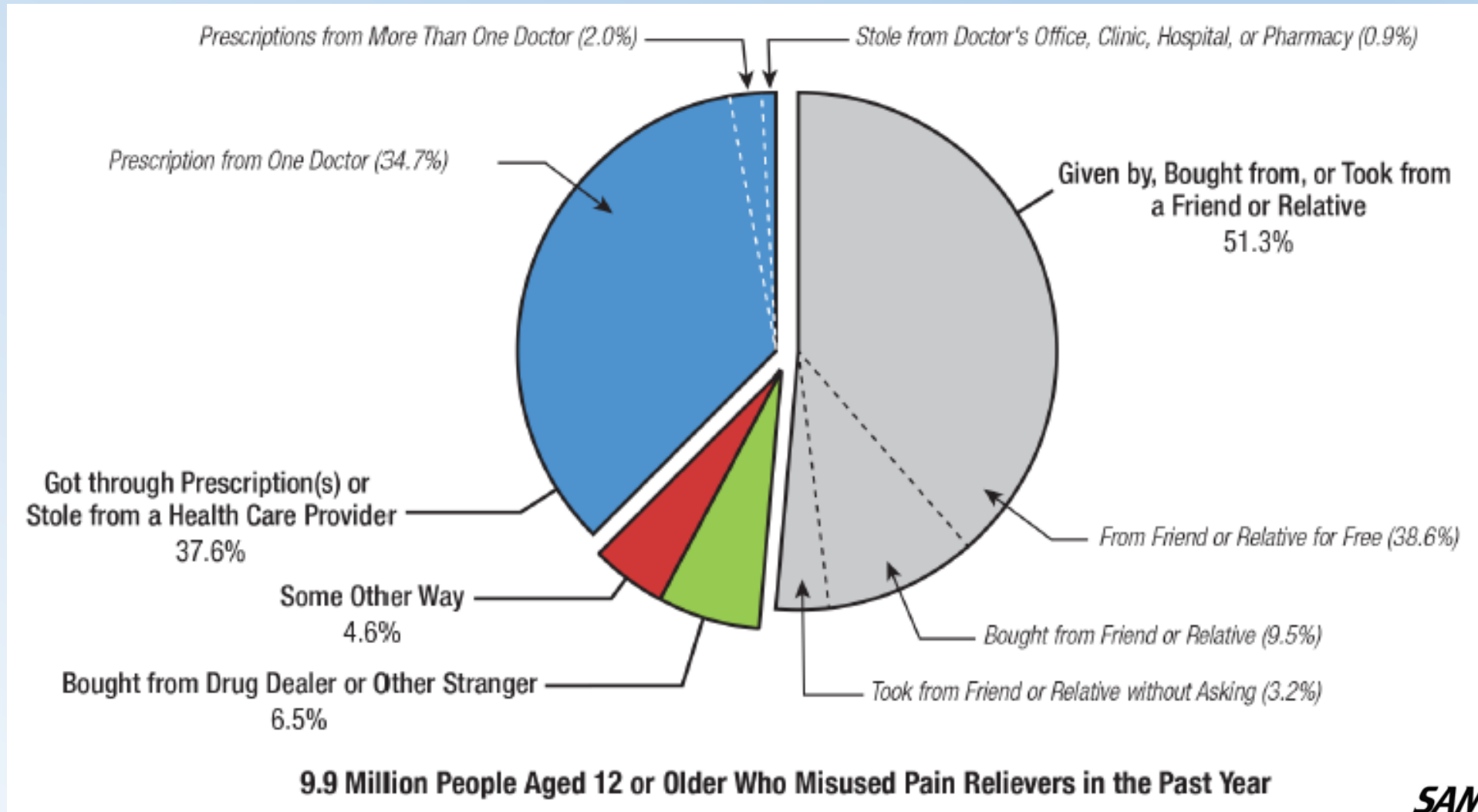


Prescription Pain Reliever Misuse: US, NSDUH

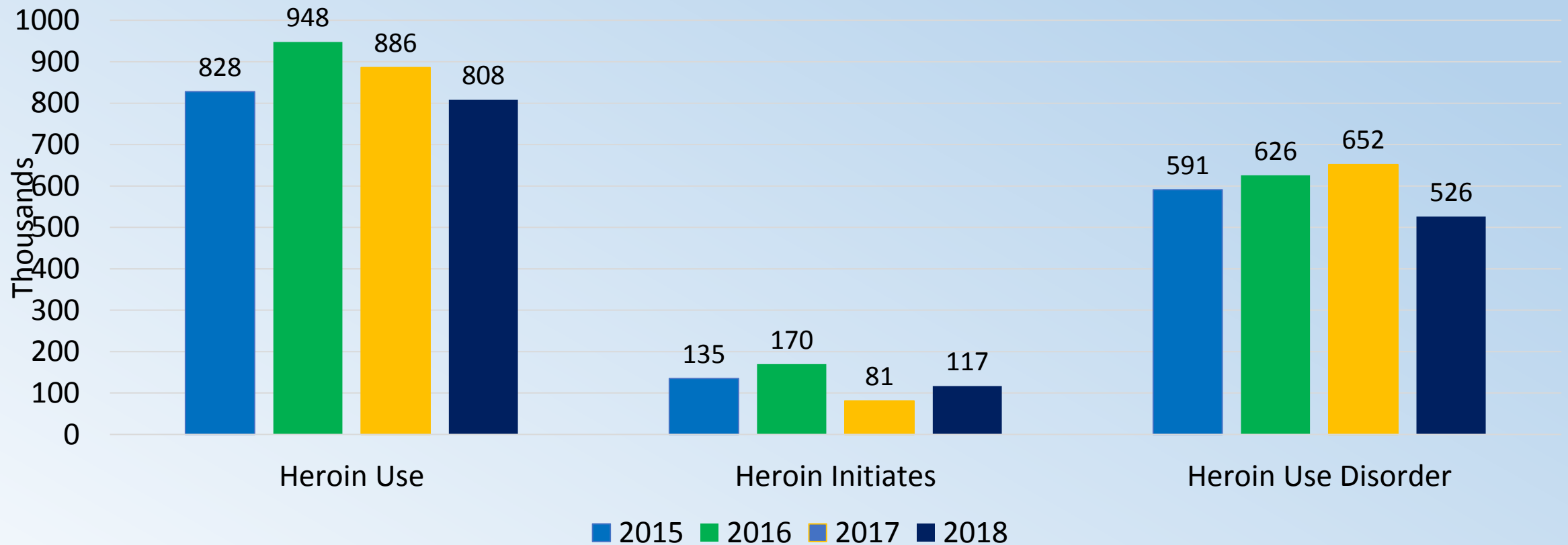
PAST YEAR, 2015-2018 NSDUH, 12+



Source of Pain Relievers Among People Who Misused Pain Relievers in the Past Year: 2018



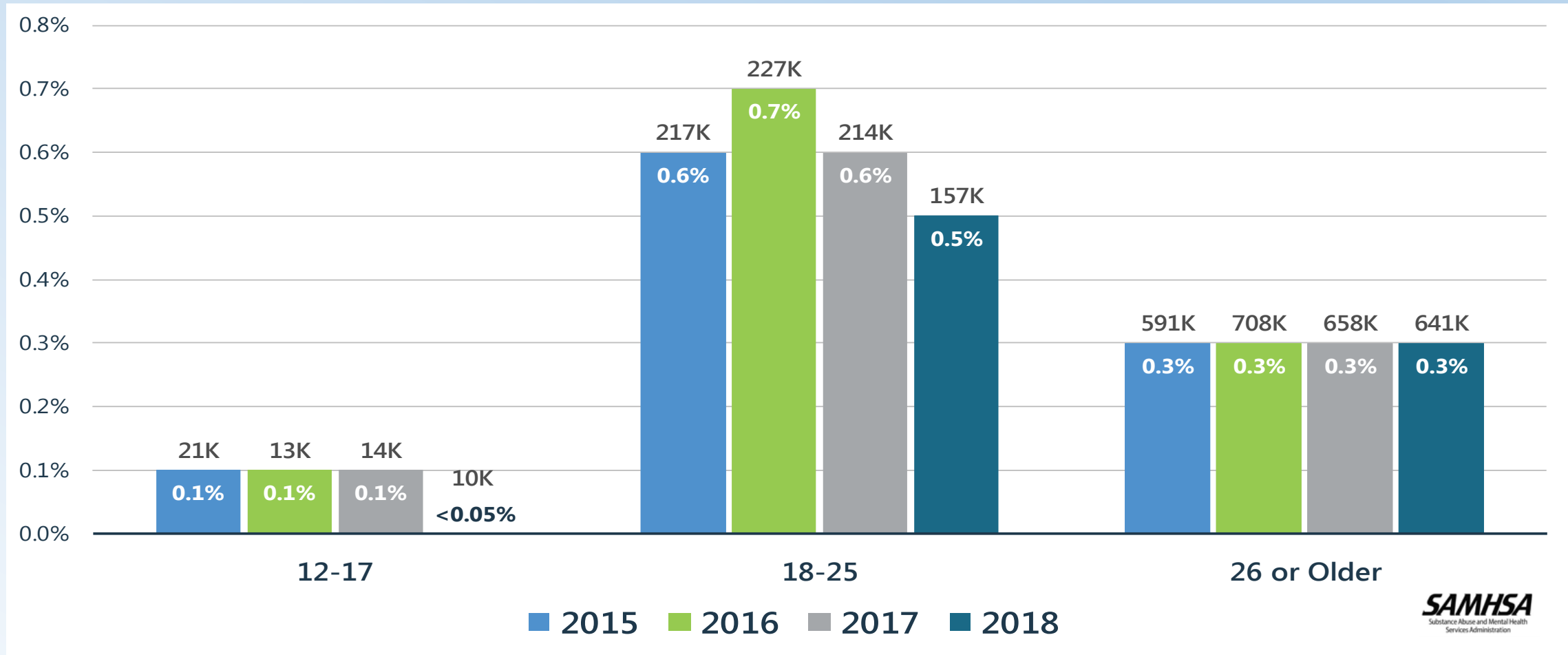
Past Year Heroin Use and Disorder: US, NSDUH, 2015-2018



