

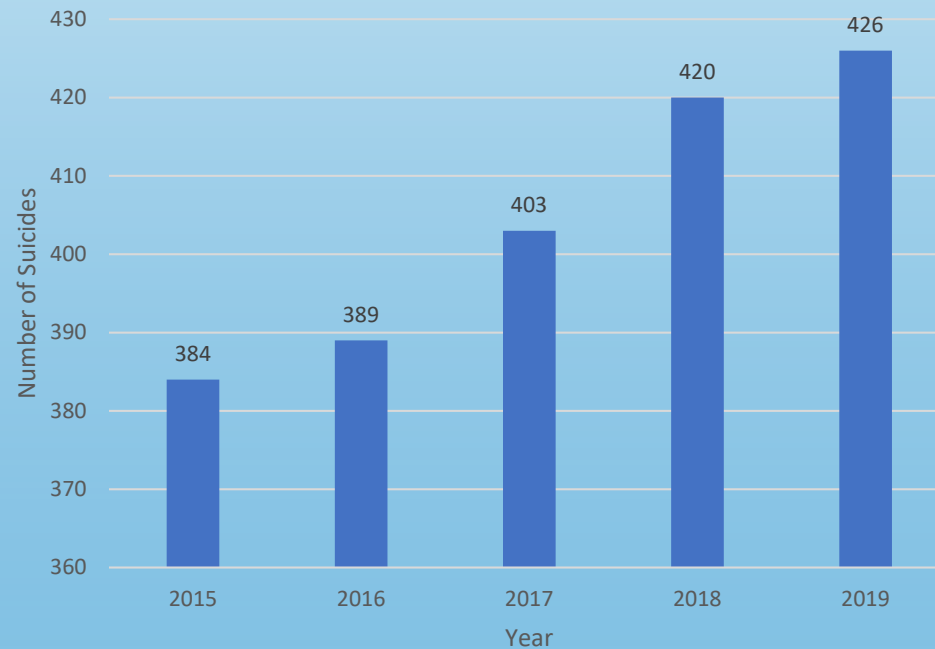
The Connecticut Landscape of Violent Deaths 2015 to 2020*

Presented by Michael Makowski, MPH
October 27, 2020

Injury and Violence Surveillance Unit
Community, Family Health and Prevention Section
Connecticut Department of Public Health

Suicide Trends: 2015 - 2019

Number of Deaths by Suicide in CT from 2015 to 2019

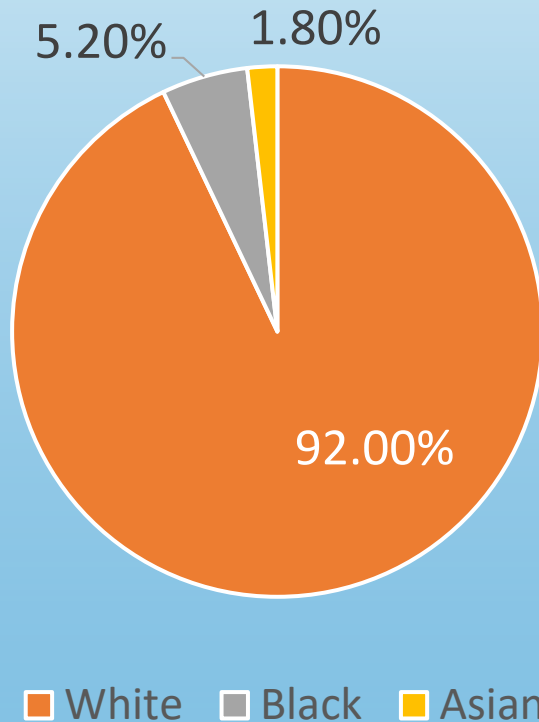


Crude Suicide Rates for CT 2015 to 2019 per 100,000 Pop.

