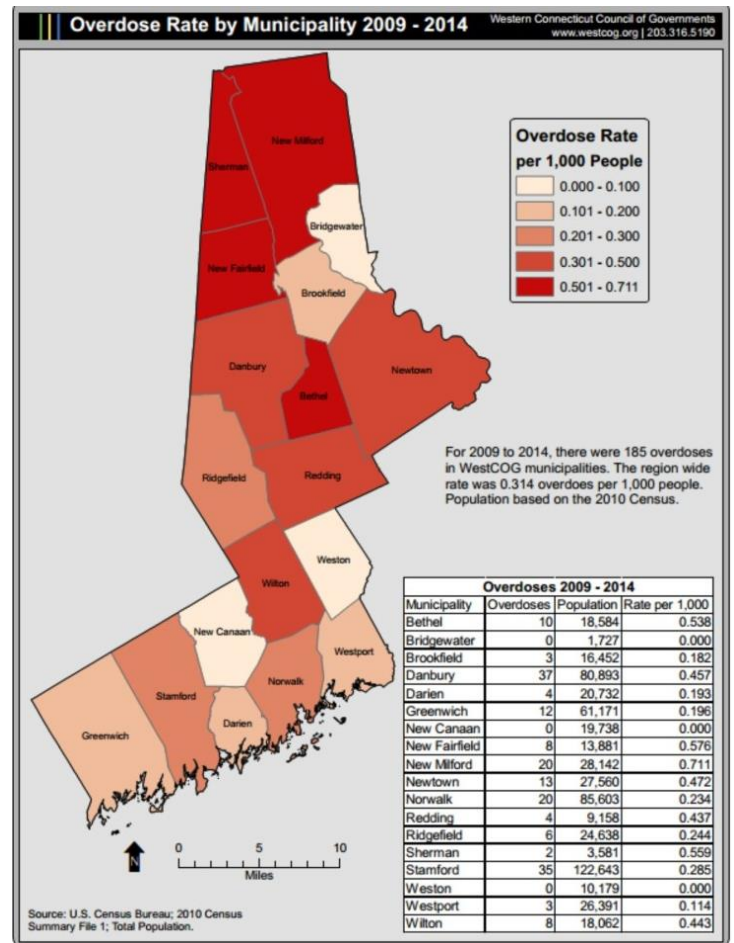
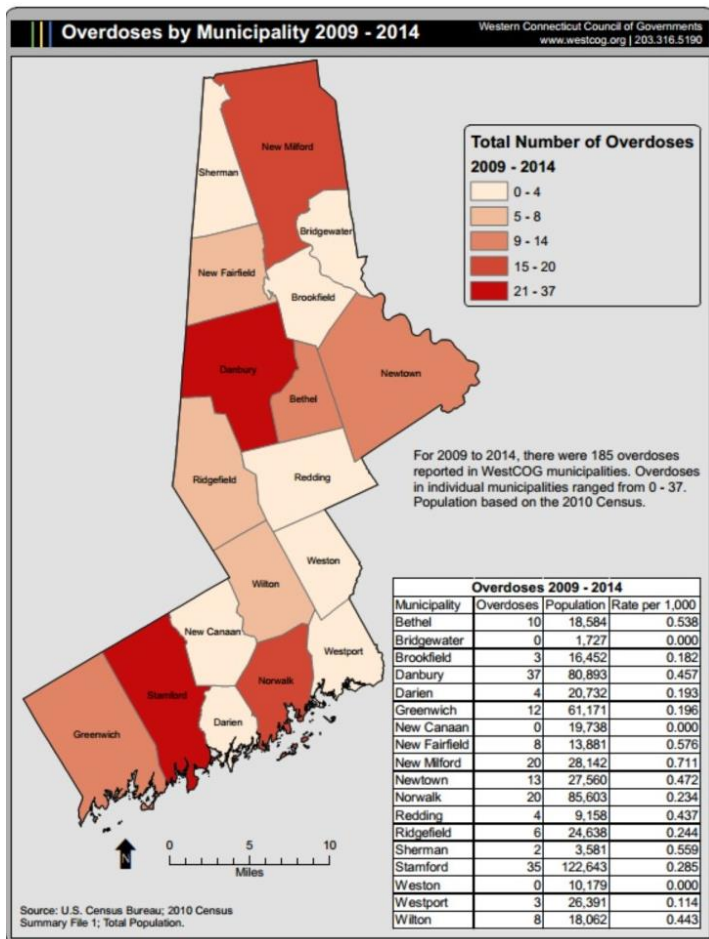


