Unintentional and Undetermined Intent Fatal Drug Overdose Report, Connecticut

Key Findings About Drug Overdose Decedents, 2020 – April 2026*

The current monthly report is based on confirmed fatal drug overdose cases from 2020 to the 2nd week of April 2026. *Data from 2026 are preliminary and may change due to pending toxicology test results.

January-April 2026*: As of the 2nd week of April 2026, there were 181 confirmed overdose deaths in 2026 with many pending cases to be confirmed with toxicology results. Of those confirmed cases, 66.3% involved fentanyl and 59.7% involved cocaine.

2025: There were 836 confirmed drug overdose deaths for 2025. Fentanyl (69.1%; N=578) continued to be a problem, but the rise in carfentanil, a highly potent fentanyl analog, was of great concern. Carfentanil contributed to 31 drug overdose deaths in 2025, which was three times higher than 2024 (N=10) counts. In prior years, deaths involving carfentanil were extremely rare (2020=2, 2021=1, 2022=0, 2023=7). 58.6% deaths involved cocaine.

Comparison to prior years: There were 153 fewer deaths, a 15.5% decrease, in 2025 (N=836) compared to 2024 (N=989). The annual number of fatal drug overdoses has decreased annually since 2021, which was an overall decline of 45.5%.

Demographic data for 2024 vs. 2025: In 2024 and 2025 combined, males had a higher age-adjusted mortality rate (per 100,000 population) compared to females. Compared to 2024, both the 2025 male rate (30.0) and the 2025 female rate (13.5) decreased. Overdose death rates declined across all race and ethnicity populations in 2025 compared to 2024.

New and emerging substances: The Injury and Violence Surveillance Unit (IVSU) at the Connecticut Department of Public Health (DPH) continues to watch for new and emerging substances.

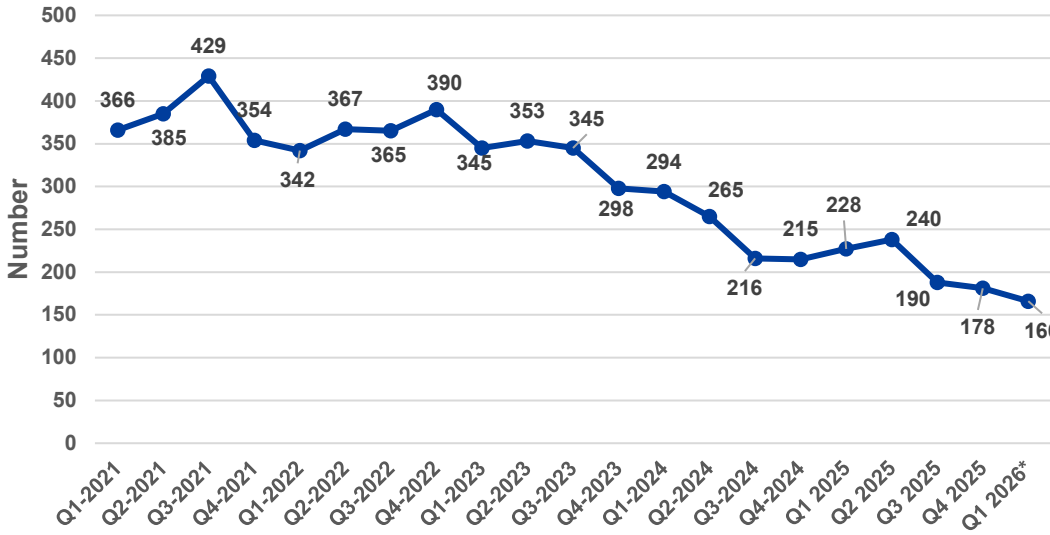
- **Designer benzodiazepines:** There were 39 deaths in 2024 and 42 deaths in 2025 involving designer benzodiazepines, mainly bromazolam, and these numbers continue to climb from previous years (2020=3; 2021=5; 2022=5; and 2023=31). Preliminary data for 2026* indicates 7 bromazolam involved deaths.
- **Kratom:** Kratom, also known as Mitragynine, was often identified as a contributor to drug overdose in previous years. However, more potent derivatives of Kratom, known as 7-Hydroxy Mitragynine and Mitragynine Pseudoindoxyl, were seen in two drug overdoses in 2026.
- **Medetomidine:** A sedative used in veterinary medicine, Medetomidine, was involved in drug overdose deaths in 2025 (N=6) and was identified in 10 deaths in the first few months of 2026.

- **Xylazine, an animal tranquilizer:** Although the annual percentage of a lethal xylazine/fentanyl combination was at its highest peak in 2024, at 34.7% of overdose deaths, a consistent downward trend was seen each month throughout 2025. The overall 2025 percentage of xylazine-involved overdoses was 13.2% (N=110). As per preliminary data for 2026, the percentage was 8.8% (N=16).