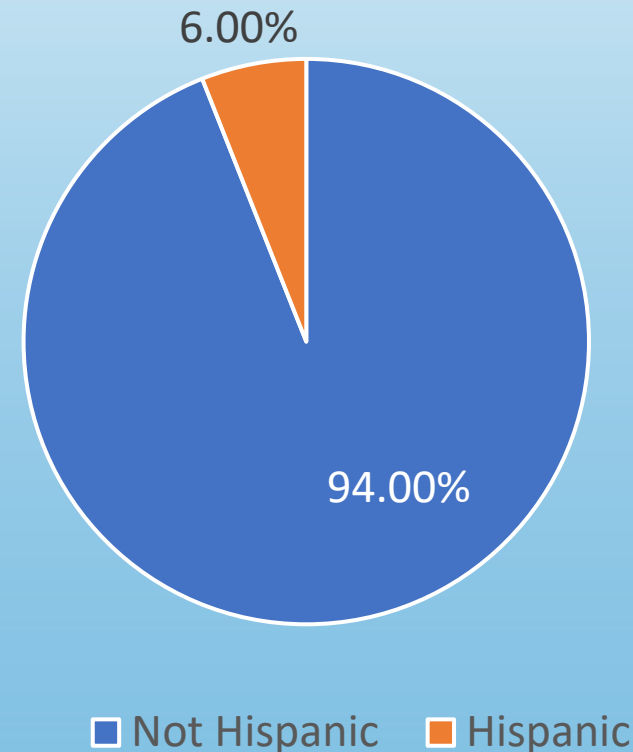


Demographics of Suicides in Connecticut, by Race and Ethnicity

CT Suicides by Race (n=2,022): 2015-2019



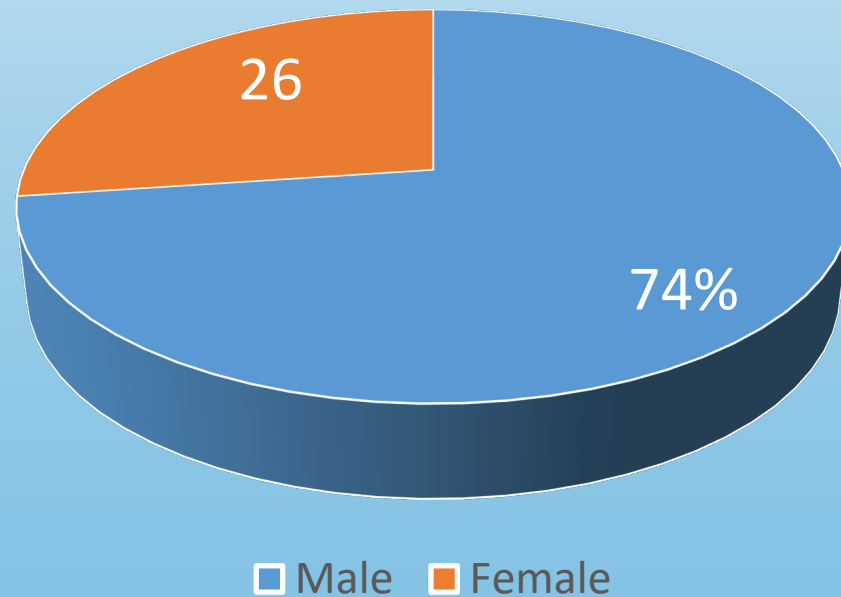
CT Suicides, by Ethnicity (n=2,022): 2015-2019



