

Revised April 2020

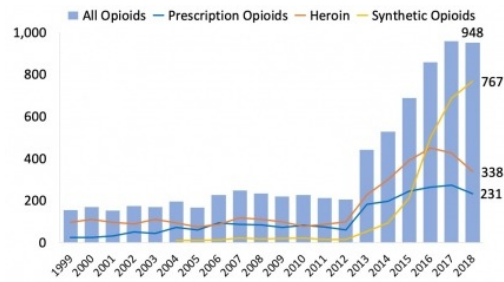
# Connecticut: Opioid-Involved Deaths and Related Harms

---

## Drug-Involved Overdose Deaths

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population.<sup>1</sup> The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).<sup>2</sup>



**Figure 1. Number of overdose deaths involving opioids in Connecticut, by opioid category.**

Drug categories presented are not mutually exclusive, and deaths may have involved more than one substance. Source: CDC WONDER, 2020.

In Connecticut, opioid-involved overdose deaths remained steady from 2017 to 2018.

- Of the 948 opioid-involved deaths (a rate of 27.5) reported in 2018, those involving prescription opioids or heroin declined to 231 (a rate of 6.4) and 338 deaths (a rate of 9.9), respectively.
- Fatalities involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) continued to increase with 767 deaths (a rate of 22.5) reported in 2018 (Figure 1).<sup>3</sup>

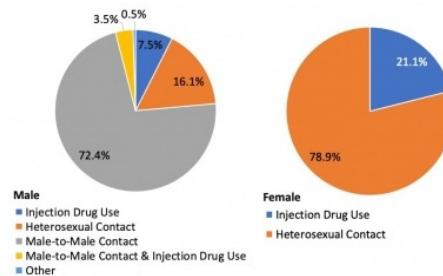
## Opioid Prescriptions

In 2018, Connecticut providers wrote 43.0 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 opioid prescriptions. Since 2012, this represents a 66 percent decline.<sup>4</sup>

## Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS or NOWS may occur when a woman uses opioids during pregnancy. To date, there is no standard in NAS/NOWS provider and hospital coding practices.<sup>5</sup> As a result, there is variability in the rates reported by states.

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.<sup>6-7</sup>
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.
- In 2016, hospital costs for NAS/NOWS births totaled \$572.7 million, after adjusting for inflation.<sup>8</sup>
- The incidence rate of NAS/NOWS in Connecticut in 2017 was 9.7 cases per 1,000 hospital births and is the most recent data available.<sup>6-7</sup>



**Figure 2. Connecticut: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2017.** Centers for Disease Control and Prevention (CDC). NCHHSTP AtlasPlus.

## New HIV Diagnoses<sup>9</sup> and Prevalence Attributed to Injection Drug Use (IDU)

- **U.S. New Diagnoses:** In 2017, 9.7% (3,690) of the 38,226 new HIV diagnoses were attributed to IDU. Among males, 8.6% (2,655) of new diagnoses were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2% (1,035) of new diagnoses were transmitted via IDU.<sup>10</sup>
- **U.S. Prevalence:** In 2017, more than 1 million Americans were living with a diagnosed HIV

infection—a rate of 367.7. Among males, 16.4% (125,274) contracted HIV from IDU or male-to-male sexual contact and IDU. Among females, 20.8% (49,288) were living with HIV attributed to IDU.<sup>10</sup>

- **State New Diagnoses:** Of the new HIV diagnoses in 2017, 275 occurred in Connecticut—a rate of 9.0. Among males, 11.1% of new HIV diagnoses were attributed to IDU or male-to-male sexual contact and IDU. Among females, 21.1% were attributed to IDU (Figure 2).<sup>10</sup>
- **State Prevalence:** In 2017, 10,328 persons were living with a diagnosed HIV infection in Connecticut—a rate of 337.4. Of those, 33.7% of male cases were attributed to IDU or male-to-male sexual contact and IDU. Among females, 33.7% were living with HIV attributed to IDU.<sup>10</sup>

## Hepatitis C (HCV) Incidence and Prevalence Attributed to IDU<sup>11</sup>

- **U.S. Incidence:** In 2017, there were an estimated 44,700 new cases of acute HCV. Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.<sup>12</sup>
- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV (based on 2013-2016 annual average).<sup>12</sup>
- **State Incidence:** There were approximately 9 new cases of acute HCV (a rate of 0.3) reported in Connecticut in 2017.<sup>10</sup>
- **State Prevalence:** In Connecticut, there are an estimated 18,300 persons living with HCV (a rate of 650 based on 2013-2016 annual average).<sup>13</sup>

---

## References

1. Rates are age-adjusted per 100,000 standard population unless otherwise noted.
2. Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020.
3. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. (2020 February 14) Retrieved from <http://wonder.cdc.gov/mcd-icd10.html>
4. Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. (2019, October

- 3). Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
5. Lind JN, Ailes EC, Alter CC, et al. Leveraging Existing Birth Defects Surveillance Infrastructure to Build Neonatal Abstinence Syndrome Surveillance Systems—Illinois, New Mexico, and Vermont, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:177–180.
6. Healthcare Cost and Utilization Project (HCUP). Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations. (2019, December 12) Retrieved from <https://www.hcup-us.ahrq.gov/faststats/nas/nasquery.jsp?>
7. Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015.
8. Strahan AE, Guy Jr. GP, Bohm M, et al. Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016. *JAMA Pediatrics*. 2020;174(2):200-202.
9. The term refers to people diagnosed with HIV infection, regardless of the stage of disease at diagnosis.
10. Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. (2020, January 30). Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/main.html>.
11. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
12. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis—United States, 2017. 2019, November 14. Retrieved from <https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm>
13. HepVu. Local Data: Connecticut. Retrieved from <https://hepvu.org/state/Connecticut/>

April 3, 2020