Data source: Office of the Chief Medical Examiner (OCME) and SUDORS (State Unintentional Drug Overdose Reporting System)

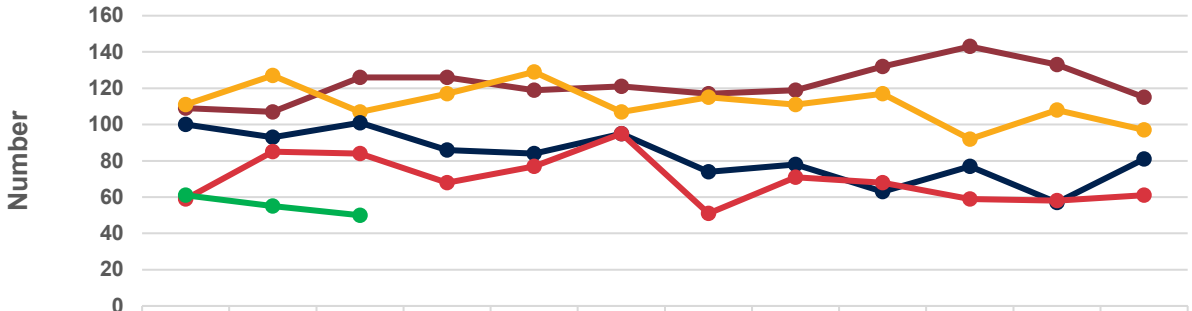
1: Number of Unintentional and Undetermined Intent Drug Overdose Deaths, Connecticut, Q1 2021-Q1 2026*. The charts below represent counts of confirmed drug overdose deaths by quarter (Figure 1a) and by month (Figure 1b). Quarter 3 (Q3) of 2021 had the highest number of deaths. Thereafter, there was a steady decline in the subsequent quarters. Overall, drug overdose deaths have decreased for the last 4 consecutive years with a 45.5% reduction in total between 2021-2025. In 2026, January- March numbers further decreased compared to the same time frame in 2025. However, 2026* numbers are preliminary and this may change due to processing of pending cases.

Figure 1a: Number of Unintentional and Undetermined Intent Drug Overdose Deaths by Quarter, Connecticut, Q1 2021 to Q1 2026*



*2026 Data subject to change

Figure 1b: Number of Unintentional and Undetermined intent Drug Overdose Deaths, by Month, Connecticut, 2022 - March 2026*



	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2022	109	107	126	126	119	121	117	119	132	143	133	115
2023	111	127	107	117	129	107	115	111	117	92	108	97
2024	100	93	101	86	84	95	74	78	63	77	57	81
2025	59	85	84	68	77	95	51	71	68	59	58	61
2026*	61	55	50									

*2026 Data subject to change

2: Percentage of Fentanyl-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, Connecticut, 2020-2025. The chart below represents the percentage of fentanyl- or fentanyl analog-involved (i.e., fentanyl-involved) drug overdose deaths by year (Figure 2a) and by quarter (Figure 2b). As can be seen in both figures, since 2022, the percentage of fentanyl-involved deaths was on a downward trend. The average percentage of fentanyl-involved deaths for 2025 was 69.1%, which was the lowest percentage between 2020-2025. The 2026* data are preliminary and these percentages are subject to change due to pending cases waiting for toxicological confirmation.

Figure 2a. Percentage of Fentanyl-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Year, Connecticut, 2020 - 2025

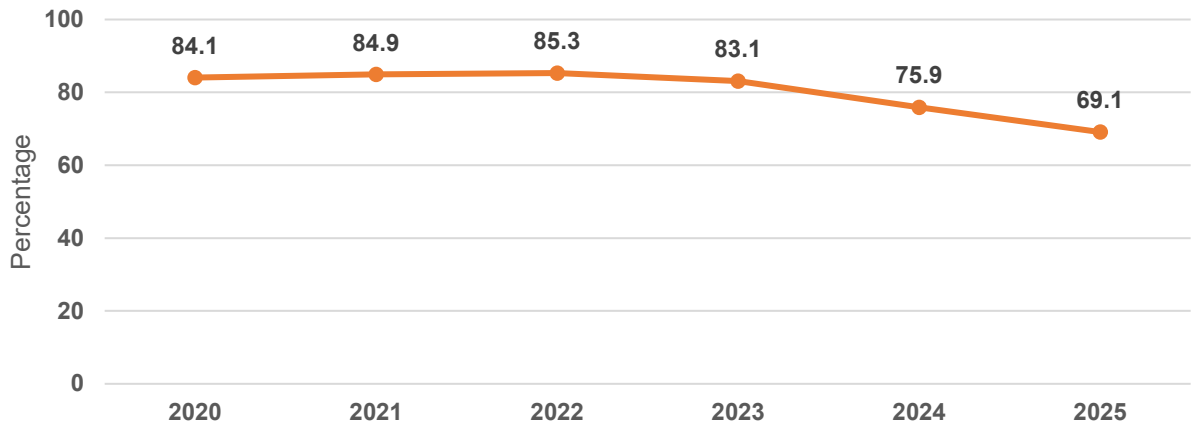
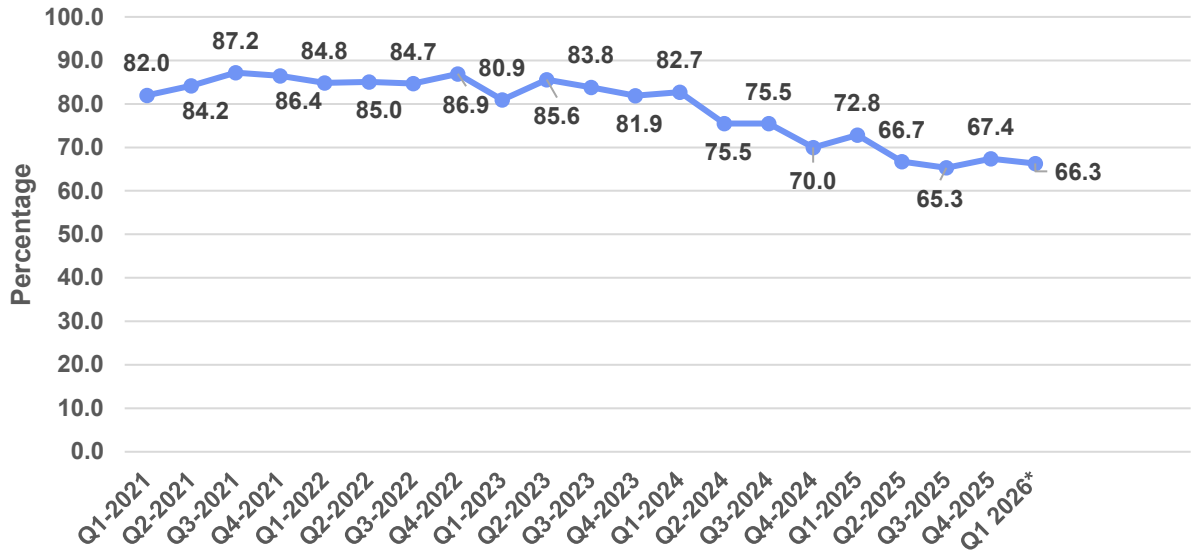


