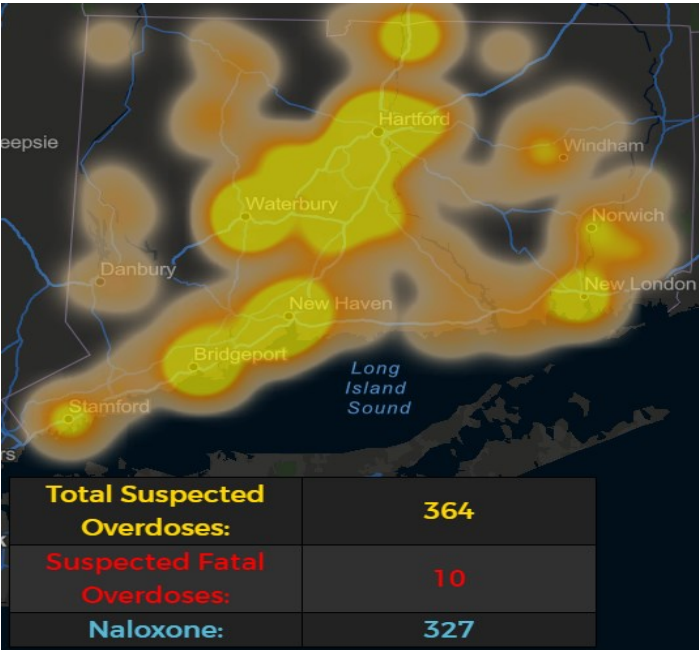
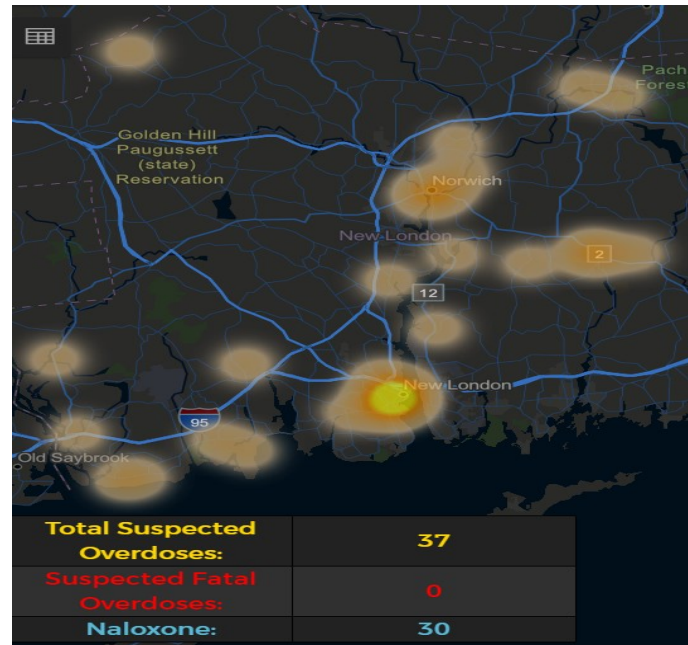


### Connecticut Opioid Heat Map



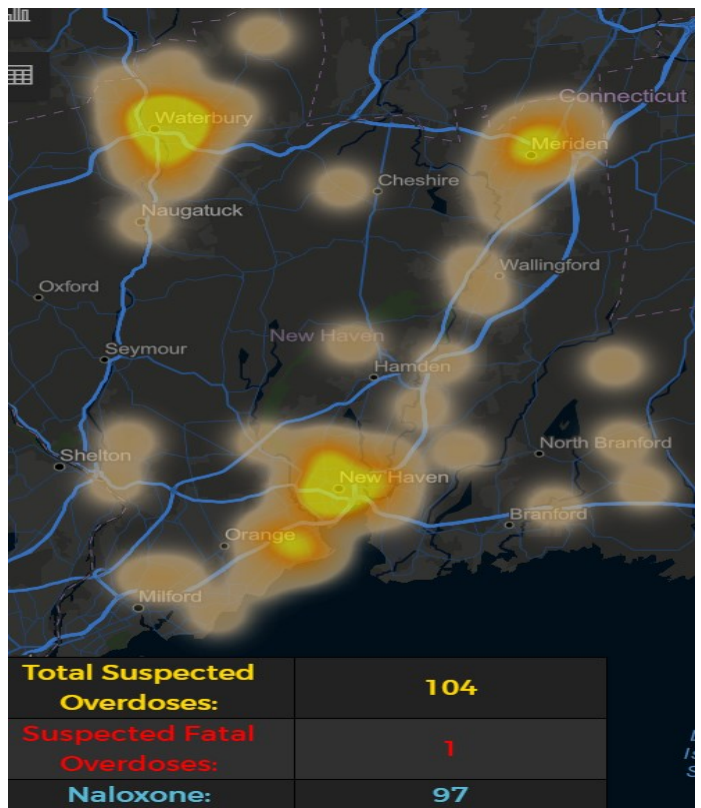
In the month of May 2023, the State of Connecticut saw a significant increase in overdose activity in New London and New Haven counties. New London county can be seen depicted in the heat map on the bottom left and New Haven county on the bottom right. The heatmap depicted above show cumulative data for the month of May 2023.



