

In Connecticut, drug overdoses doubled in six years

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Opioid overdose deaths in Connecticut doubled in the past six years, largely driven by use of multiple drugs together, according to a team of researchers from the University of Connecticut and Yale University.

Based on data from the state's Office of the Chief Medical Examiner, there was a 221% increase in opioid-related drug overdoses from 2012 to 2018. The findings were published today in the journal *Drug and Alcohol Dependence*.

"It's not just about opioids alone," says T. Greg Rhee, assistant professor of medicine and public health at UConn Health. "This is about people using multiple drugs together increasingly commonly."

Fentanyl was involved in almost 80% of all [overdose deaths](#) in 2018 in Connecticut, but more than half of fentanyl-related deaths involved at least one other drug. Cocaine, alcohol, cathinone, heroin, methamphetamine, benzodiazepines, MDMA or ecstasy, phencyclidine or angel dust, are appearing on the toxicology reports of [drug overdose](#) victims, and often in combination.

The majority of the overdose deaths in the time frame studied occurred among non-Hispanic whites, 79%; men, 74%; and people over the age of 35, 65%.

The rate of [opioid overdose deaths](#) in the state is higher than the national average. In 2017, Connecticut had the eighth highest rate of opioid

overdose deaths in the nation.

While many initiatives have been implemented to reduce opioid prescription misuse, understanding the potential role of polysubstance use in accidental overdose deaths may facilitate the development of new prevention and intervention strategies, the authors say.

Policymakers need to consider that people who abuse multiple drugs may have somewhat different motivations, and need different treatments and prevention efforts, than people who use opioids alone.

More information: Taeho Greg Rhee et al, Accidental Drug Overdose Deaths in Connecticut, 2012-2018: The Rise of Polysubstance Detection?, *Drug and Alcohol Dependence* (2019). [DOI: 10.1016/j.drugalcdep.2019.107671](https://doi.org/10.1016/j.drugalcdep.2019.107671)

Provided by University of Connecticut

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