Source: NSDUH, 2018

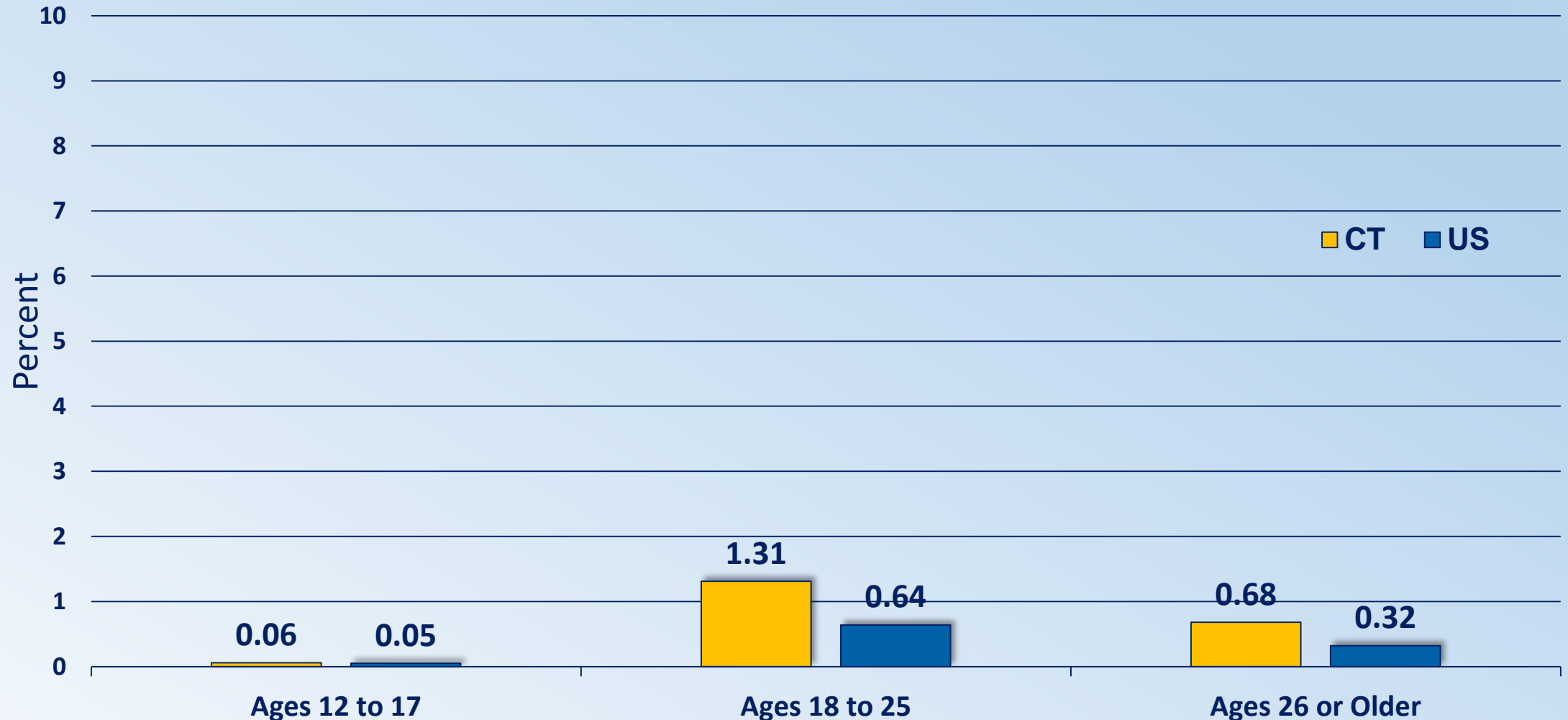
Heroin Use: US, NSDUH, 2015-2018

PAST YEAR, 2015-2018 NSDUH, 12+

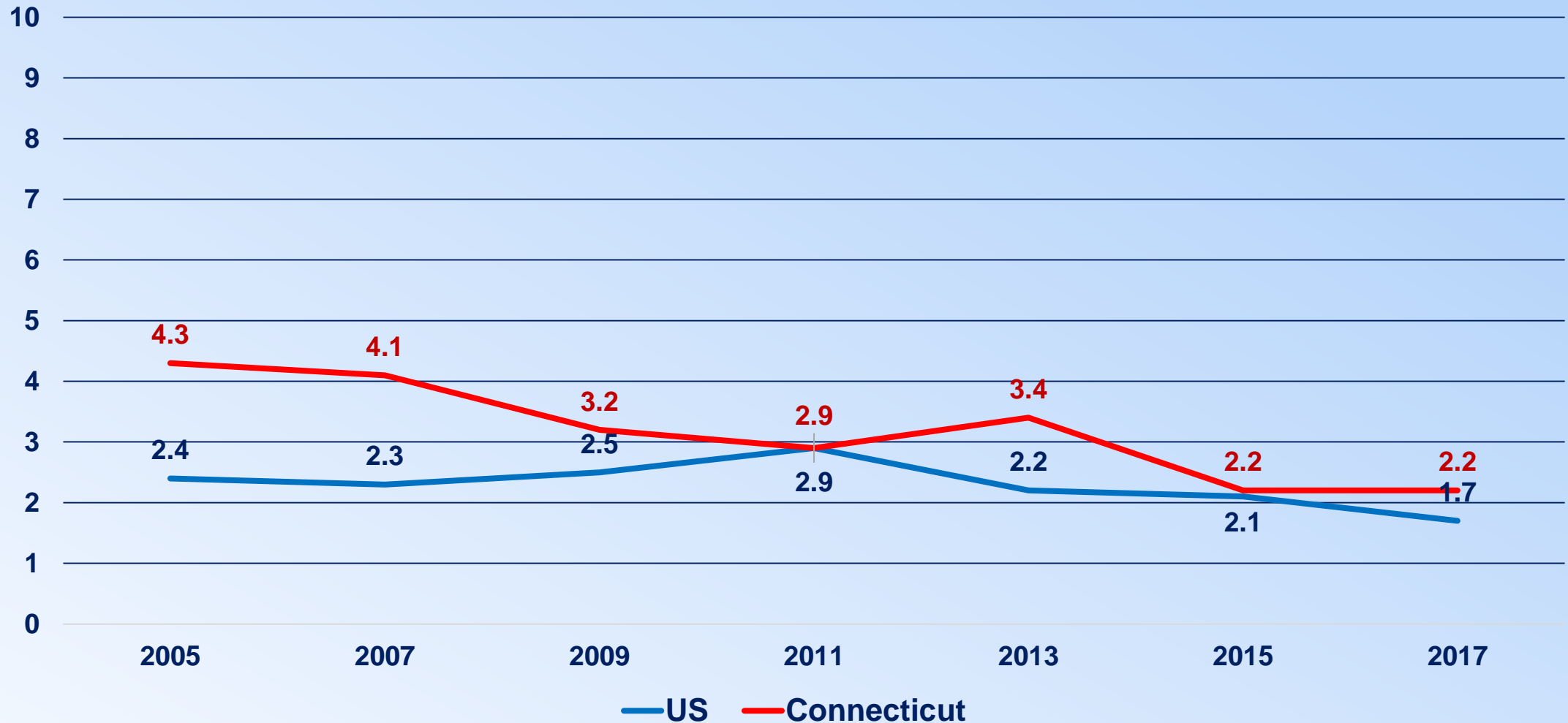


No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

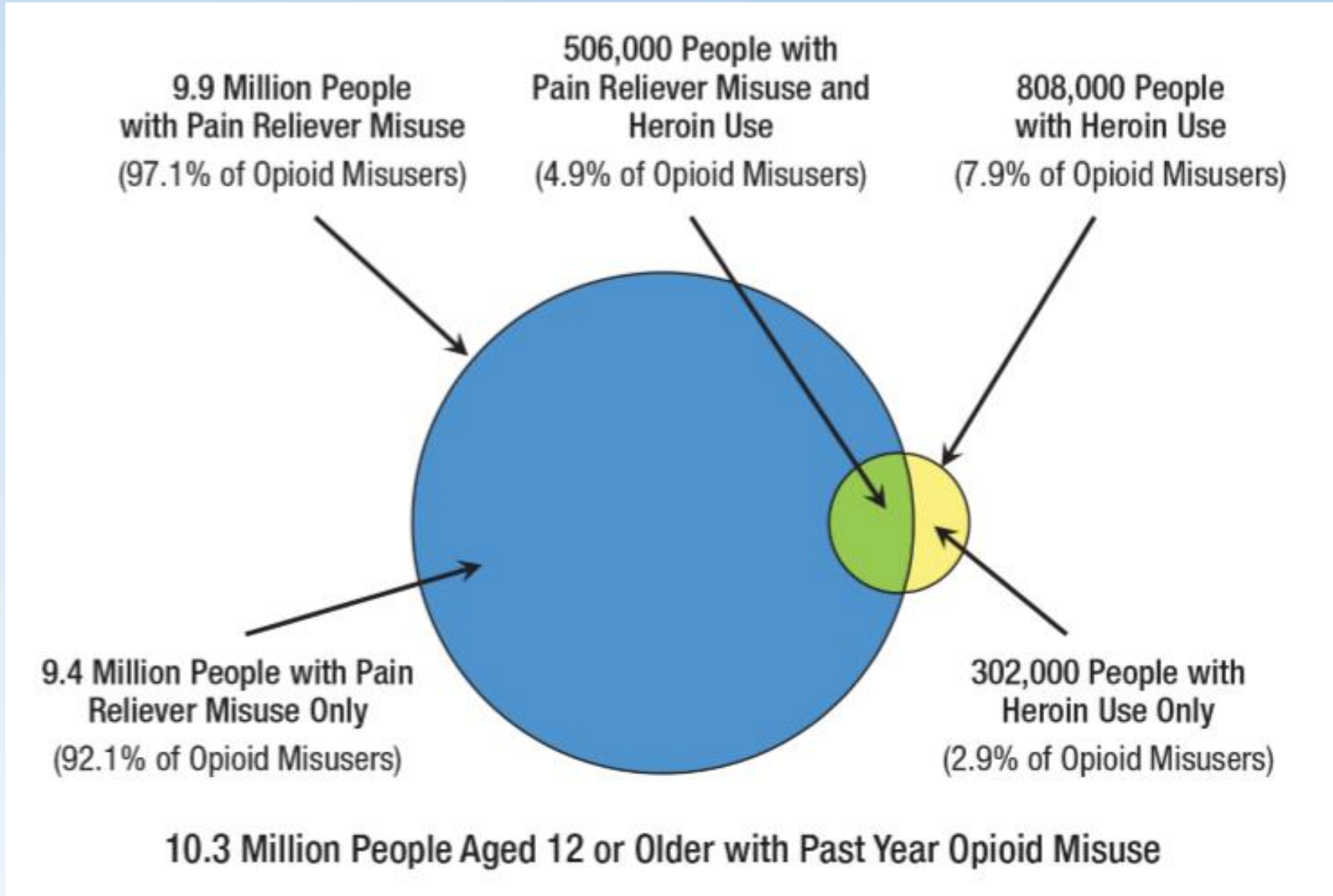
Percent of Persons Reporting Past Year Use of Heroin by Age Group: CT vs. US, 2016-2017



Percent of High School Students Reporting Ever Using Heroin: YRBS, Connecticut vs. US, 2005-2017



Past Year Opioid Misuse* Among People Aged 12 or Older: 2018



*Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Percentages do not add to 100% due to rounding.

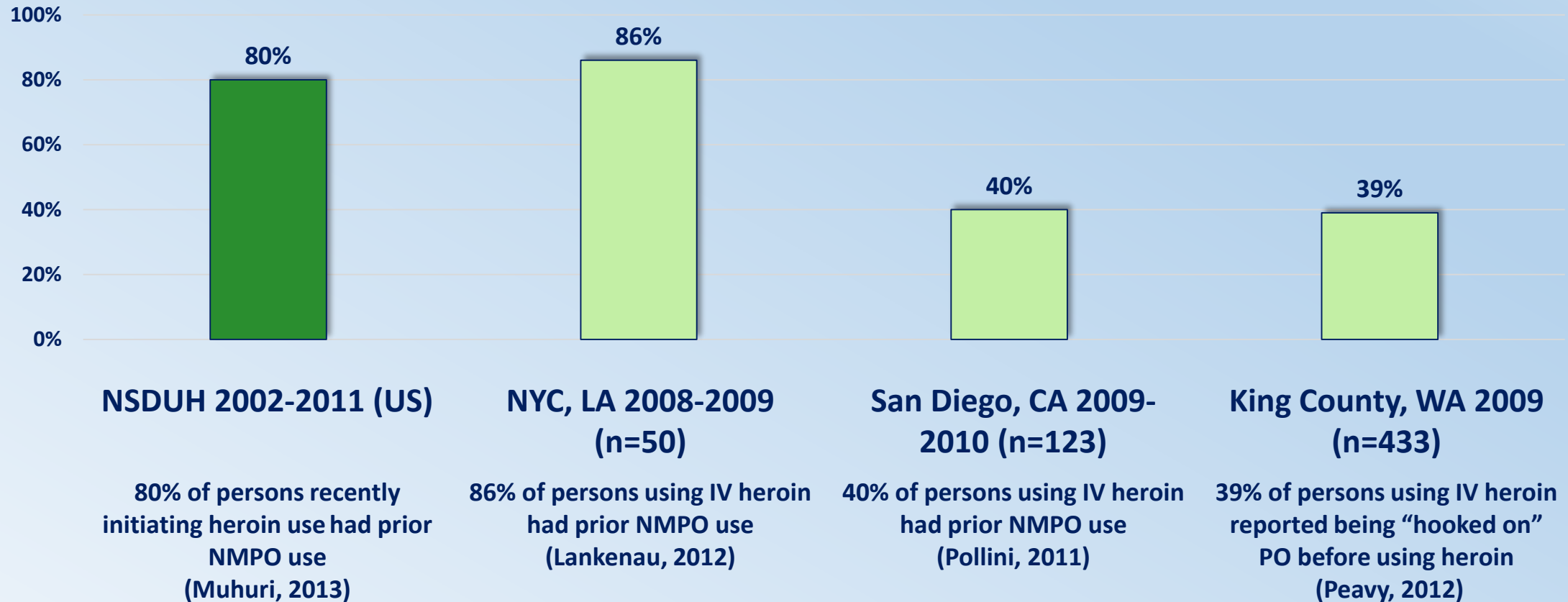
Heroin Use and Prescription Opioid Misuse

- Data suggest that a small proportion of individuals who misuse prescription opioids initiate heroin use
 - Muhuri et al (2013)- 3.6% of individuals who misused prescription opioids initiated heroin within 5 years of beginning prescription opioid misuse
- Recent data suggest that heroin may be increasingly the initiating opioid of abuse
 - Cicero et al (2017) found that 9% of persons entering treatment for OUD in 2005 had started with heroin, while in 2015 33% reported starting with heroin

Sources:

Muhuri PK et al. CBHSD Data Review, 2013. <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>
Cicero TJ et al Addiction Behavior 2017;74:63-66.