Data Source: CT Violent Death Reporting System

Demographics of Suicides in Connecticut, by Sex

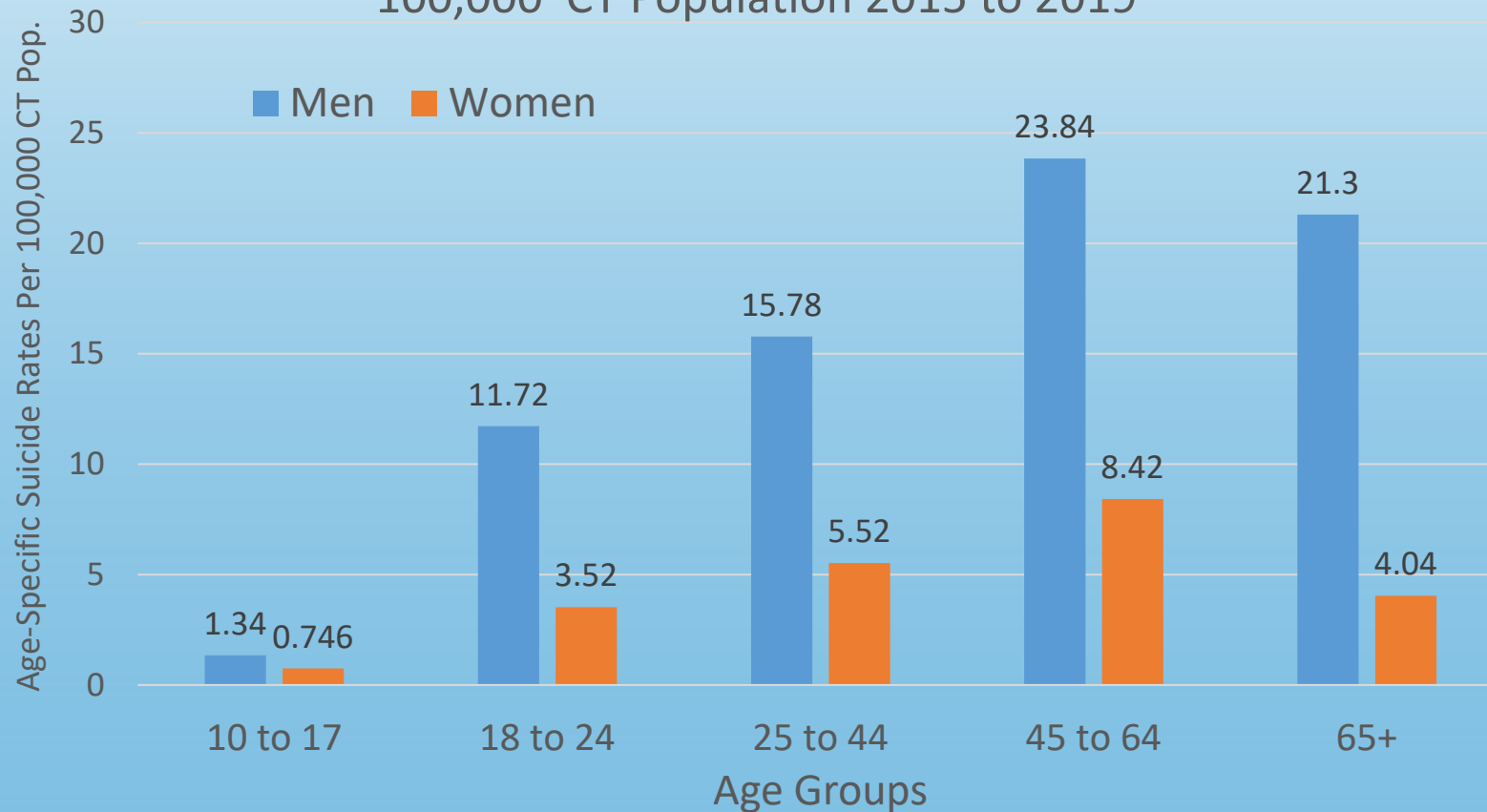
Percent of Suicides, by Sex,
2015-2019



Data Source: CT Violent Death Reporting System

Demographics of Suicides in Connecticut, by Age Group

Age-Specific Suicide Rates by Age-Group and Sex per
100,000 CT Population 2015 to 2019



- Ninety percent of suicides in CT occurred in people 25 years old and older
- White non-Hispanic men, 45 years old and older, accounted for 74% of suicides

Data Source: CT Violent Death Reporting System

Most Common Methods – Death by Suicide:

Males

- 1) Firearm (34%)
- 2) Hanging/asphyxiation (29%)
- 3) Drug overdose (10%)

Females

- 1) Hanging/asphyxiation (37%);
- 2) Drug overdose (32%);
- 3) Firearm (11%)

Data Source: CT Violent Death Reporting System

Comparing Top Risk Factors by Age Group and Sex – Youth/Young Adults

10 to 17 Years of Age

Top Circumstances Related to Suicides, 2015 to 2019

N=42; Circumstances Known for 38 people; 23 males and 15 females

	Overall	Males (n=23)	Females (n=15)
Mental health problem	62%	64%	60%
Depressed mood	46%	50%	40%
Other Circumstance: Family relationship problem	ND	ND	ND