Opioid Crisis Update 1: Establishing a Baseline Using Fatal Overdose Data



It should be noted that this data only counts deaths of people in the state of CT. If CT residents died outside of the state, that data is not included.

Demographics Statewide 2009 - 2014

Total Number = 1973 Deaths

- 70.2% Male
- Age
 - Mean age = 40.5 years (12.0 SD)
 - Median = 41 years
 - 50% fall between 30 and 50 years
 - 2 age clusters, 22 - 30 years-old, 40 - 56 years-old
- Race/Ethnicity
 - White = 84.2%
 - African American = 5.0%
 - Hispanic* = 9.8% *Presumed to be an underestimate as reporting policies varied
- 1.1% Homeless

Factors in Death

- Heroin/Morphine-Involved = 61.1%
- Pharmaceutical Opioid-Involved = 54.0%
- Those who were younger or male were significantly more likely to have heroin/morphine as the only opioid in their toxicology report.
- Most opioid-involved injuries and deaths occur either in the Deceased's residence or in that of a friend or family.

These data are from a presentation from Dr. Lauretta Grau, available on the Drug Task Force webpage: <https://westcog.org/drug-task-force/>

Opioid Crisis Update 1: Recommendations

The WestCOG Drug Task Force acknowledges that the opiate abuse crisis is a far reaching issue with many facets, affecting many areas of a single community. Also realizing that each community is unique with different challenges and resources, we have created a “menu” of recommendations to help improve the municipal reaction to this crisis. We have organized the suggestions to reflect which area of the problem they tackle.

We strongly encourage you to choose the measures best suited for your community and take decisive steps toward curbing this epidemic. Your pledge to pursue these recommendations will help, address this important issue and the allow the Task Force to better support your activities. It is our hope that through your action, our region will become a model for others.

Response

- Require all first responders and/or all emergency personnel to be trained to use the opioid overdose reversal drug, Naloxone, and carry it with them.
- Create a municipal task force that brings together town departments and local resources to share information and data, and identify strategies to combat town specific issues. Stakeholders could include; Police, Fire, EMS, Youth Council, local hospitals and treatment centers, etc.
- Create an anonymous tip line for citizens to report ODs that did not require Naloxone or other treatment.

Recovery

- Support and advocate for the maintenance and expansion of addiction services.
- Create a safe haven, similar to the program in Gloucester, MA, where people battling addiction can find resources without fear of prosecution.
- Create a support group for friends and family touched by addiction. If your community already has one, ensure it is effectively advertised to maintain/increase utilization.

Prevention

- Provide at least one drug disposal drop box. If your community already has one, ensure it is effectively advertised to ensure public awareness and use.
- Host at least two Pill Drives per year.
- Create a stamp or stickers for pharmacists to put on prescriptions that lets customers know where to dispose of unwanted medications – the local drop box.
- Involve youth and local colleges in the creation of educational programming.

Intervention

- Create a Juvenile Review Board to divert at-risk youth from the court system. If your community already has one, advertise it and continue your support for it.
- Support the expansion of a regional forum for School Resource Officers to collaborate.
- Hold a community forum and use the emergency channels to advertise it. (National Overdose Awareness day is August 31st, www.overdoseday.com)
- Assist local groups in holding community meetings that teach people to recognize the warning signs for addiction, and that train them to use Naloxone.

Sustainability

- Provide continued funding and legislative advocacy for addiction, prevention, and mental health services.
- Stay up to date with programing at your Local Prevention Council and Regional Action Council, and help them spread the word.