Prior Non-Medical Prescription Opioid (NMPO) Use Among Persons Using Heroin



Sources:

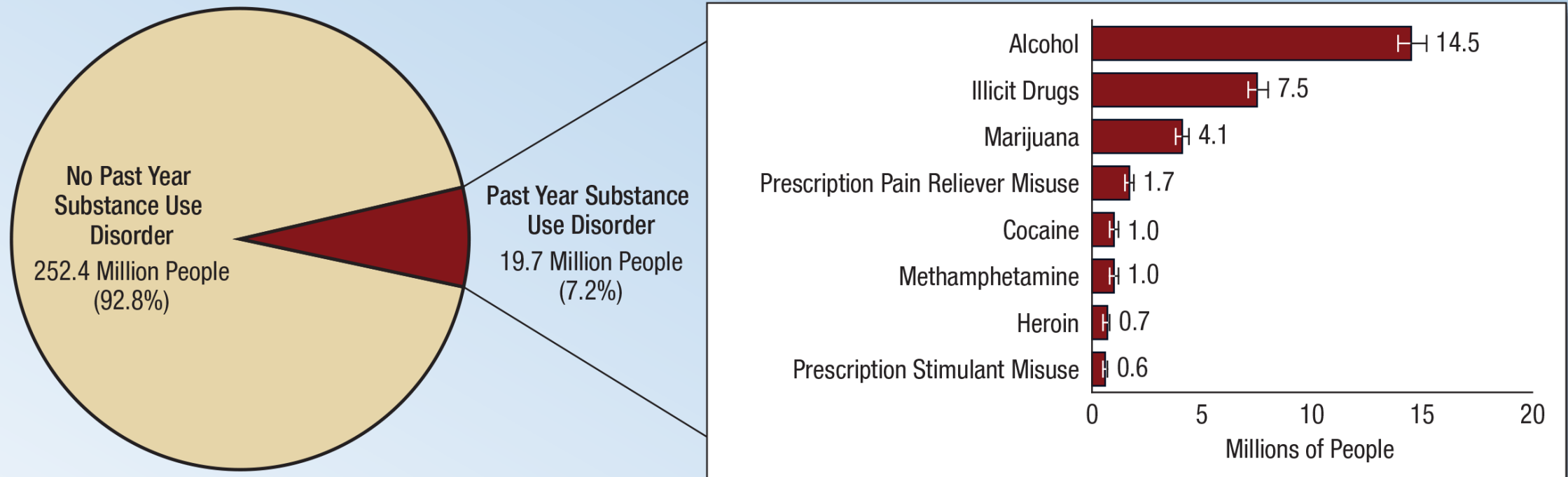
Lankenau SE et al. Int J Drug Policy 2012;23:37-44.

Muhuri PK et al. CBHSD Data Review, 2013. <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>

Pollini RA et al. Subst Abuse Rehabil 2011;2:173-80.

Peavy KM et al. J Psychoactive Drugs 2012;44:259-65.

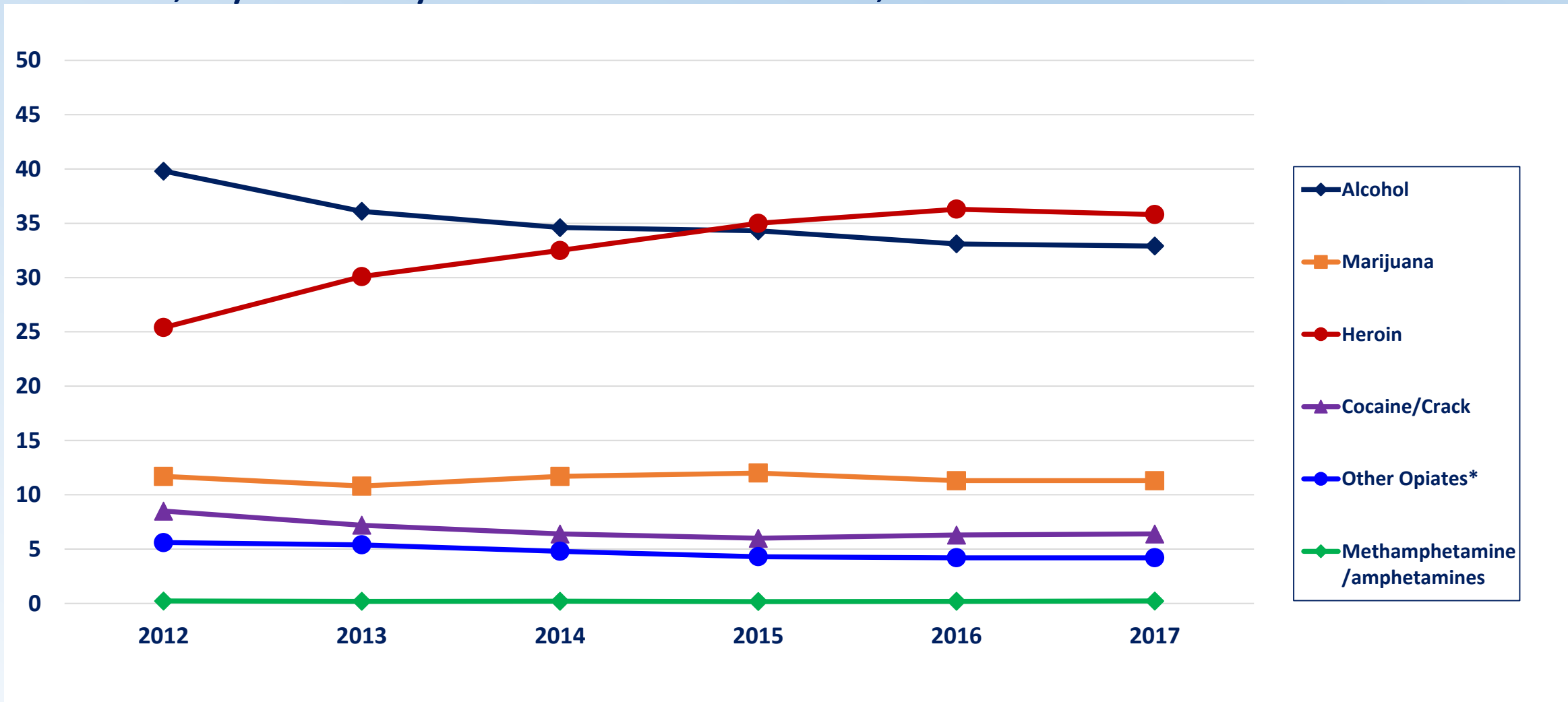
Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: US, NSDUH, 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

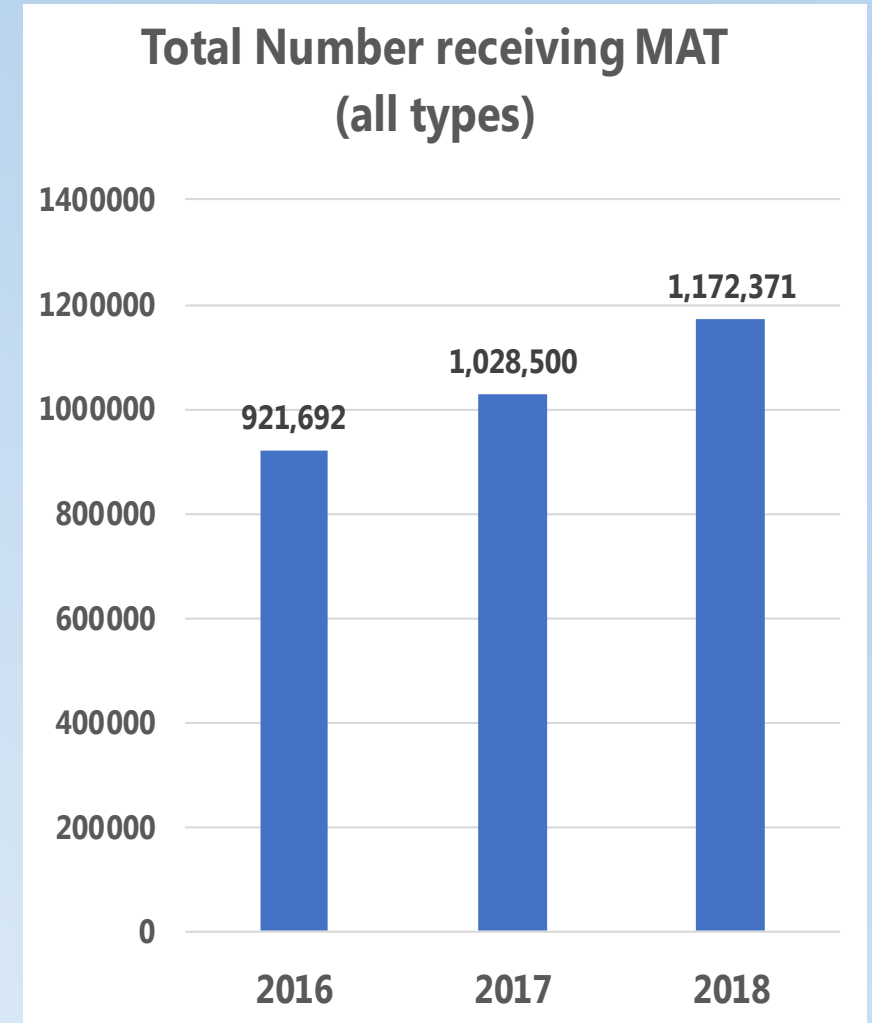
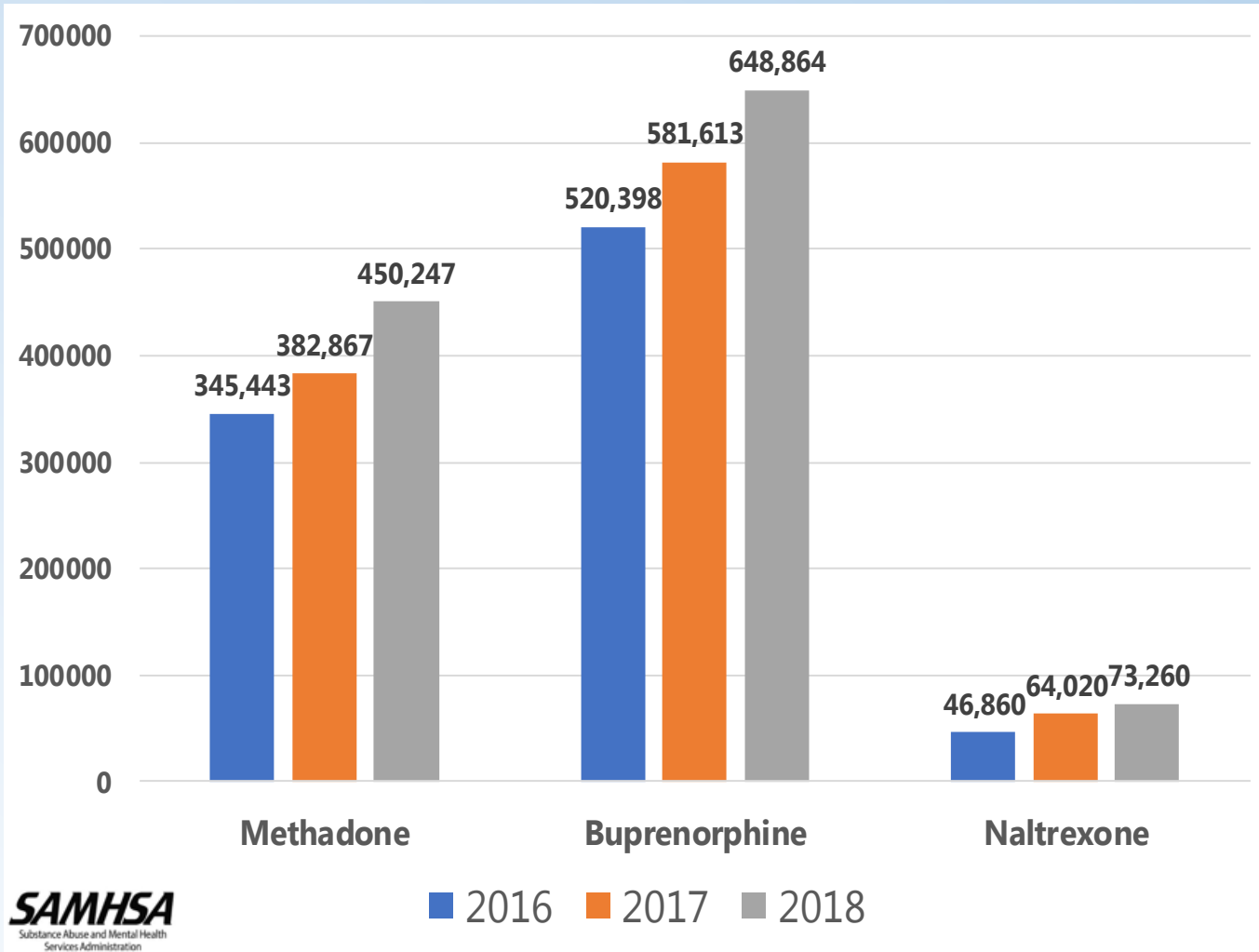
Percent of Substance Abuse Treatment Admissions, Age 12 and Older, by Primary Substance: CT TEDS, 2012-2017



