Opioid Use Trends and Patterns in Connecticut, 2019

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Opioid & Prescription Drug Overdose Prevention Program
Local Health Department Meeting
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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 Month Alcohol: CT 60.2%, US 51.2%
- Past Month Binge Drinking: CT 28.3%, US 24.4%
- Past Year Marijuana: CT 16.2%, US 14.5%
- Past Year Pain Reliever Misuse: CT 4.2%, US 4.2%
- Past Year Cocaine: CT 2.7%, US 2%
- Past Year Heroin: CT 0.7%, US 0.3%

Source: NSDUH, 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

<table>
<thead>
<tr>
<th></th>
<th>Ages 12-17</th>
<th>Ages 18-25</th>
<th>Ages 26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>2.9</td>
<td>11.1</td>
<td>3.3</td>
</tr>
<tr>
<td>2010-2011</td>
<td>3.3</td>
<td>10.7</td>
<td>4.7</td>
</tr>
<tr>
<td>2011-2012</td>
<td>3.0</td>
<td>9.2</td>
<td>4.5</td>
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<tr>
<td>2012-2013</td>
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<td>8.5</td>
<td>3.9</td>
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<td>2013-2014</td>
<td>2.9</td>
<td>8.6</td>
<td>4.1</td>
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<tr>
<td>2014-2015</td>
<td>3.4</td>
<td>7.2</td>
<td>4.1</td>
</tr>
<tr>
<td>2015-2016</td>
<td>3.4</td>
<td>7.5</td>
<td>3.8</td>
</tr>
<tr>
<td>2016-2017</td>
<td>3.2</td>
<td>7.5</td>
<td>3.2</td>
</tr>
</tbody>
</table>

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.”

Source: NSDUH, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>20.2</td>
<td>9.6</td>
</tr>
<tr>
<td>2011</td>
<td>20.7</td>
<td>9.6</td>
</tr>
<tr>
<td>2013</td>
<td>17.8</td>
<td>11.1</td>
</tr>
<tr>
<td>2015</td>
<td>16.8</td>
<td>12</td>
</tr>
<tr>
<td>2017</td>
<td>14</td>
<td>10.1</td>
</tr>
</tbody>
</table>
Prescription Pain Reliever Misuse: US, NSDUH

PAST YEAR, 2015-2018 NSDUH, 12+

Source: NSDUH, 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
Source of Pain Relievers Among People Who Misused Pain Relievers in the Past Year: 2018

9.9 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

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

Heroin Use
- 2015: 828
- 2016: 948
- 2017: 886
- 2018: 808

Heroin Initiates
- 2015: 135
- 2016: 170
- 2017: 81
- 2018: 117

Heroin Use Disorder
- 2015: 591
- 2016: 626
- 2017: 652
- 2018: 526

Source: NSDUH, 2018
Heroin Use: US, NSDUH, 2015-2018

Source: NSDUH, 2017

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CT</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 12 to 17</td>
<td>0.06</td>
<td>0.05</td>
</tr>
<tr>
<td>Ages 18 to 25</td>
<td>1.31</td>
<td>0.64</td>
</tr>
<tr>
<td>Ages 26 or Older</td>
<td>0.68</td>
<td>0.32</td>
</tr>
</tbody>
</table>

Source: NSDUH, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>2.4</td>
<td>4.3</td>
</tr>
<tr>
<td>2007</td>
<td>2.3</td>
<td>4.1</td>
</tr>
<tr>
<td>2009</td>
<td>2.5</td>
<td>3.2</td>
</tr>
<tr>
<td>2011</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>2013</td>
<td>2.2</td>
<td>3.4</td>
</tr>
<tr>
<td>2015</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>2017</td>
<td>2.1</td>
<td>1.7</td>
</tr>
</tbody>
</table>
Past Year Opioid Misuse* Among People Aged 12 or Older: 2018

9.9 Million People with Pain Reliever Misuse and Heroin Use
(97.1% of Opioid Misusers)

506,000 People with Pain Reliever Misuse and Heroin Use
(4.9% of Opioid Misusers)

808,000 People with Heroin Use
(7.9% of Opioid Misusers)

9.4 Million People with Pain Reliever Misuse Only
(92.1% of Opioid Misusers)

302,000 People with Heroin Use Only
(2.9% of Opioid Misusers)

10.3 Million People Aged 12 or Older with Past Year Opioid Misuse

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

Percentages do not add to 100% due to rounding.

Source: NSDUH, 2018
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:
Prior Non-Medical Prescription Opioid (NMPO) Use Among Persons Using Heroin

80% of persons recently initiating heroin use had prior NMPO use (Muhuri, 2013)
86% of persons using IV heroin had prior NMPO use (Lankenau, 2012)
40% of persons using IV heroin had prior NMPO use (Pollini, 2011)
39% of persons using IV heroin reported being “hooked on” PO before using heroin (Peavy, 2012)

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

Source: 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)

Source: NSDUH, 2018
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

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

Opioid Overdose Mortality in CT, 2012-2018

Source: NCHS, National Vital Statistics System, Mortality

Source: Office of the Chief Medical Examiner
Opioid Overdose Mortality Rate by Age Group: CT, 2012-2018

Deaths per 100,000 population

Source: Office of the Chief Medical Examiner
Opioid Overdose Mortality Rate per 100,000 by Race/Ethnicity: CT, 2012-2018

Source: Office of the Chief Medical Examiner
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:
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

N=760

Fentanyl Only: 20%
Heroin: 40%
Cocaine: 35%
Prescription opioids: 9%
Methadone: 6%
Benzodiazepines: 24%
Alcohol: 24%

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

Source: Office of the Chief Medical Examiner
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

Source: CPMRS, Department of Consumer Protection
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.

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/