Figure 2b: Percentage of Fentanyl-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Quarter, Connecticut, Q1-2021 - Q1 2026*



*2026 Data subject to change

3. Percentage of Cocaine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, Connecticut, 2020-2025. In recent years, cocaine-involved deaths have been increasing and posing a major concern alongside fentanyl. The charts below represent the percentages of cocaine-involved drug overdose deaths by year (Figure 3a) and by quarter (Figure 3b). The data show that the average annual percentage of cocaine-involved deaths gradually increased from 38.5% in 2020 to 58.6% in 2025, with an overall increase of 20.1%. Data for 2026* are preliminary and subject to change due to pending cases that are not yet confirmed.

Figure 3a: Percentage of Cocaine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Year, Connecticut, 2020 - 2025

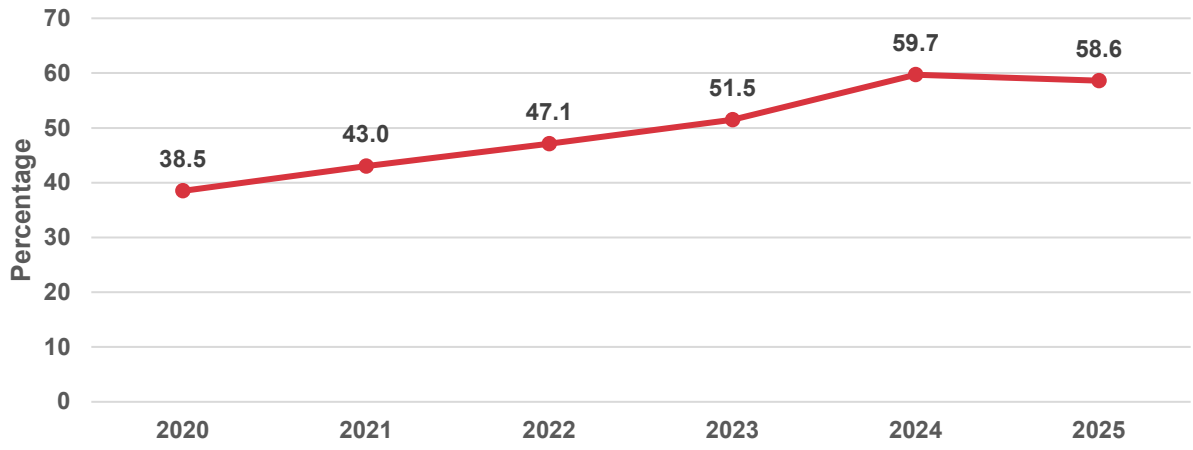
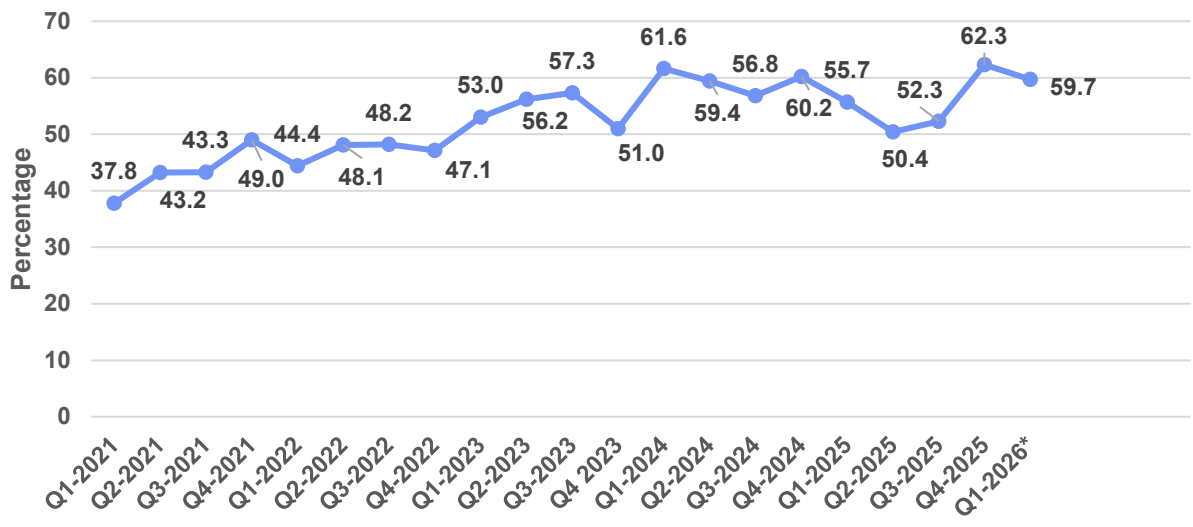