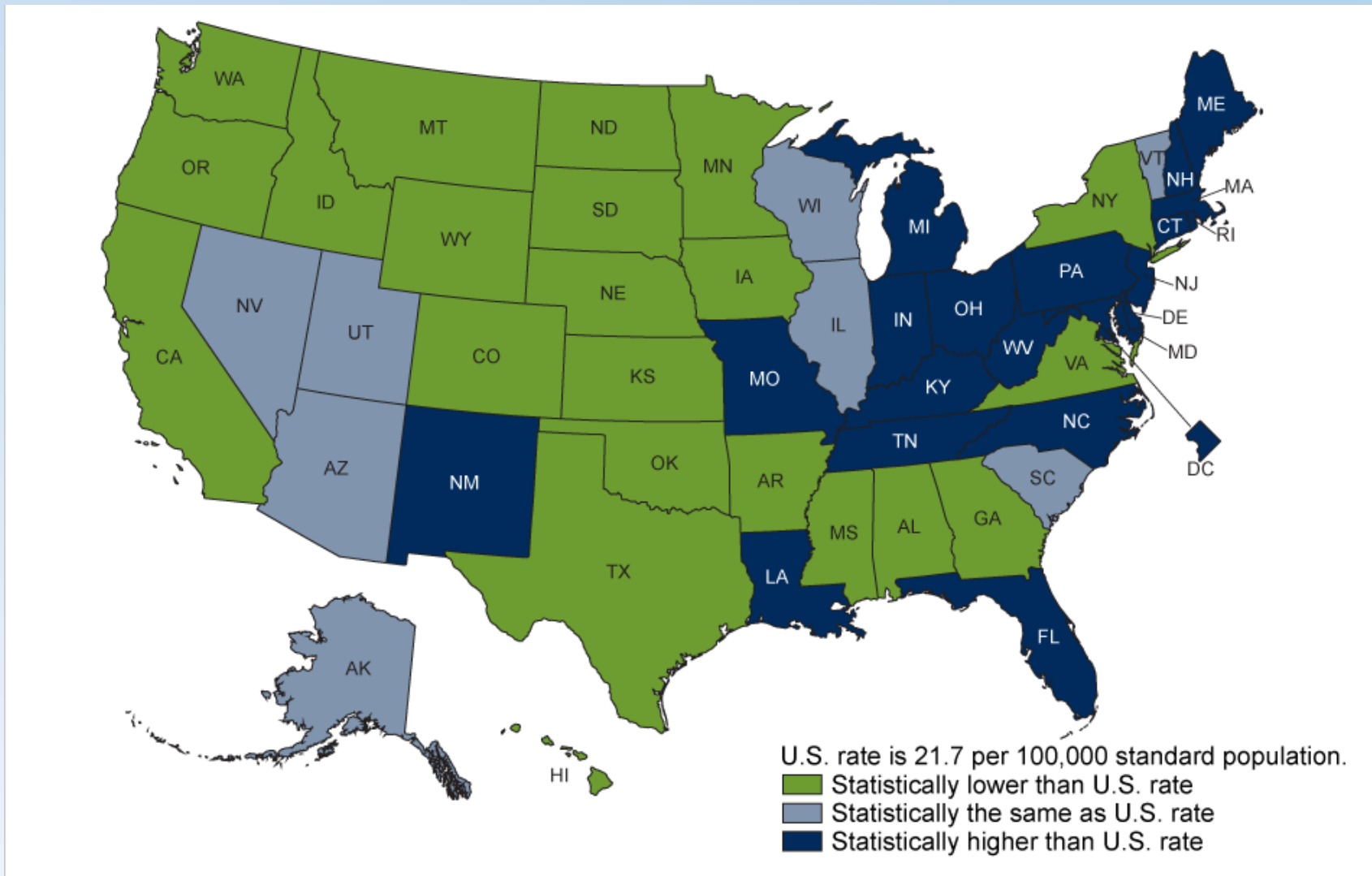
*Other opiates includes non-prescription methadone

Source: SAMHSA Treatment Episode Data Set

Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



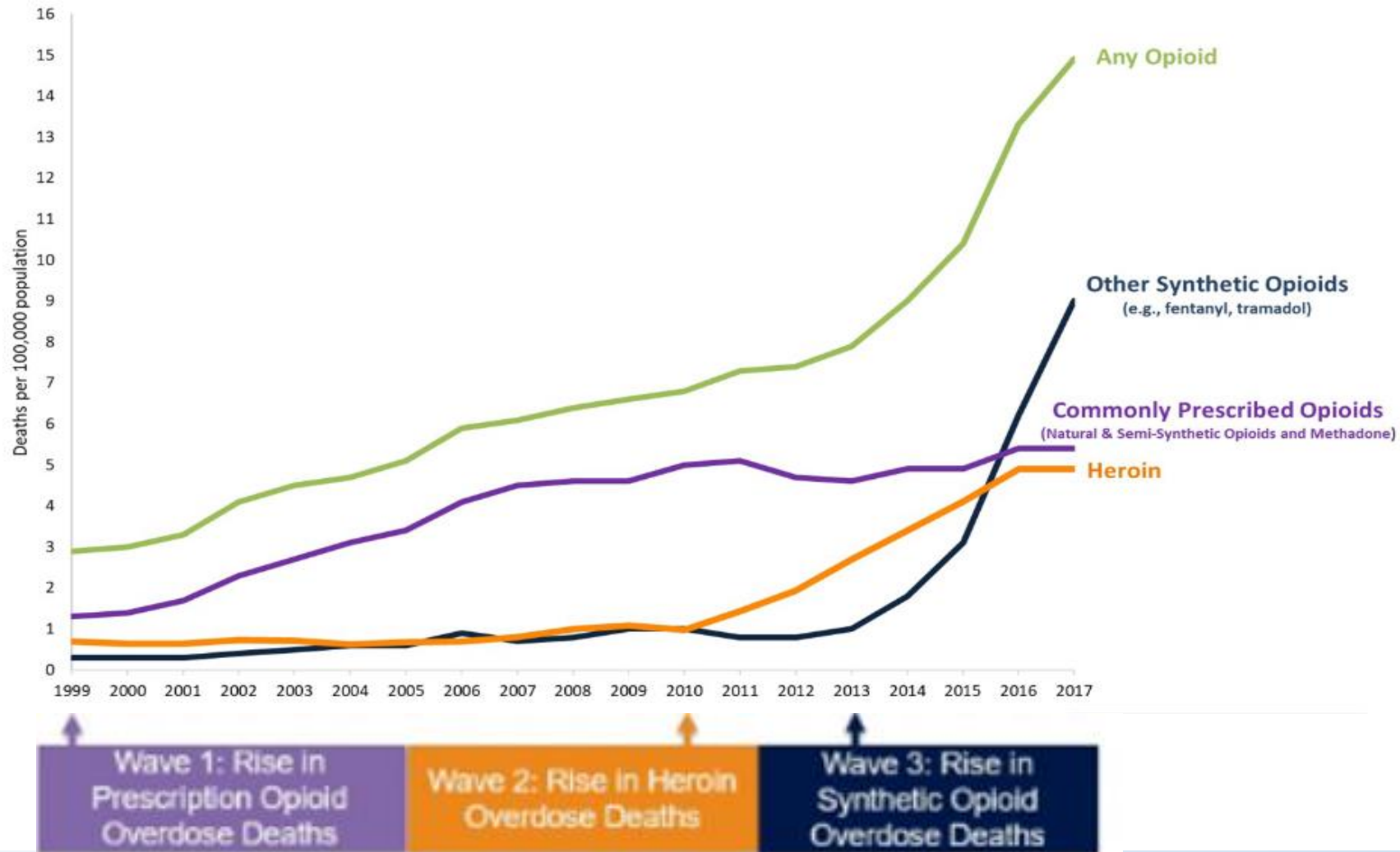
Age-adjusted Drug Overdose Death Rates, by State: United States, 2017



SOURCE:
NCHS, National
Vital Statistics
System,
Mortality

NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#3.

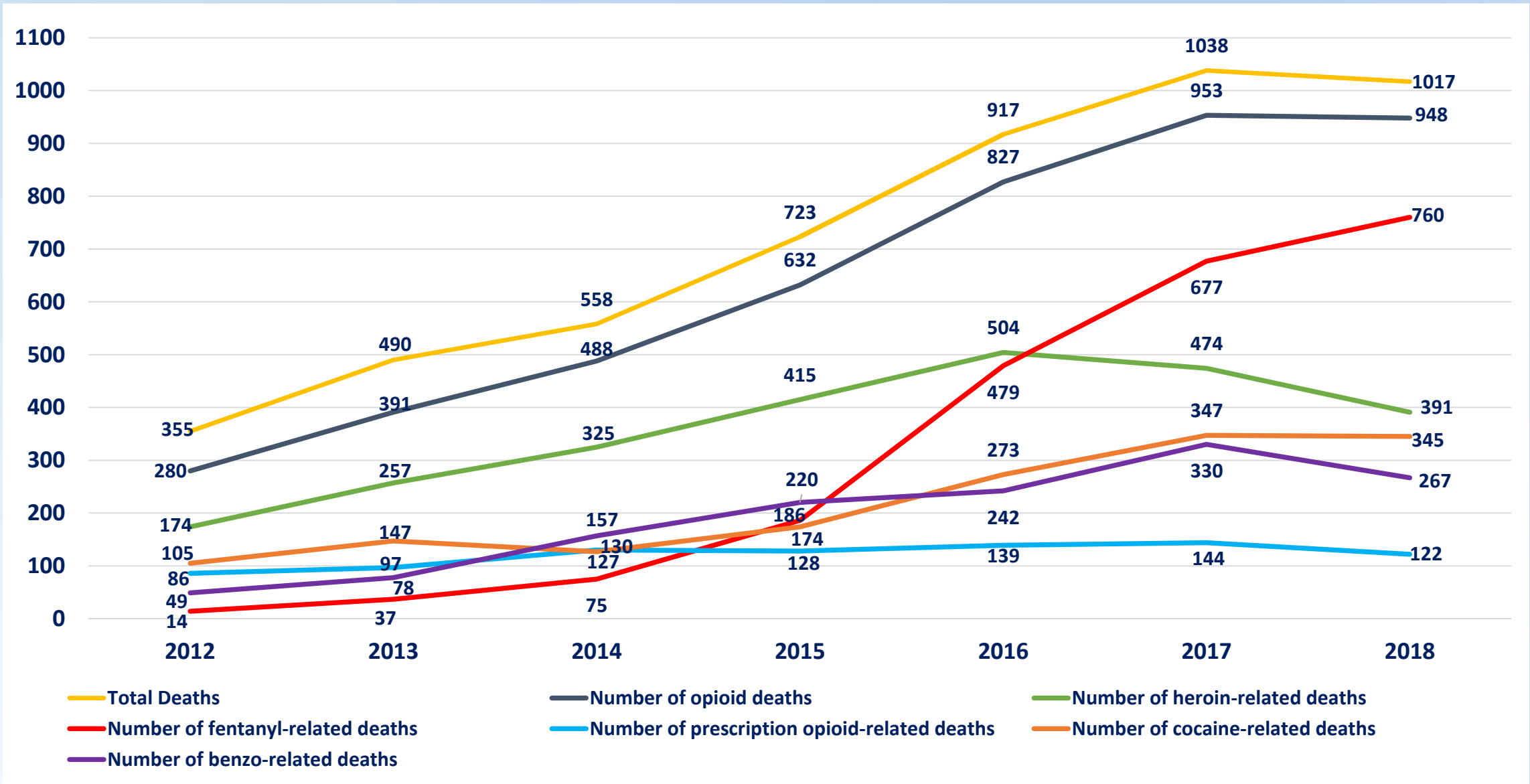
Triple Wave: Opioid Mortality Rates (per 100,000) in the US, 1999-2017



Source: CDC/CHS Department of Health and Human Services. (2018). *National Vital Statistics System-Mortality*.