18 to 24 Years of Age

Top Circumstances Related to Suicides. 2015 to 2019

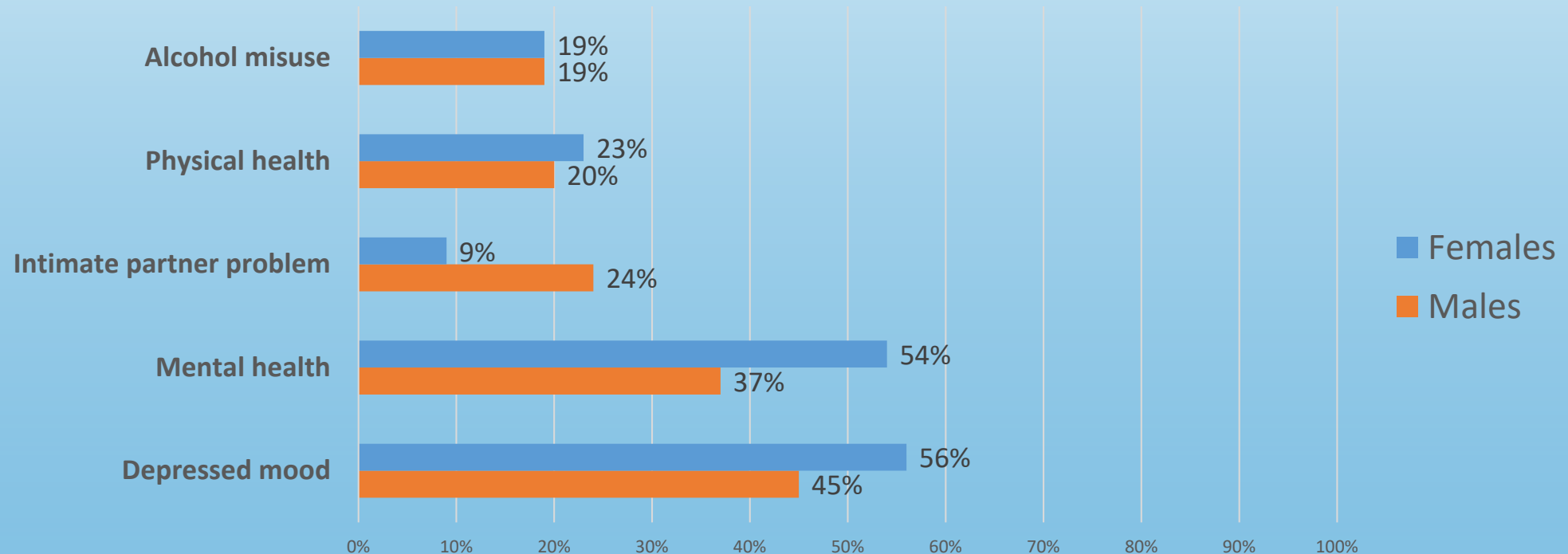
Circumstances Known for 124 people; 96 males and 26 females

	Overall	Males (n=96)	Females (n=28)
Mental health problem	54%	54%	54%
Depressed mood	48%	48%	50%
Intimate partner problem	18%	16%	21%
Substance misuse or SUD	17%	19%	11%
Alcohol misuse or AUD	13%	14%	11%

Data Source: CT Violent Death Reporting System

Comparing Top Risk Factors by Age Group and Sex – Middle Age/Senior

**Risk Factors Associated with Suicide, Connecticut Residents
Age 45-64, 2015-2019**



Note: Women also have intimate partner problems as a elevated suicide risk, but not to the same extent as men

Data Source: CT Violent Death Reporting System



Suicide Rates of Connecticut Cities and Towns 2015 to 2019

*Based on resident city and at least 20 suicides during 2015 to 2019

City	No. Suicides	DMHAS Region	pop.2015 2019
Waterbury	65	5	542961
Bristol	57	4	301268
New Haven	56	2	653298
Stamford	50	1	650459
Bridgeport	49	1	733302
Meriden	48	2	299391
New Britain	41	4	363496
Hartford	37	4	617449
Milford	37	2	271170
Enfield	35	4	222446
Manchester	35	4	289676
Wallingford	35	2	223776
Southington	31	4	219091
Norwich	29	3	197865
Shelton	29	2	206821
West Haven	29	2	273972
Danbury	28	5	425387
Middletown	28	2	232734
Norwalk	27	1	443938
Torrington	26	5	173166
Vernon	25	4	145974
Groton	24	3	196178
Hamden	24	2	306195
Branford	23	2	140506
Stratford	23	1	314137
Plainville	21	4	88565
Windsor	21	4	144585
Fairfield	20	1	308998