Figure 3b: Percentage of Cocaine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Quarter, Connecticut, Q1-2021 - Q1 2026*



***2026 Data subject to change**

4. Number and Percentage of Xylazine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, Connecticut, 2020 - 2025*. Xylazine, a veterinary sedative not intended for human use, is added to illicit drugs for an enhanced effect. In Connecticut, xylazine first emerged as a novel adulterant in fatal drug overdoses in 2019. The chart below represents the annual percentage of xylazine-involved drug overdose deaths from 2020 to 2025 (Figure 4a). The annual percentage of xylazine-involved deaths increased each year since 2020 and was the highest in 2024 at 34.7% compared to previous years (2020=10.3%; 2021=19.6%; 2022=24.3%; 2023=21.5%). The rate sharply decreased to 13.2% in 2025. Figure 4b shows the monthly number of xylazine-involved deaths from 2022 to March 2026*. Monthly counts for 2026 are by far the lowest compared to previous years, however, these data are subject to change due to pending cases.

Figure 4a: Percentage of Xylazine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Year, Connecticut, 2020 - 2025

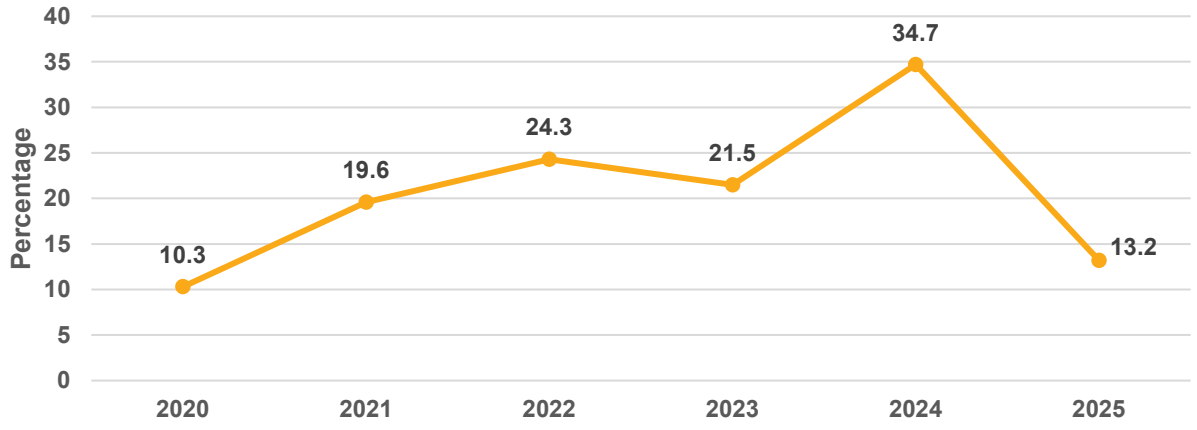
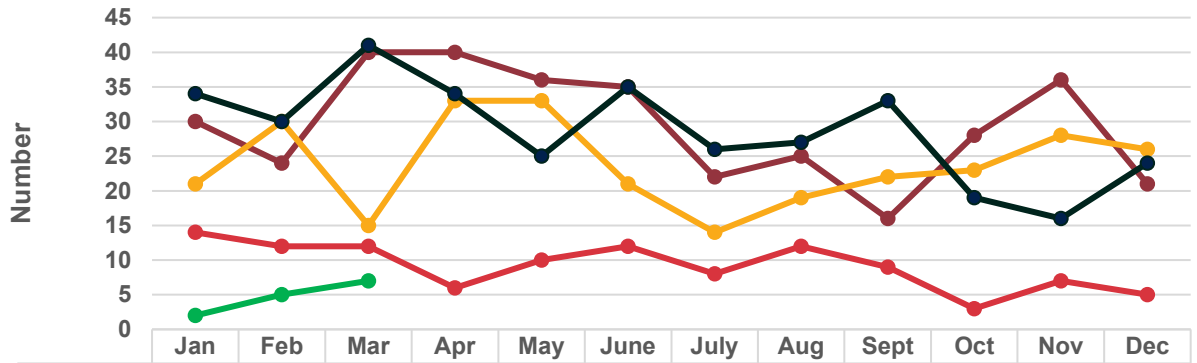


Figure 4b: Number of Xylazine-Involved Unintentional and Undetermined Intent Drug Overdose Deaths, by Month, Connecticut, 2022- March 2026*



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2022	30	24	40	40	36	35	22	25	16	28	36	21
2023	21	30	15	33	33	21	14	19	22	23	28	26
2024	34	30	41	34	25	35	26	27	33	19	16	24
2025	14	12	12	6	10	12	8	12	9	3	7	5
2026*	2	5	7									

***2026 Data subject to change**

5. New and Emerging Substances in Fatal Drug Overdoses, Connecticut, 2020-2026*. Recently, Connecticut has seen an increase in (a) **Carfentanil,** an analog of fentanyl which is 100 times more potent than fentanyl, (b) **Designer Benzodiazepines** (e.g. bromazolam and flubromazolam) which have similar chemical structures and clinical effects to "traditional" benzodiazepines but have higher potency and longer durations of effects; (c) **Medetomidine,** a highly potent alpha 2-adrenergic receptor agonist which is a sedative used in veterinary medicine. It is now increasingly found as a dangerous adulterant in the illegal fentanyl supply. Medetomidine acts similarly to xylazine but is significantly more potent, causing severe sedation, bradycardia (low heart rate), and severe withdrawal symptoms; and (d) **Kratom,** also known as Mitragynine, which was seen in drug overdoses in prior years. However, extremely potent Kratom alkaloid derivatives, known as 7-Hydroxy Mitragynine and Mitragynine Pseudoindoxyl were detected in 2026. Tests for these substances have recently been added to the routine toxicology testing panel prescribed by the state Office of the Chief Medical Examiner.