Retrieved from <https://wonder.cdc.gov/>

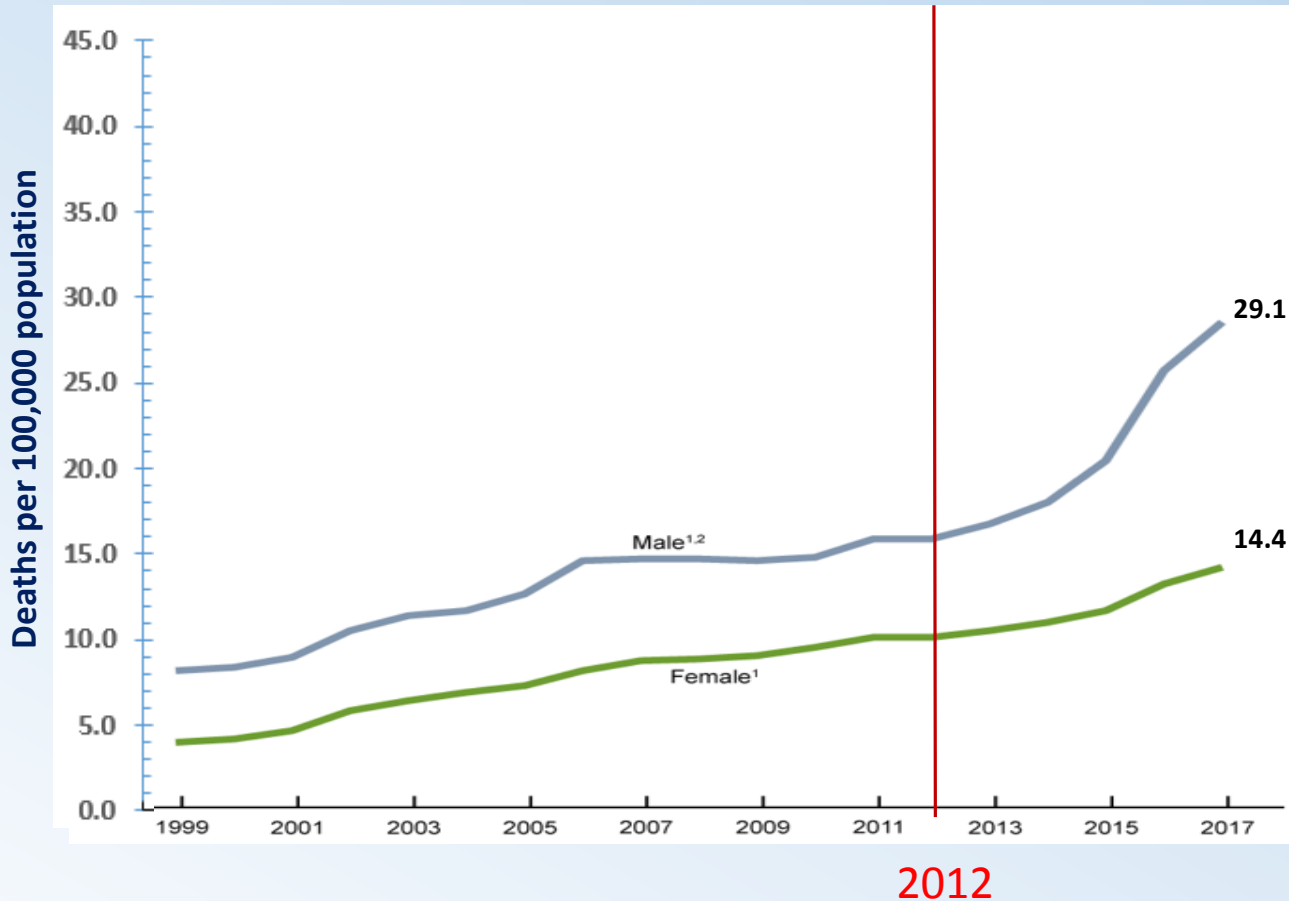
Number of Overdose Deaths by Year: CT, 2012-2018



Source: Office of the Chief Medical Examiner

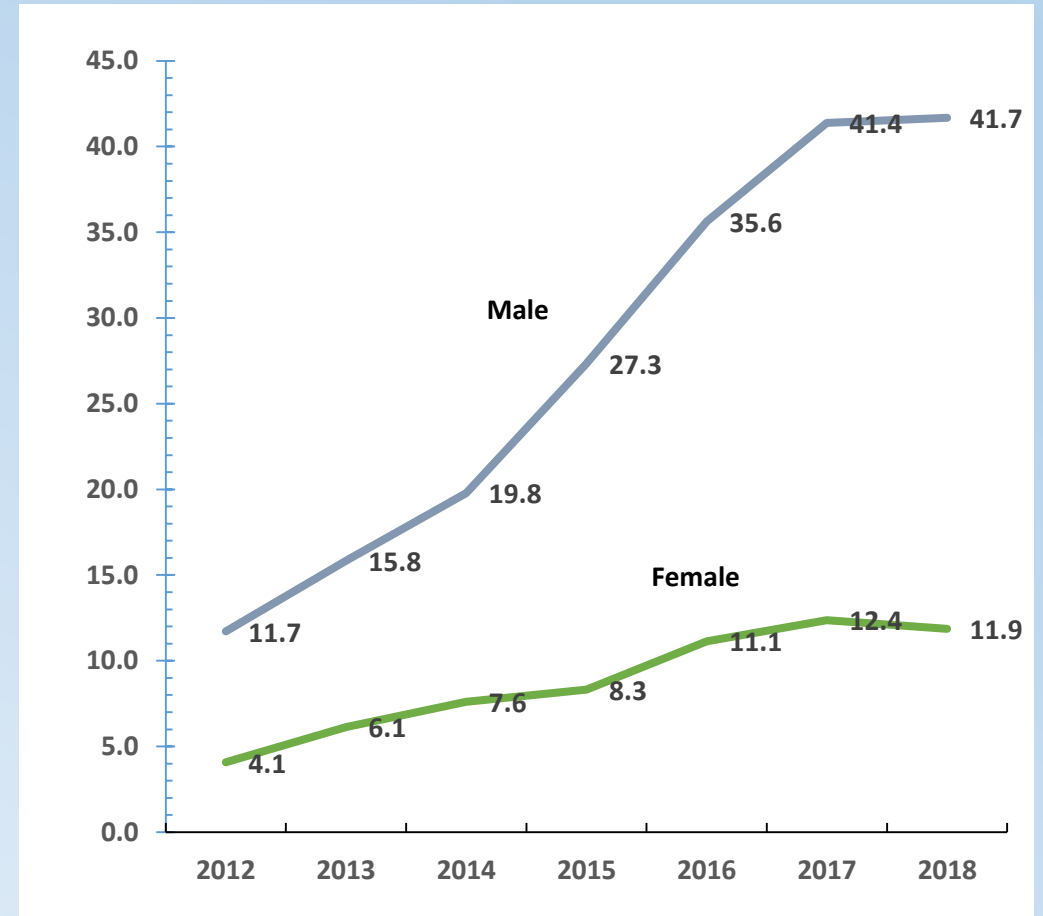
Overdose Mortality by Gender: US and CT

Overdose Mortality in US, 1999-2017



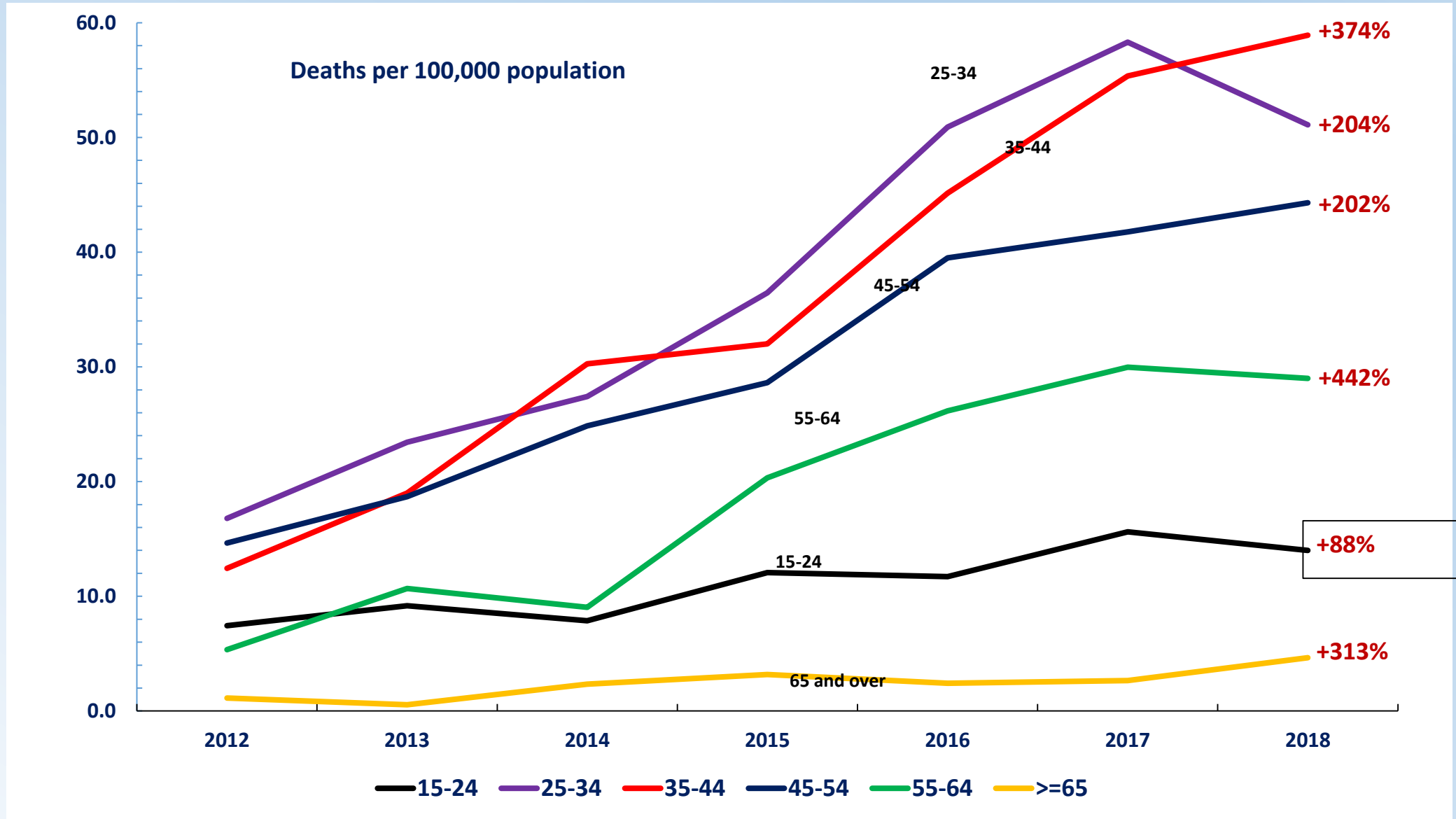
Source: NCHS, National Vital Statistics System, Mortality