Suicide Rates of Connecticut Cities and Towns 2015 to 2019

Based on
resident city
and at least 20
suicides during
2015 to 2019

City/Town	Suicide Rate per 100,000	DMHAS Region
Plainville	23.7	4
Bristol	18.9	4
Vernon	17.1	4
Branford	16.4	2
Meriden	16.0	2
Enfield	15.7	4
Wallingford	15.6	2
Torrington	15.0	5
Norwich	14.7	3
Windsor	14.5	4
Southington	14.1	4
Shelton	14.0	2
Milford	13.6	2
Groton	12.2	3
Manchester	12.1	4
Middletown	12.0	2
Waterbury	12.0	5
New Britain	11.3	4
West Haven	10.6	2
New Haven	8.6	2
Hamden	7.8	2
Stamford	7.7	1
Stratford	7.3	1
Bridgeport	6.7	1
Danbury	6.6	5
Fairfield	6.5	1
Norwalk	6.1	1
Hartford	6.0	4



Suicide Rates of DMHAS Regions

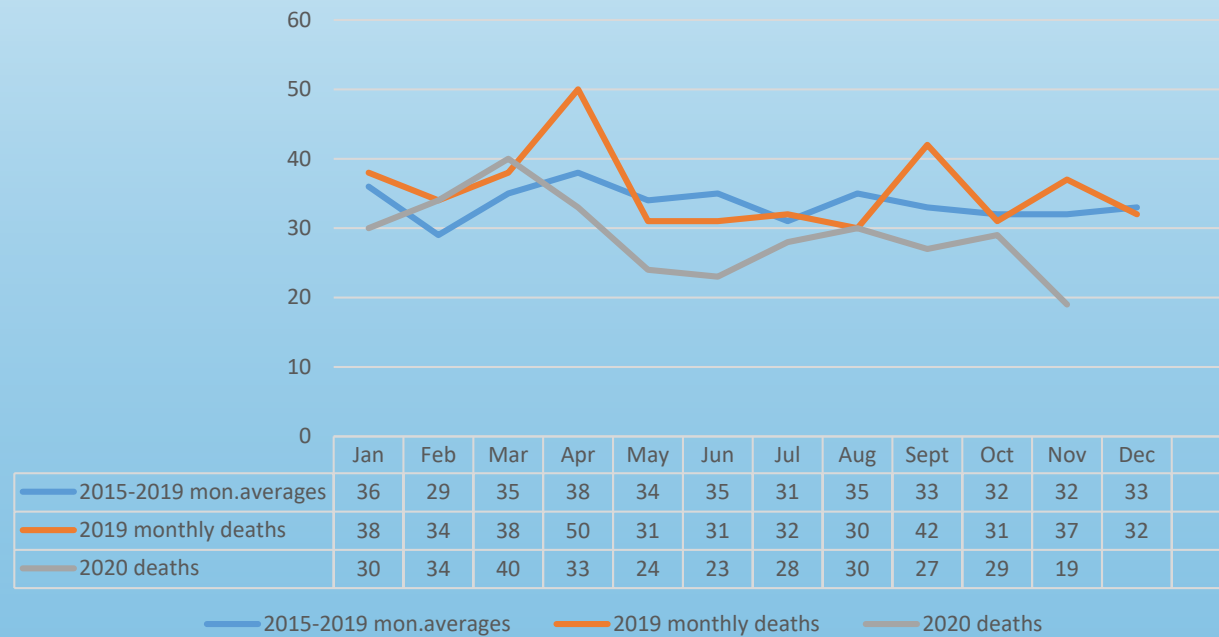
DMHAS Region	Suicide rate per 100,000 2015-2019	Region number of suicides 2015-2019	Region pop. 2015-2019
1	7.0	249	3,540,506
2	11.9	499	4,159,953
3	13.9	287	2,085,989
4	10.9	546	5,011,450
5	11.1	337	3,029,715

*based on city of residence

*104 missing residences- out of state residents

Covid-19 Influence on Suicide Deaths for 2020

Comparison of Suicide Deaths: Monthly Averages 2015-2019 to
2019 Deaths by Month to 2020 Data as Nov 30th