Table 1 shows the counts of emerging substance from 2020 to April 2026*. (a) Since 2023, carfentanil involved fatal drug overdoses increased steadily and by 2025 there were 31 deaths involving carfentanil which is a major concern. In preliminary data of 2026, there were 4 carfentanil involved deaths; (b) Designer benzodiazepine-involved drug overdose deaths sharply increased in 2023 to 31 with a further increase to 39 deaths in 2024 and 42 deaths in 2025; (c) Medetomidine started surfacing in the illicit drug supply in 2025 and as per preliminary data there were 10 deaths in 2026; and (d) 7-Hydroxy Mitragynine & Mitragynine Pseudoindoxyl, alkaloid derivatives of Kratom, were involved in 2 cases in 2026. This substance is being tracked because of the increasing prevalence of Mitragynine involved overdoses in nearby states.

The Connecticut Governor's Office and the state Attorney General announced recent changes that designated several substances as Schedule 1 Controlled Substances in Connecticut, effective Wednesday, March 25, 2026. They include:

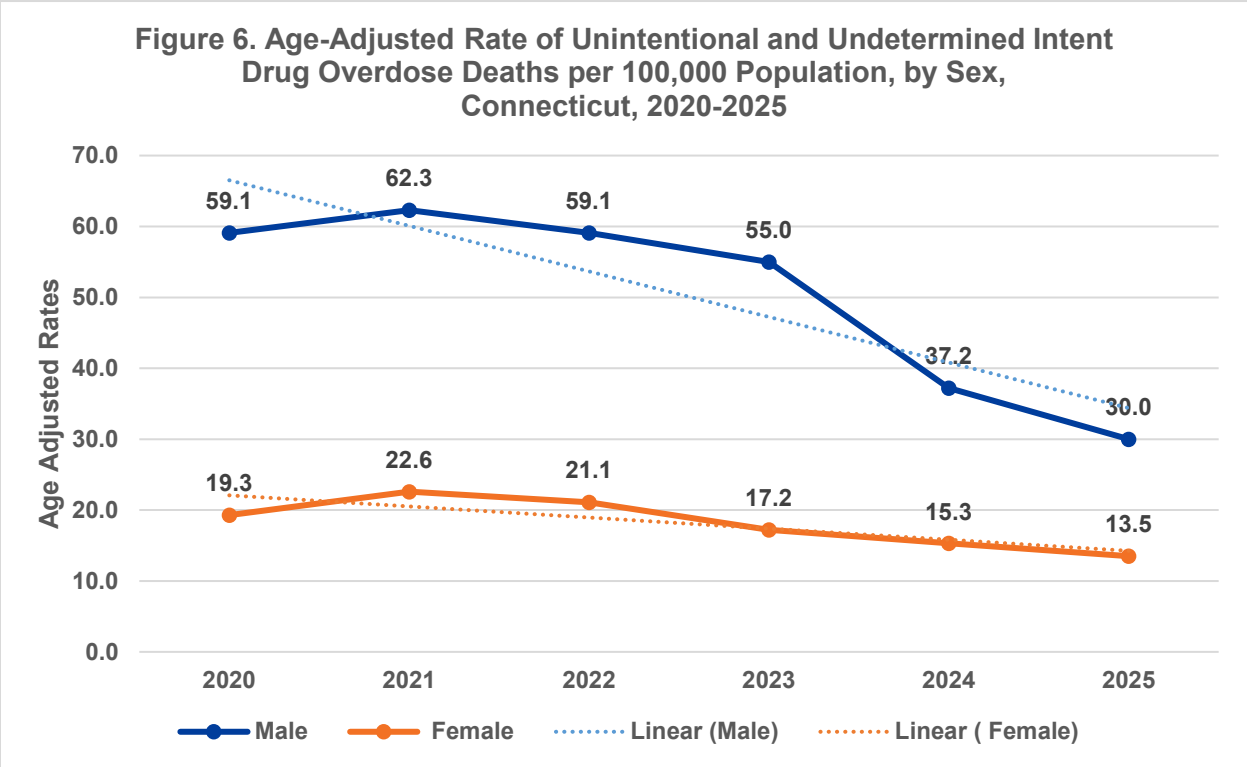
- Mitragyna speciosa (kratom), including its leaves, stem and any extracts
- 7-hydroxymitragynine (7-OH, a kratom derivative)
- Bromazolam
- Flubromazolam

Table 1: New and Emerging Substances in Fatal Drug Overdoses, Connecticut, 2020-April 2026*.