Opioid Overdose Mortality in CT, 2012-2018



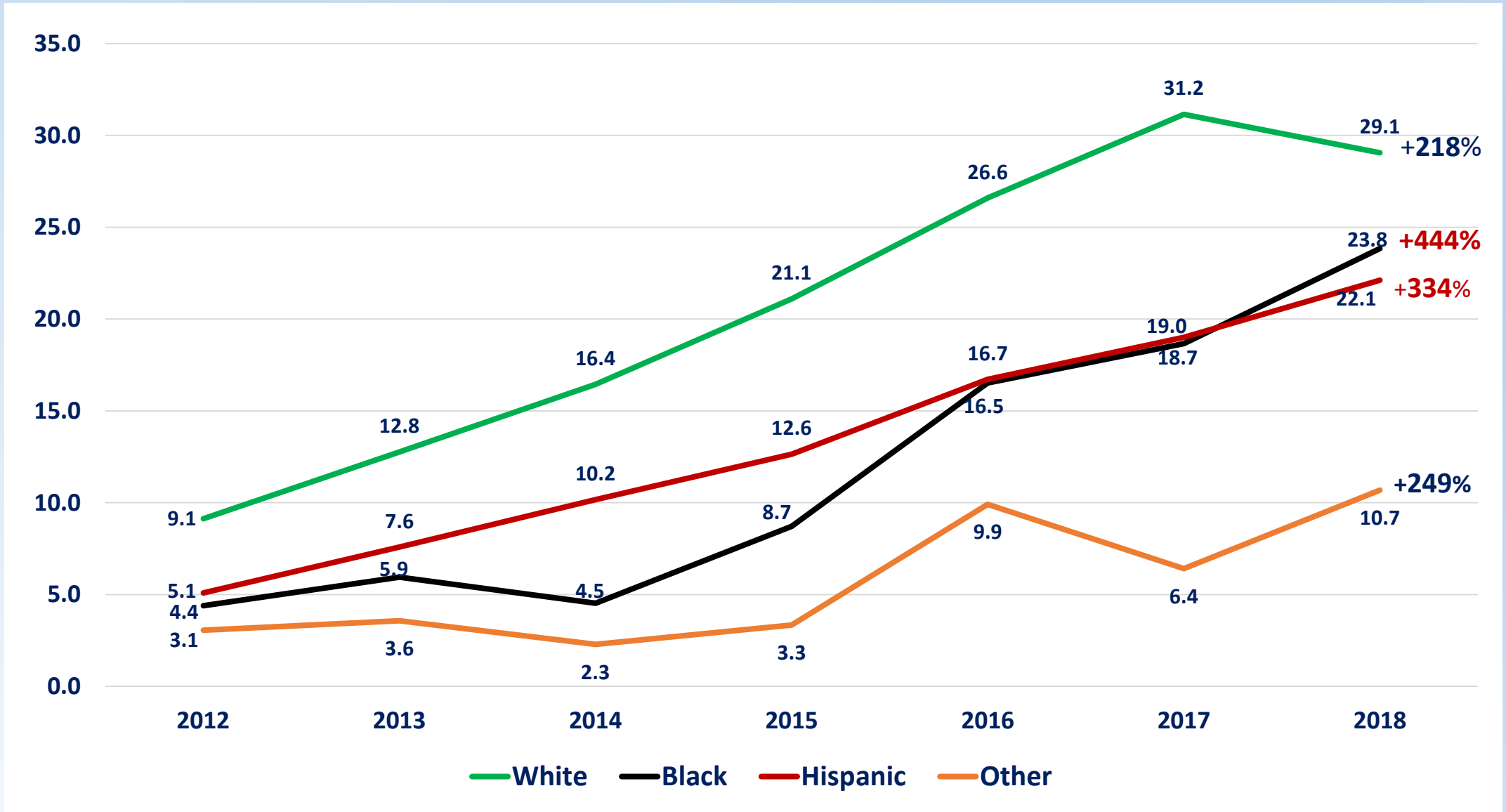
Source: Office of the Chief Medical Examiner

Opioid Overdose Mortality Rate by Age Group: CT, 2012-2018

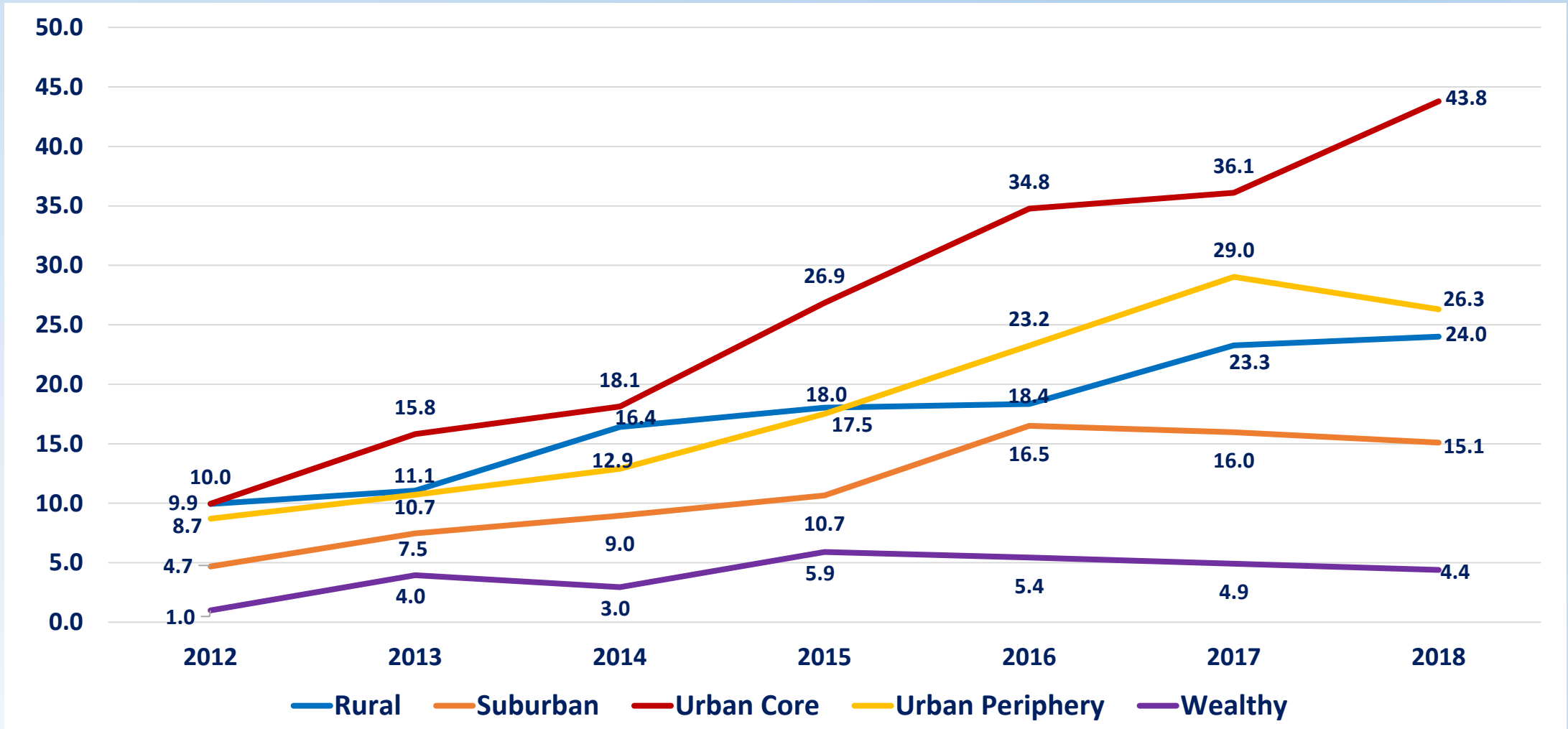


Source: Office of the Chief Medical Examiner

Opioid Overdose Mortality Rate per 100,000 by Race/Ethnicity: CT, 2012-2018

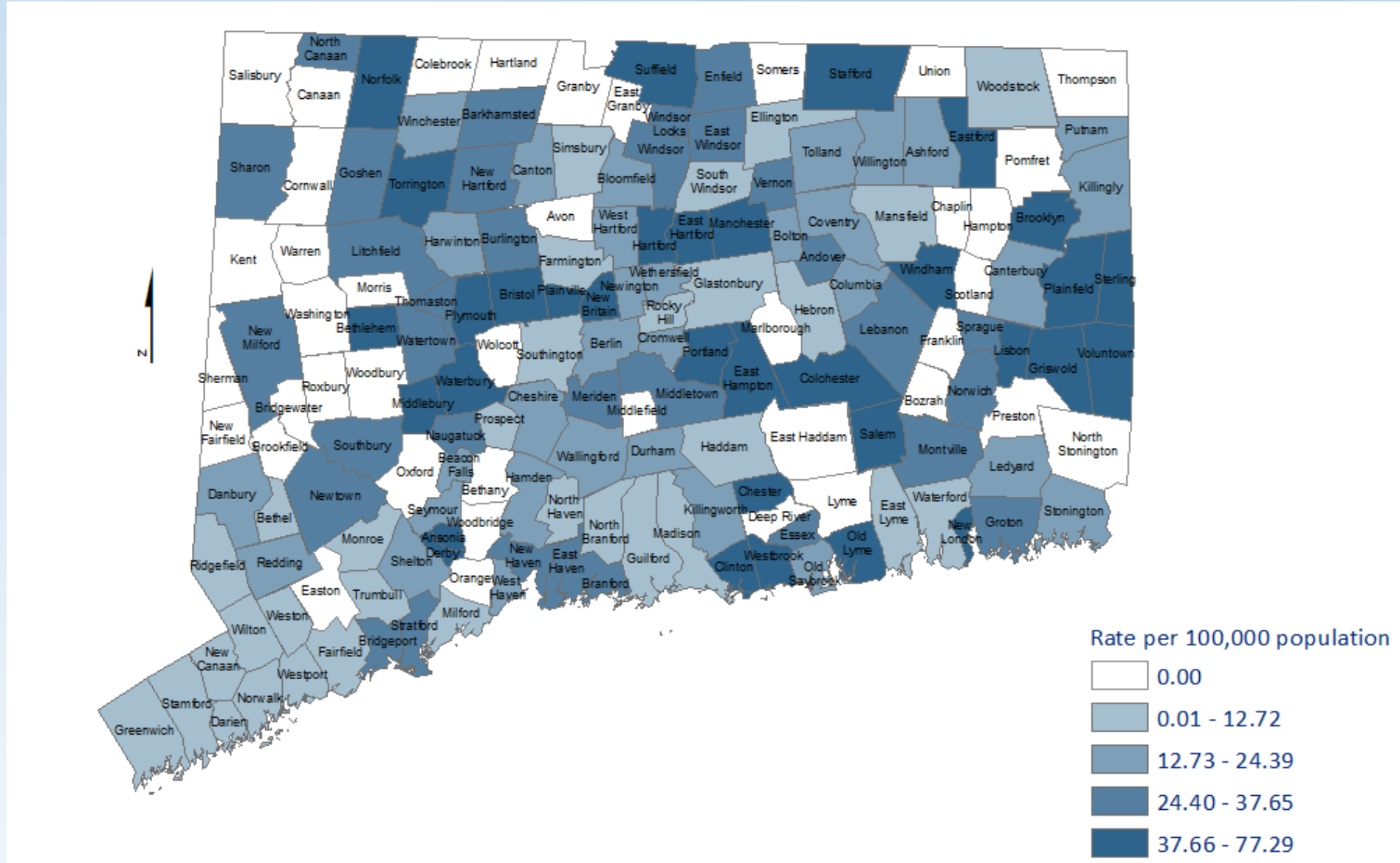


Opioid-involved Overdose Death Rate (per 100,000) by 5 CT Community Type, 2012-2018



Note: Death rate by town of residence
Source: Office of the Chief Medical Examiner

Rate of Opioid-Involved Fatal Overdose by Town of Residence, 2018



Source: Office of the Chief Medical Examiner

Polysubstance Use- the 4th Wave?