Covid-19 Influence on Suicide Deaths for 2020

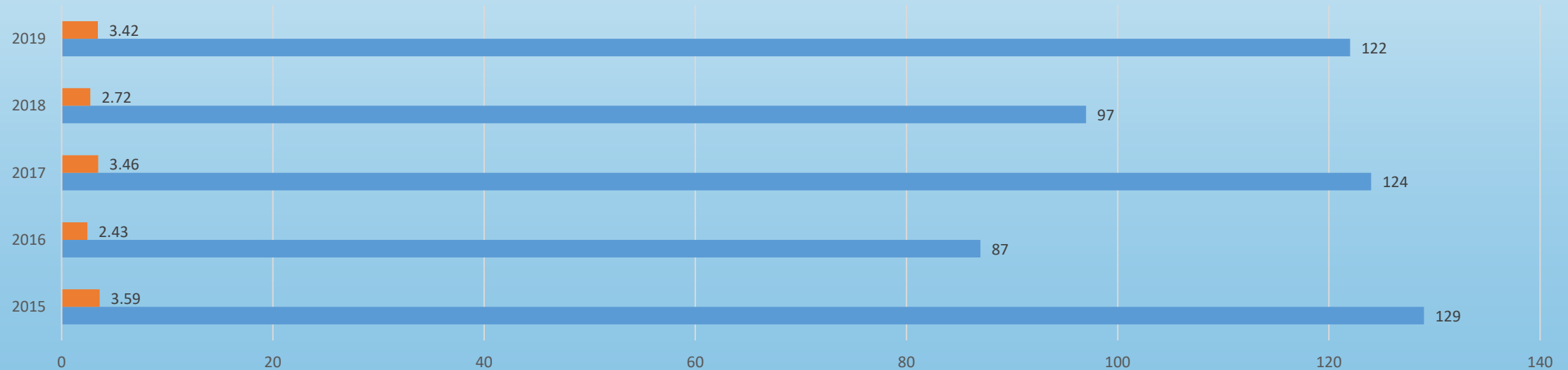
Based on preliminary data in 2019 and 2020:

- From 2015 to 2019, January to November 30th, CT averaged 370 suicides deaths during that time period.
- In 2020, same time period, there were 317 suicides.
- For far 2020, CT has experienced a 17% decline in suicide deaths when compared to the 5-year average (2015 to 2019).
- Post events like 9/11 saw suicide rates drop because people pulled together to support one another; in 2020 we are strongly encouraged to social distance/isolate to avoid COVID-19 illness; What is going on here?



Homicide in Connecticut 2015 to 2019

Homicide Numbers and Crude Rates in Connecticut 2015 to 2019

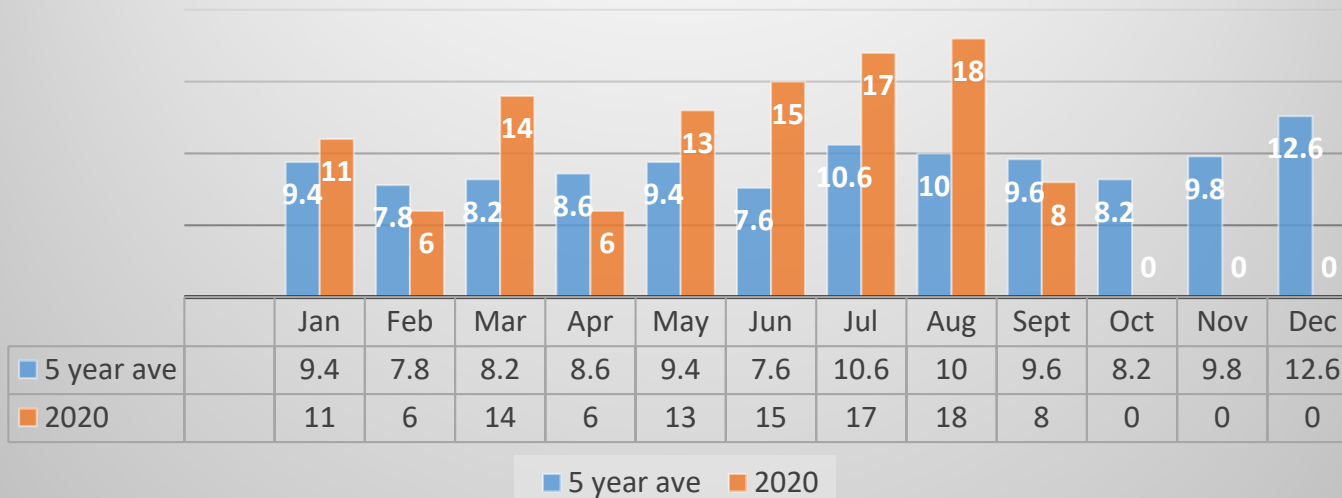


	2015	2016	2017	2018	2019
crude rates	3.59	2.43	3.46	2.72	3.42
homicides	129	87	124	97	122

crude rates homicides

Homicide in Connecticut During COVID-19

**Homicides In Connecticut 2015 to 2019
Monthly Averages Compared to Monthly
Homicides in 2020**



- “Lockdown” began in March until May
- Phase 1 reopening began May 20th, 2020
- Phase 2 reopening began June 13th, 2020