### Cocaine-Contaminated Fentanyl

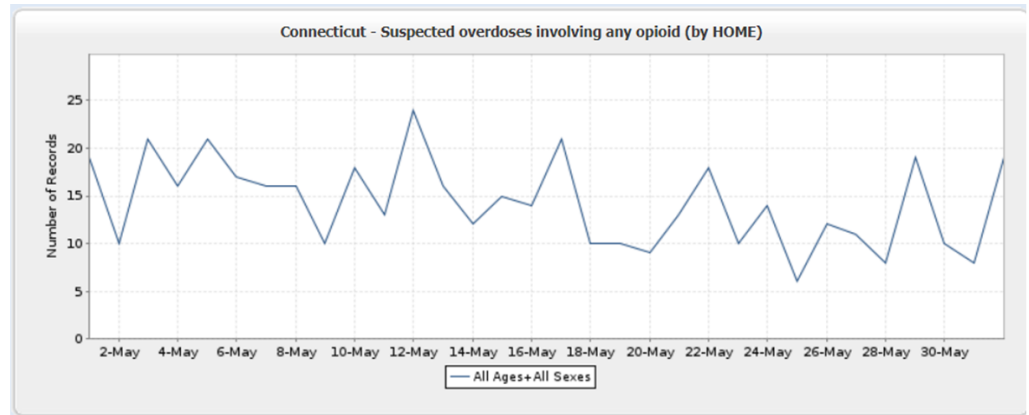
When EMS providers call the Connecticut Poison Control Center to report suspected opioid overdoses, the call specialists take down the narrative information provided by the responders. These narratives are read daily by health department epidemiologists and analysts tracking the opioid epidemic. Of great concern to us in recent years have been the number of reports of people who state they only used cocaine but required naloxone for resuscitation. These events often involve multiple patients at the same scene. Our belief is that these events are caused by accidental contamination rather than deliberate lacing of the product. Dealers, who often sell both fentanyl and cocaine may properly clean their equipment in between packaging different drugs. Just a minute amount of fentanyl contaminated into a batch of cocaine can cause an overdose in an opioid naïve patient.

*Cocaine-Contaminated Fentanyl cont. on page 3*



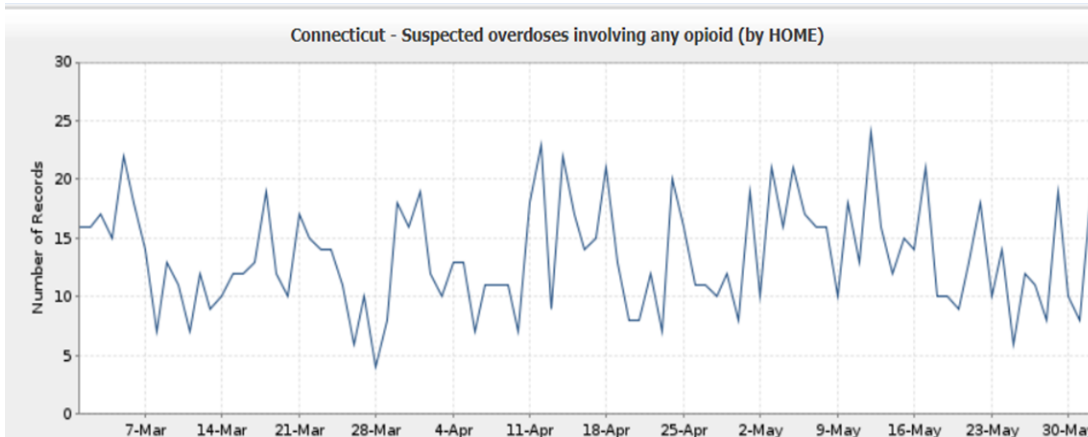
**Right :** > Suspected Overdoses Involving Any Opioid, totaled by day, for the previous 30 days:

Information sourced from EpiCenter system, June 2023.



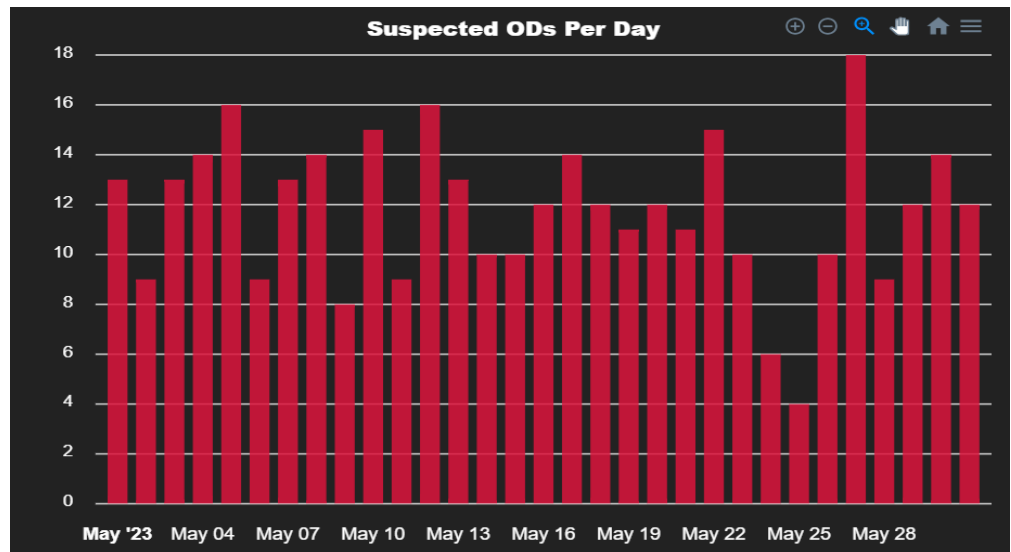
**Left:** < Suspected overdoses involving any opioid by day previous 3 months

Information sourced from EpiCenter system, June 2023.



**Right :** > This graph represents EMS reported opioid overdoses by incident day during February 2023.

This graph was sourced from ODMAP in June 2023.



## SWORD Statewide Reporting May 2023

In the month of May 2023, there were 364 calls to the Connecticut Poison Control Center (CPCC) for SWORD. Of these calls, 354 were non-fatal and 10 were reported as fatalities. There were 327 total naloxone administrations: 203 non-fatal multiple doses of naloxone administered, 116 non-fatal single dose naloxone, 34 non-fatal with no naloxone administered and one non-fatal naloxone administration unknown. Of the 10 fatalities, five received multiple doses of naloxone, two received a single dose, and two with no naloxone administered.

The 364 cases involved suspected overdoses from all of our counties: Fairfield 44, Hartford 134, Litchfield 15, Middlesex 20, New Haven 104, New London 37, Tolland two and Windham eight.

\*Numbers subject to change

In May of this year, the CPCC received 21 reports of patients who insisted they only used cocaine requiring naloxone to reverse their respiratory depression. This represented 6.4% of all cases where naloxone was administered. 14 of the cases involved powdered cocaine and 7 involved crack cocaine. The events were scattered about the state involving big cities and small towns. When there are an increased number of these overdoses in a specific area, we alert local public health and safety authorities. Your compliance with reporting and detailed descriptions of the events are vital to our efforts. Please keep up the good work!

## Xylazine

In our April SWORD newsletter we examined the question whether or not the increasing prevalence of xylazine, a horse tranquilizer, in our drug supply was leading to increased doses of naloxone given by first responders and found that the number of doses required to revive patients from opioid overdose had remained remarkably steady over the 4 years we have collected SWORD data.