Substance	2020	2021	2022	2023	2024	2025	2026*
Carfentanil	2	1	0	7	10	31	4
Designer benzodiazepines	3	5	5	31	39	42	7
Medetomidine	0	0	0	0	0	6	10
7-Hydroxy Mitragynine & Mitragynine Pseudoindoxyl (Kratom alkaloids)	0	0	0	0	0	0	2

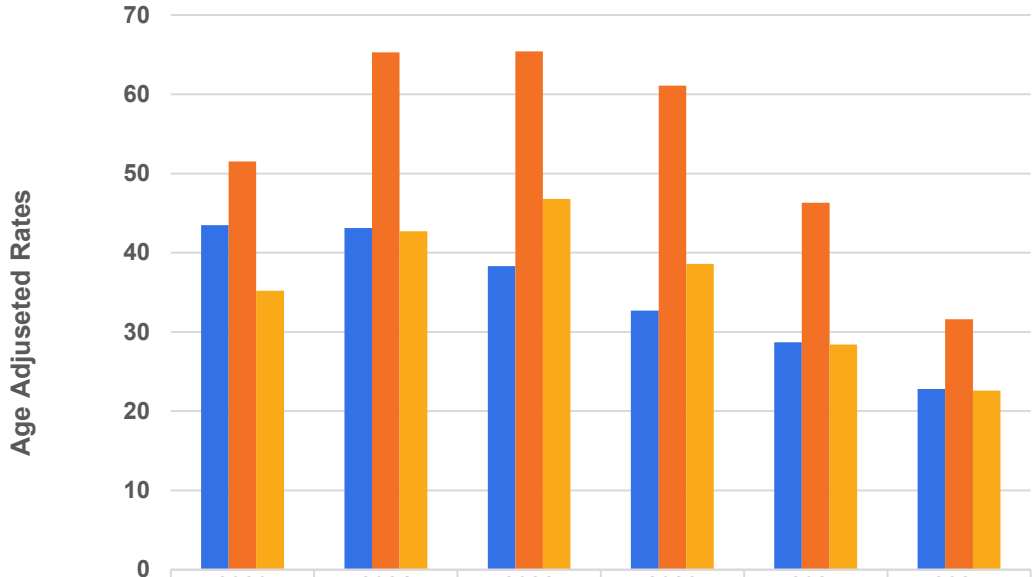
*Data from 2026 are subject to change.

6. Age-adjusted drug overdose death rates were higher in males compared to females during 2020 through 2025. The line graph below (Figure 6) represents the male and female age-adjusted rates of fatal unintentional and undetermined intent drug overdoses from 2020 through 2025. Overall linear trends show that the drug overdose rates for males steadily declined over time whereas there was very little change in female death rates from 2020 to 2025. Age-adjusted rates of drug overdose-related deaths were consistently higher among males compared to females.



7. Age-adjusted drug overdose death rates were higher among the non-Hispanic Black and Hispanic populations compared to the non-Hispanic White population. The bar chart below (Figure 7) represents the age-adjusted mortality rates (per 100,000 population) for unintentional and undetermined intent fatal drug overdoses categorized by race and ethnicity, for the years 2020 to 2025. The categories observed were non-Hispanic Whites, non-Hispanic Blacks, and Hispanics of any race. The chart shows that starting in 2022, all three population's rates substantially declined over time. In general, the Non-Hispanic Black population had the highest death rates compared to the other two populations represented in the chart. The rate for Hispanic All Race population was the highest in 2022 and surpassed the Non-Hispanic White rate for the first time. The Hispanic population's rates subsequently declined each year, and the 2025 rates were the lowest since 2020, 35.2 down to 22.6. The annual age-adjusted mortality rates across all races and ethnicities were the lowest in 2025 compared to 2020.

Figure 7. Age-Adjusted Rate of Unintentional and Undetermined Intent Drug Overdose Deaths per 100,000 Population, by Race/Ethnicity, Connecticut, 2020-2025

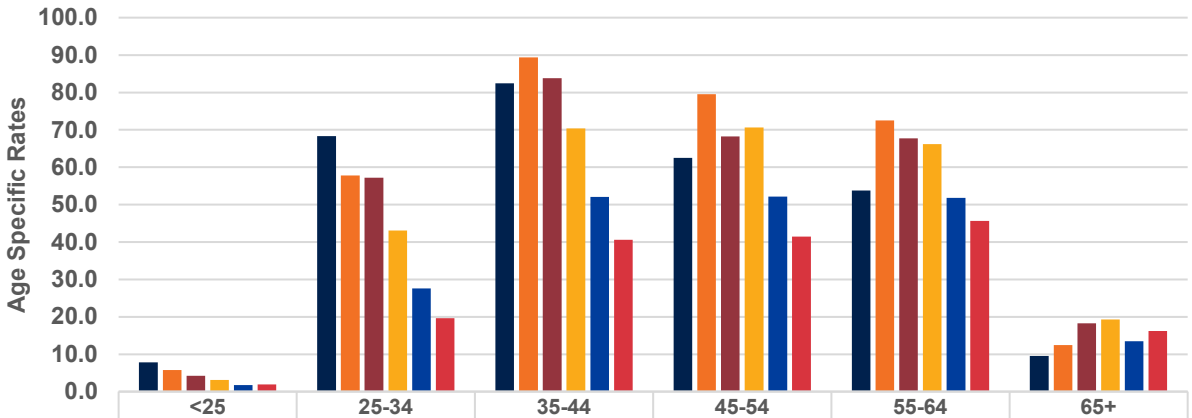


	2020	2021	2022	2023	2024	2025
Non Hispanic White race	43.5	43.1	38.3	32.7	28.7	22.8
Non Hispanic Black race	51.5	65.3	65.4	61.1	46.3	31.6
Hispanic all races	35.2	42.7	46.8	38.6	28.4	22.6

Note: Hispanic ethnicity includes all races.