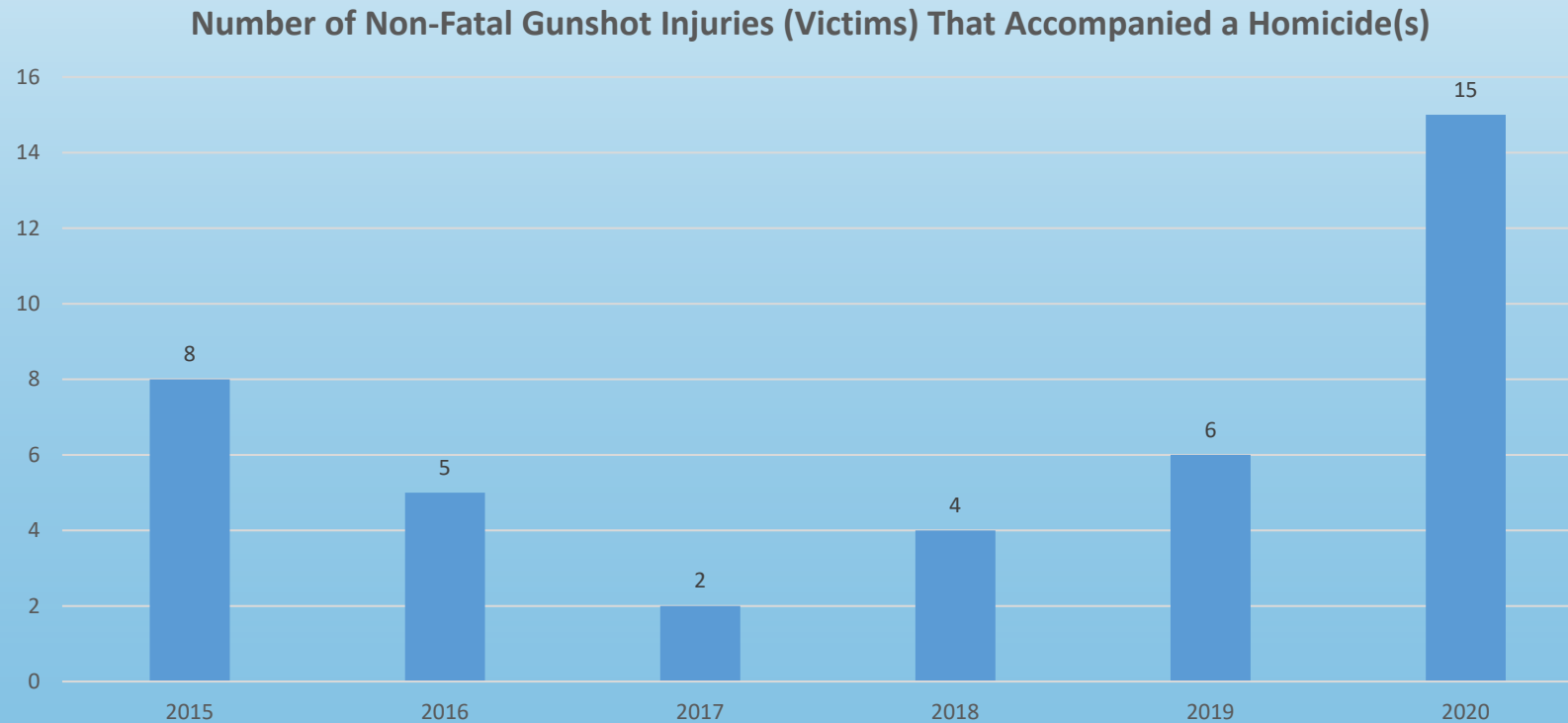


Homicide in Connecticut During COVID-19

- From the preliminary data, the number of homicides for 2020 (N= 107, January to September 30th) have increased 32% when compared to the same monthly period 2015 to 2019. From 2015 to 2019 ,January to September 30th , we averaged about 81 homicides.
- 2015 to 2019 CT averaged about 12 Intimate Partner deaths per year; 5 for 2020
- 2015 to 2019 CT averaged about 12 Domestic Violence (i.e. suspect was parent; child; sibling, other family member, deaths per year; 5 for 2020