Xylazine, which is not an opioid does not respond to naloxone, just as alcohol, cocaine, benzodiazepines and other nonopioids do not respond to naloxone. Responders are advised to give naloxone only to the point that a person is able to breath effectively on their own. Restoring a patient to consciousness is not the goal of naloxone.

A common assumption has been that xylazine potentiates the effects of fentanyl making the two drugs together a lethal combo. And there is no doubt that the two drugs have been found together in fatal overdoses with increasing frequency. Fentanyl depresses the respiratory drive, and xylazine, a horse tranquilizer, depresses consciousness, slows the heart, causes hypotension, and may also depress breathing.

A recent study published in Clinical Toxicology, **Opioid overdoses involving xylazine in emergency department patients: a multicenter study**, concluded that *“Cardiac arrest and coma in emergency department patients with illicit opioid overdose were significantly less severe in those testing positive for xylazine.”*

In its publication The Growing Threat of Xylazine and its Mixture with Illicit Drugs, The DEA reports:

*A kilogram of xylazine powder can be purchased online from Chinese suppliers with common prices ranging from \$6-\$20 U.S. dollars per kilogram. At this low price, its use as an adulterant may increase the profit for illicit drug traffickers, as its psychoactive effects **allows them to reduce the amount of fentanyl or heroin used in a mixture.*** (Note: A kilogram of fentanyl can wholesale for several thousand dollars.)

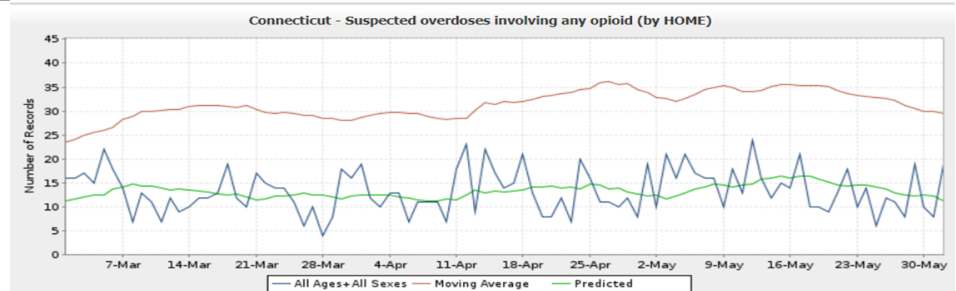
Fentanyl is far more dangerous than xylazine. If xylazine is added to replace a certain amount of fentanyl then the resulting mixture, containing less fentanyl, would be less dangerous. Xylazine is also reportedly added because it gives “legs” to fentanyl, meaning it makes the high or stupor, last longer. People no longer need to redose every 3-4 hours. They can now wait for 6-8 hours. This means they are using fewer times a day and thus have less opportunity to overdose and die.

Here in Connecticut, according to the Office of the Medical Examiner, xylazine was found in 24% of all fatal overdoses in 2022 — roughly the same proportion of xylazine in the drug supply according to local testing. While the presence of xylazine rose 16.6% in fatal overdoses last year, fatal overdoses decreased by 4.7%.

This issue needs more study and there are federal efforts underway to increase the study of xylazine to better determine its effects on humans.