8. Age-specific drug overdose death rates were highest among 35–64-year-olds in Connecticut, 2020-2025. The chart below (Figure 8) represents the annual age-specific unintentional and undetermined intent drug overdose mortality rates in Connecticut, categorized by age group between 2020 and 2025. Age-specific drug overdose death rates were calculated per 100,000 population and the 2025 data show that across all age groups there was a sharp decline with the exception of the 65 and older age group. Although a slight decrease in the death rate was seen in the 65 and older age group in 2024 (13.4), the rate increased again to 16.2 in 2025. Overall, the death rates were highest among the middle-aged population, specifically the 35–44, 45–54, and 55–64-year-old age groups.

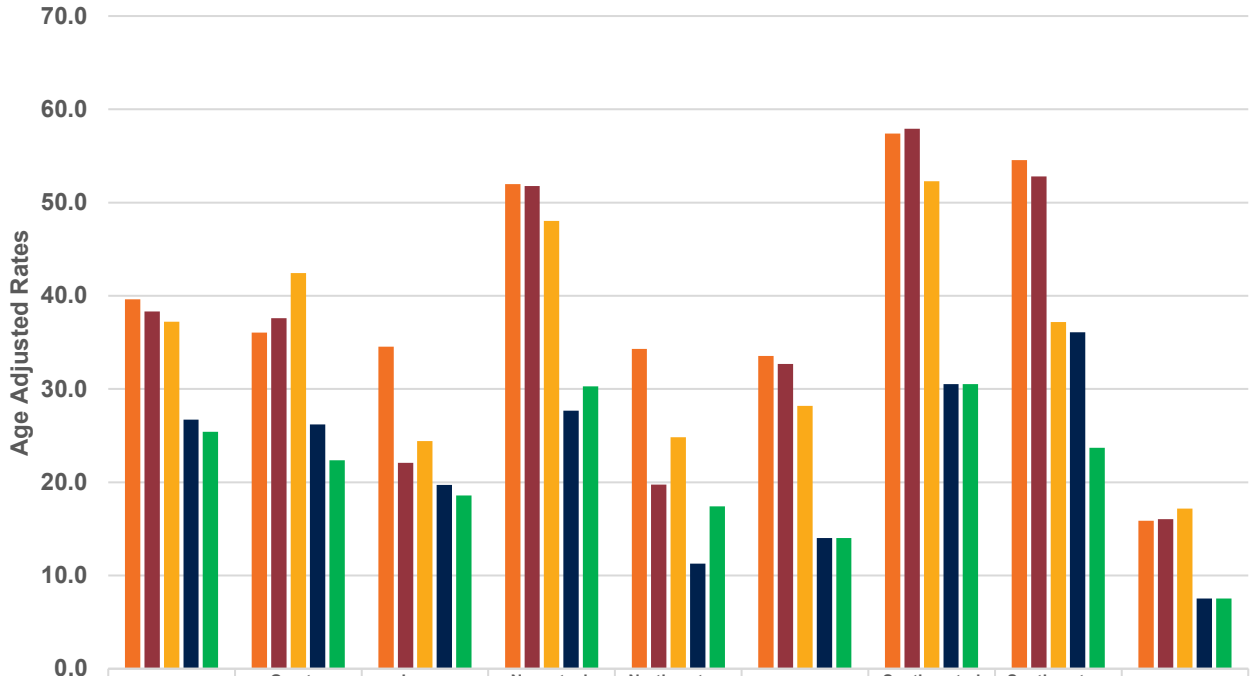
Figure 8. Age-Specific Rates of Unintentional and Undetermined Intent Drug Overdose Deaths per 100,000 Population, by Age Group, Connecticut, 2020-2025



	<25	25-34	35-44	45-54	55-64	65+
2020	7.8	68.3	82.4	62.5	53.8	9.5
2021	5.8	57.8	89.4	79.5	72.5	12.4
2022	4.2	57.2	83.8	68.2	67.7	18.3
2023	3.1	43.1	70.4	70.6	66.2	19.3
2024	1.8	27.6	52.1	52.1	51.8	13.4
2025	2.0	19.6	40.6	41.5	45.6	16.2

9. Age-adjusted drug overdose death rates in Connecticut, categorized by County Equivalent Planning Regions, 2021-2025. The chart below (Figure 9) shows the age-adjusted mortality rates per 100,000 population for the state's County Equivalent Planning Regions (CEPR), 2021-2025. In the most recent year, the rates among seven of the nine CEPRs across the state either declined (specifically the Capitol, Greater Bridgeport, Lower Connecticut River Valley, and Southeastern Connecticut regions) or remained the same (specifically the Northwest Hills, Southcentral Connecticut, and Western Connecticut regions). However, there was an increasing trend in Naugatuck Valley and Northeastern Connecticut regions in 2025. Southeastern, Southcentral Connecticut and Naugatuck Valley CEPRs (which include major cities/towns such Waterbury, Bristol and Naugatuck) had the highest mortality rates in 2025. The lowest mortality rates were seen in the Western Connecticut CEPR. Please see the note and map (on page 11) of this report regarding CEPRs and visit the following website for more information on the CEPRs: [Geographic Resources for Connecticut's new "County-Equivalent" Planning Regions — CTData](CTData).