Polysubstance Use and Stimulants: A Dangerous Fourth Wave in the Opioid Crisis

Seeing a worrisome rise in people using multiple substances, providers call for a renewed focus on the social factors underlying addiction.



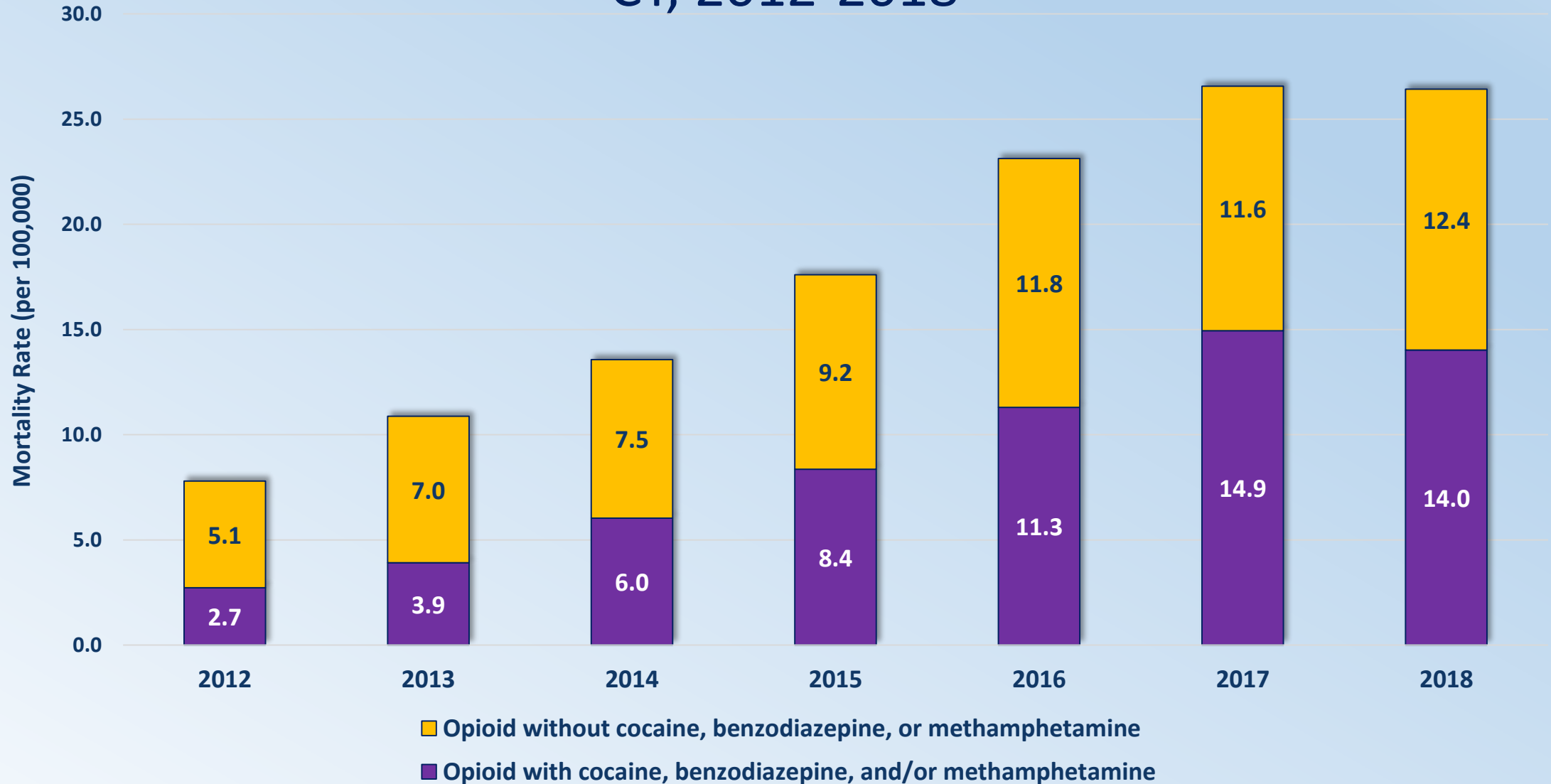
By Ray Hainer | June 13, 2019



Source:

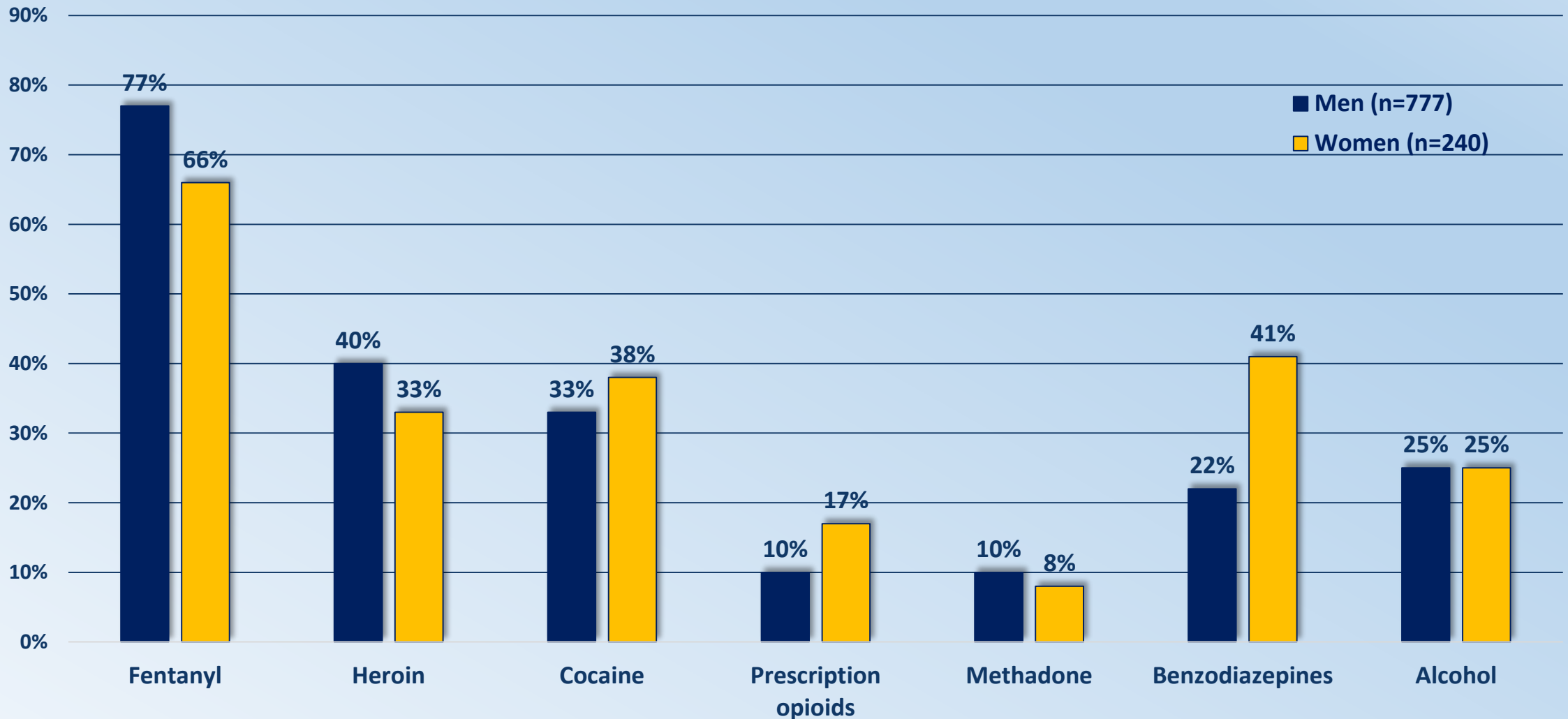
Hainer R. Polysubstance Use and Stimulants: A Dangerous Fourth Wave in the Opioid Crisis. Retrieved from:
<https://www.bmc.org/healthcity/population-health/polysubstance-use-dangerous-fourth-wave-opioid-crisis>

Opioid Mortality Rate per 100,000 by Polysubstance Use: CT, 2012-2018



Source: Office of the Chief Medical Examiner

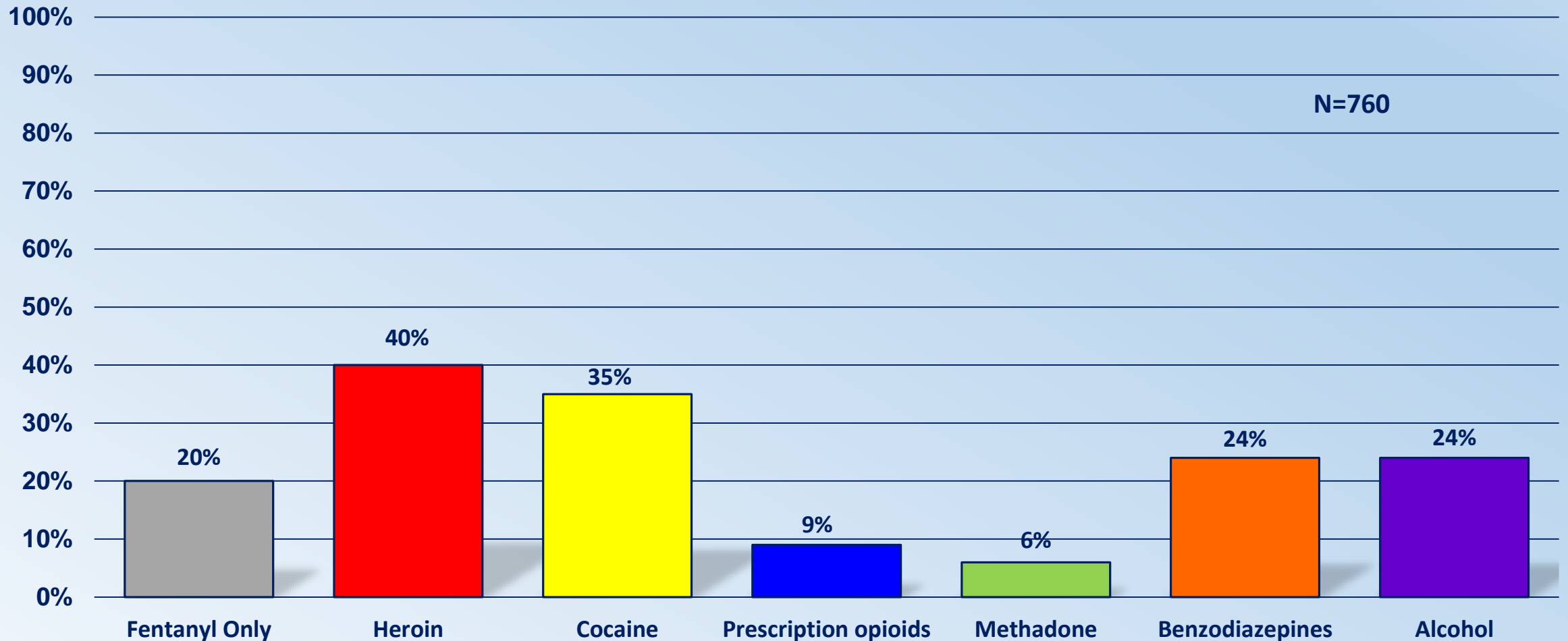
Substances Involved in Overdose Deaths by Gender: CT, 2018



Prescription opioids include oxycodone, oxymorphone, hydrocodone, hydromorphone, tramadol.