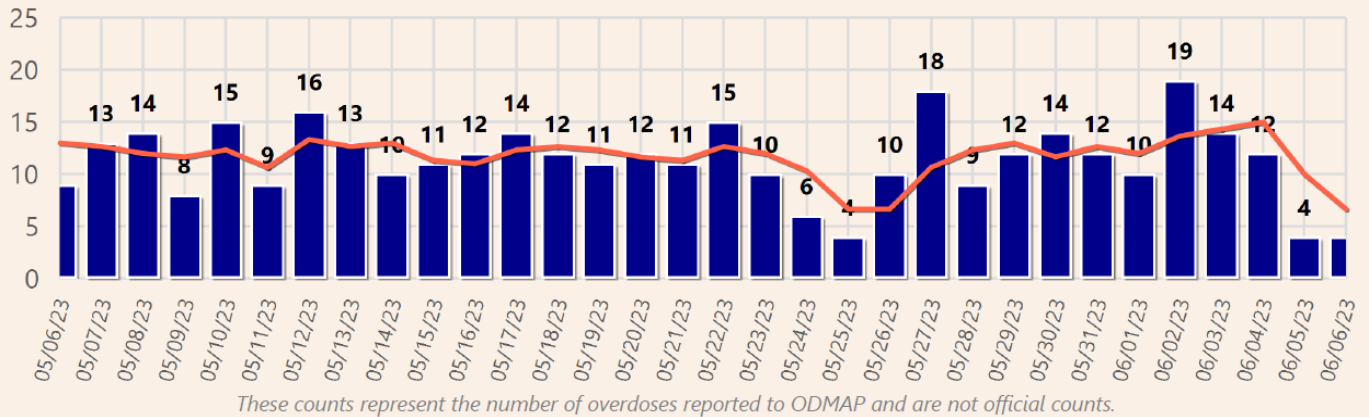
While xylazine’s true role in fatalities is yet to be determined, there is little doubt that xylazine is causing significant skin necrosis in those who use it. It has also been reported that xylazine withdrawal is particularly difficult for patients. Please, when reporting suspected opioid overdosed to the Connecticut Poison Control Center, include any observations of skin necrosis, difficult resuscitations, or patient mention of using xylazine.

Suspected Overdoses Involving Any Opioid by Day- previous 100 days, moving average in red, predicted average in green:



### ODMAP Suspected Overdose Submissions - In the Last Month

■ Entries Per Day    — 3-Day Moving Avg

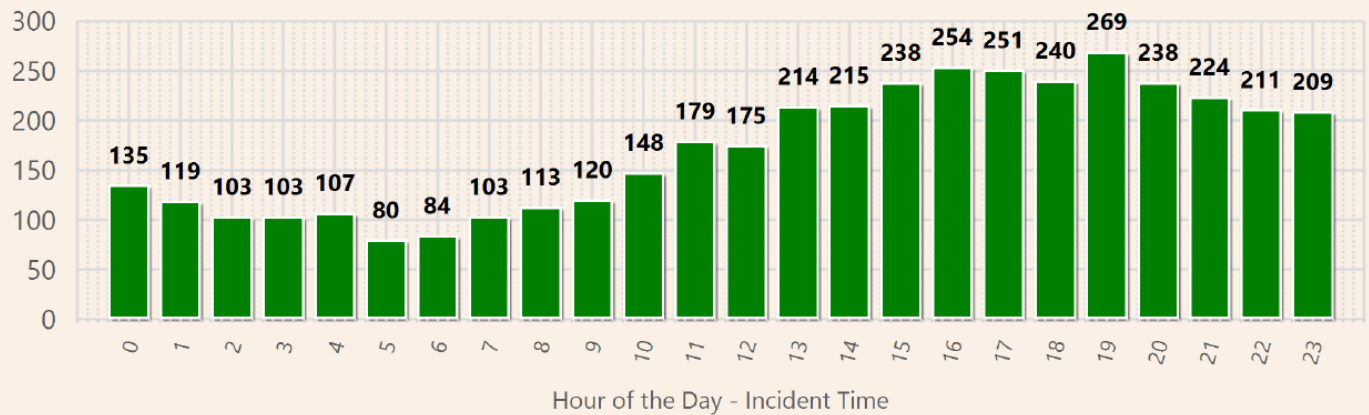


### ODMAP Suspected OD Submissions by day.

This graph shows total suspected overdoses called in each day during the time period.

### ODMAP Suspected Overdose Submissions - All Data Submitted

■ Per Hour of the Day



### Cumulative (June 2019—May 2023) Overdoses by the Hour of the Day

This graph shows the hour of the day suspected overdose incidents have occurred statewide since the SWORD program began on June 1, 2019.

Do you need help accessing ODMAP [Click here to contact the ODMAP Helpdesk](#), or call (301) 489-1744



## Department of Public Health Office of Emergency Medical Services

[Click here](#) to contact OEMS regarding the SWORD program,

ODMAP, or feedback, [Click here](#) to check out the SWORD page on our website

410 Capitol Ave  
Hartford, CT 06134  
860-509-7975

*Thank you for your participation!*