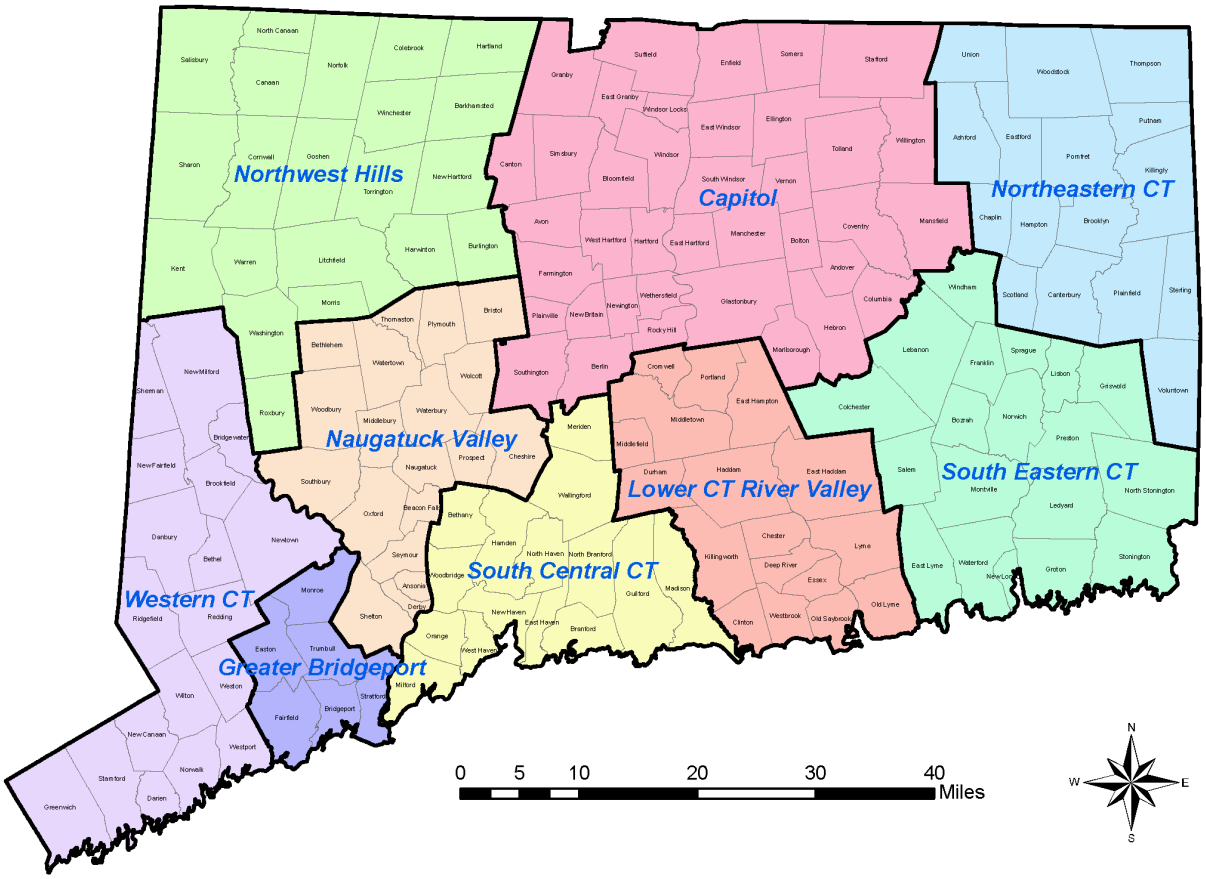
Figure 9. Age-Adjusted Rate of Unintentional and Undetermined Intent Drug Overdose Deaths per 100,000 Population, by Injury County Equivalent Planning Region, Connecticut, 2021-2025



	Capitol	Greater Bridgeport	Lower CTRiver Valley	Naugatuck Valley	Northeastern CT	Northwest Hills	Southcentral CT	Southeastern CT	Western CT
2021	39.6	36.1	34.5	52.0	34.3	33.6	57.4	54.6	15.9
2022	38.3	37.6	22.1	51.8	19.8	32.7	57.9	52.8	16.0
2023	37.2	42.4	24.4	48.0	24.8	28.2	52.3	37.2	17.2
2024	26.7	26.2	19.7	27.7	11.3	14.0	30.5	36.1	7.5
2025	25.4	22.3	18.6	30.3	17.4	14.0	30.5	23.7	7.5

Note about the CEPRs shown in Figure 9: In 2017, Connecticut requested that the US Census Bureau adopt the State's nine planning regions as county-equivalent geographic units for the purposes of collecting, tabulating, and disseminating statistical data, replacing the State's eight counties. Although the Connecticut planning regions and counties do not align perfectly, there is substantial overlap. The nine CEPRs are: Capitol Planning Region, Greater Bridgeport (also known as Connecticut Metropolitan), Lower Connecticut Valley, Naugatuck Valley, Northeastern Connecticut, Northwest Hills, South Central Connecticut, Southeastern Connecticut, and Western Connecticut. By 2024, all internal and external Census Bureau operations and publications were expected to use the nine new planning region boundaries, names, and codes, except for 2020 where decennial census data publications and other datasets referencing the eight legacy counties were published before June 1, 2022. See the link for a map of Regional Councils of Governments in Connecticut which align with the CEPRs: https://libguides.ctstatelibrary.org/regionalplanning/maps

Connecticut County Equivalent Planning Regions (CEPRs)



Data last updated 5/22/2026
Injury and Violence Surveillance Unit
Community, Family Health and Prevention Branch
Connecticut Department of Public Health