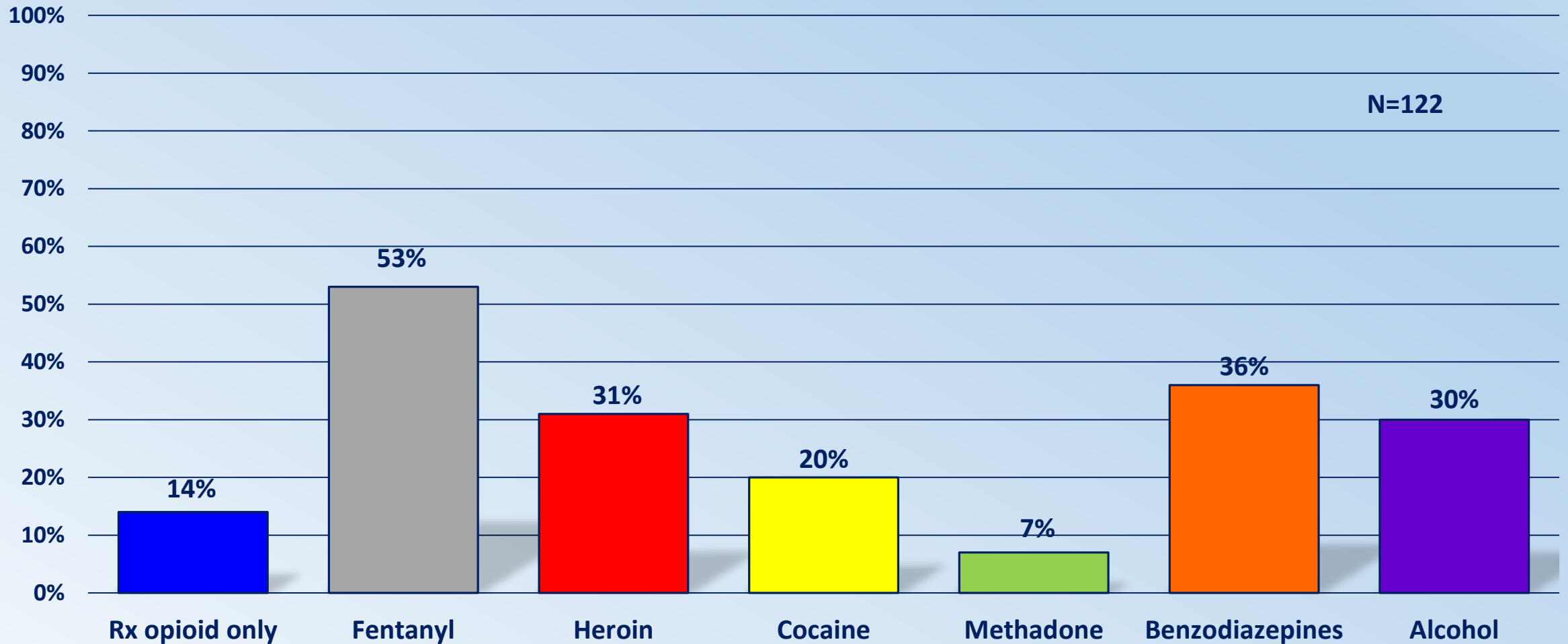
Source: Office of the Chief Medical Examiner

Substances Involved in Fentanyl Overdose Deaths: CT, 2018



Prescription opioids include oxycodone, oxymorphone, hydrocodone, hydromorphone, and tramadol.

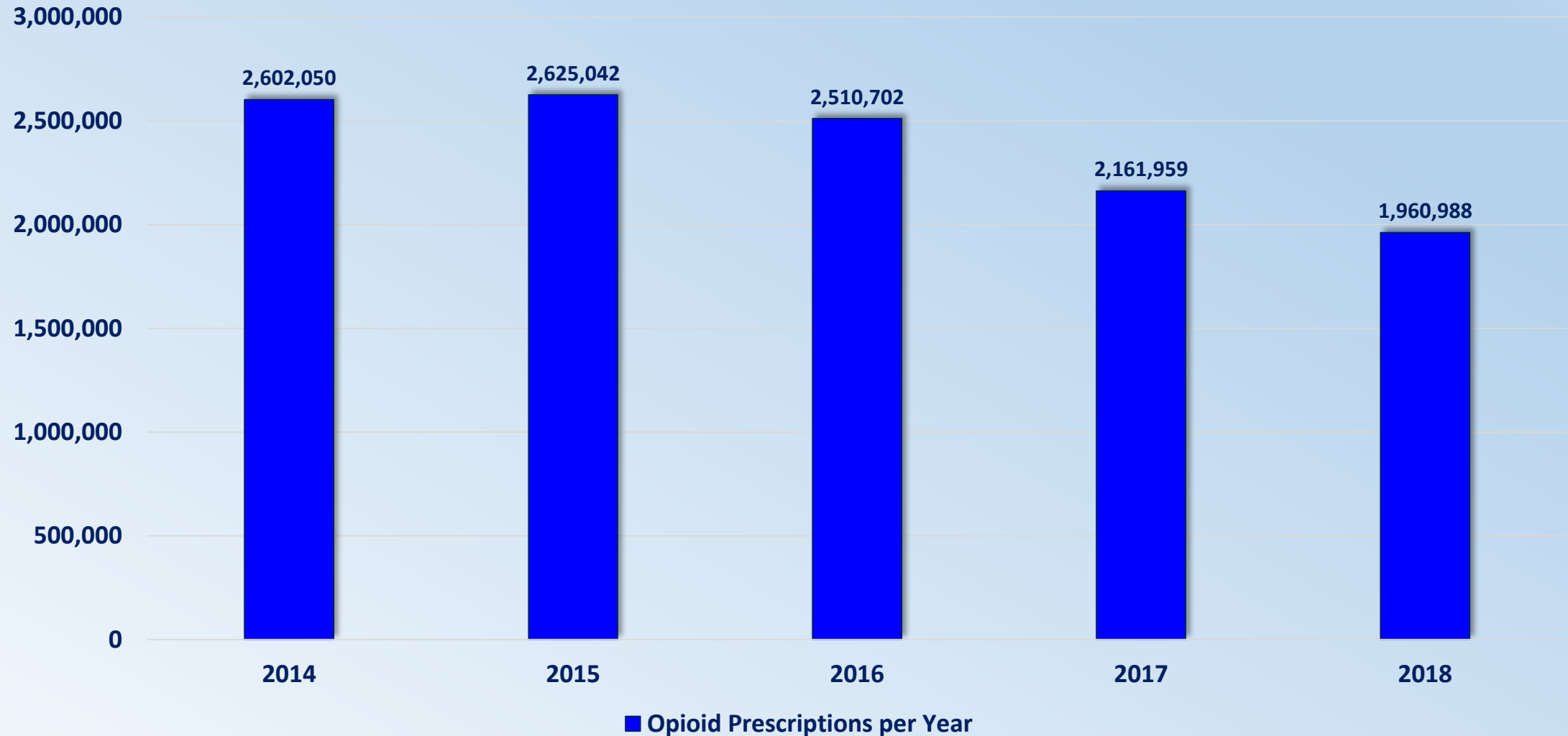
Substances Involved in Prescription Opioid Overdose Deaths: CT, 2018



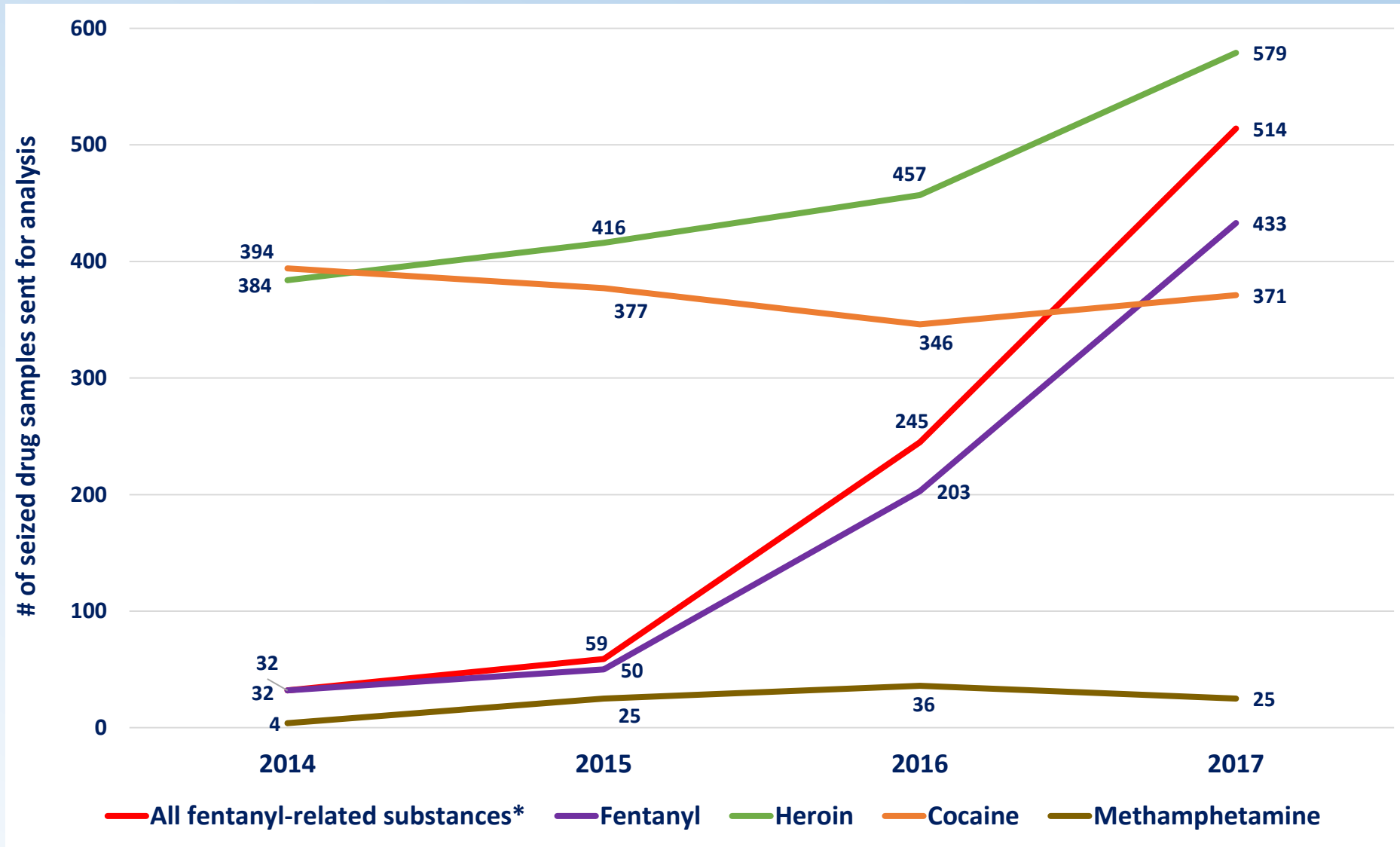
Prescription opioids include oxycodone, oxymorphone, hydrocodone, hydromorphone, and tramadol.

Source: Office of the Chief Medical Examiner

Number of Opioid Prescriptions per Year: CT, 2014-2018



Drug Seizure Submissions by Year, Connecticut, 2014-2017

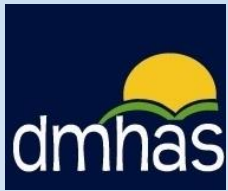


***All fentanyl-related substances includes:**
 fentanyl,
 4-fluoroisobutyryl fentanyl,
 acetyl fentanyl,
 acryl fentanyl,
 carfentanil,
 cyclopropyl fentanyl,
 furanyl fentanyl,
 U-47700,
 ANPP,
 butyryl fentanyl,
 fluoroisobutyryl fentanyl,
 methoxyacetyl fentanyl,
o-fluoro acryl fentanyl, and
p-fluorobutyryl fentanyl.

Source: US DEA, Diversion Control Division, 2014-2017. Springfield, VA: US Drug Enforcement Administration.
 Retrieved from: nflis.deadiversion.usdoj.gov/Resources/NFLISPublicResourceLibrary.aspx.

Summary

- The opioid crisis in Connecticut is greater than the national average.
- Consistent with national trends, opioid use in Connecticut appears to be stabilizing or decreasing, especially with regard to prescription drug misuse.
- In Connecticut, increasingly, urban and minority populations are being impacted by overdose mortality.
- Overdose mortality in Connecticut is now driven primarily by fentanyl.
- Polysubstance use in overdose deaths is common and increasing.
- Treatment capacity for opioid use disorder has grown to meet increasing demand, although the number of individuals in opioid treatment seems to have peaked.



Thank you!

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Additional data is available on the SEOW Prevention Data Portal:

<http://preventionportal.ctdata.org/>