Homicide in Connecticut During COVID-19





Homicide in Connecticut During COVID-19

- From Hartford Courant 10/16/20: Hartford 188 shootings, highest in 6 years
- In Hartford working theories for increase in gun violence-
 - a. COVID-19 pandemic caused court/trial limitations
 - b. Personal disputes, not some much gang or drug transactions
 - c. Some correlation between the increase in auto thefts around Capital Region

Drug Overdoses in Connecticut

Heather Clinton
October 27, 2020

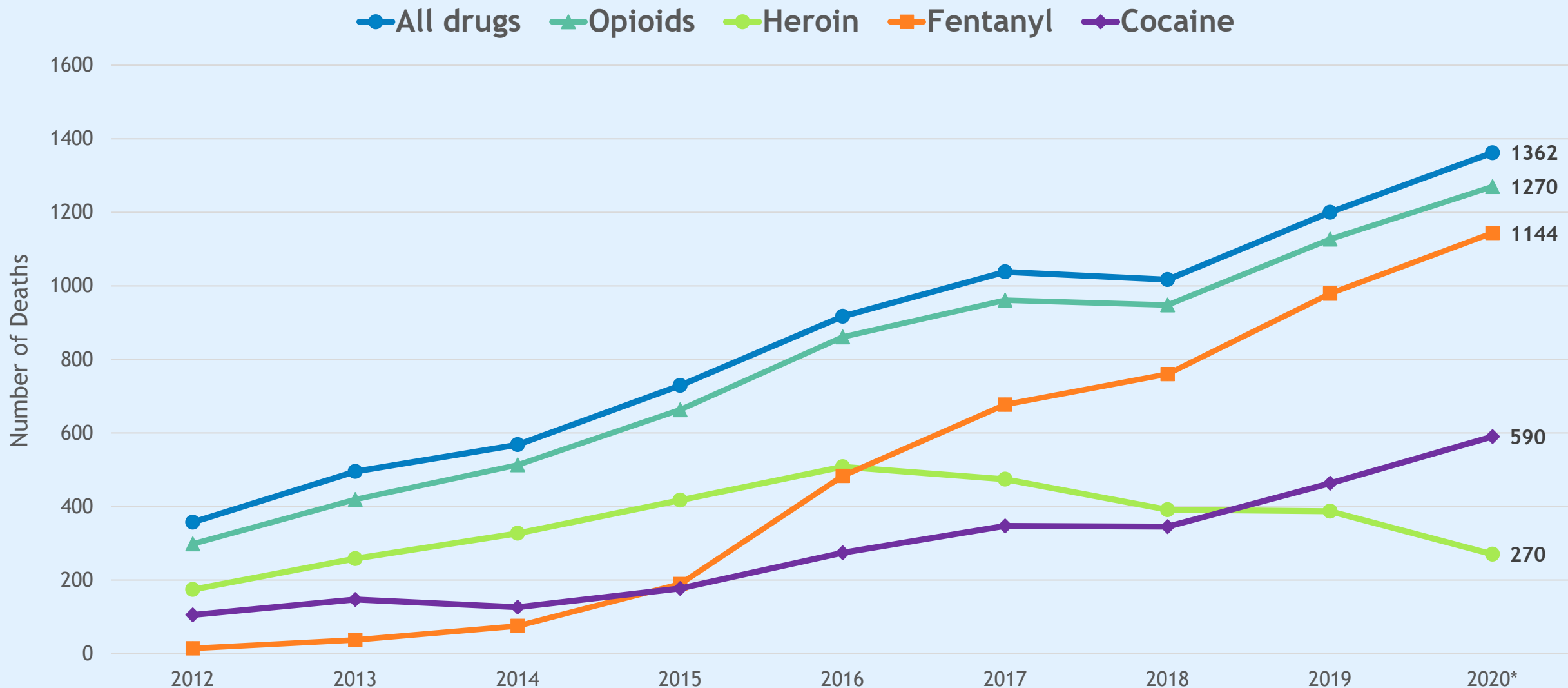
Injury and Violence Surveillance Unit
Community, Family Health and Prevention Section
Connecticut Department of Public Health

State Unintentional Drug Overdose Reporting System (SUDORS)

- Collects data on all unintentional and undetermined intent drug overdose deaths
- Data sources include the medical examiner reports and death certificates
- Excludes alcohol-only cases and non-drug poisonings



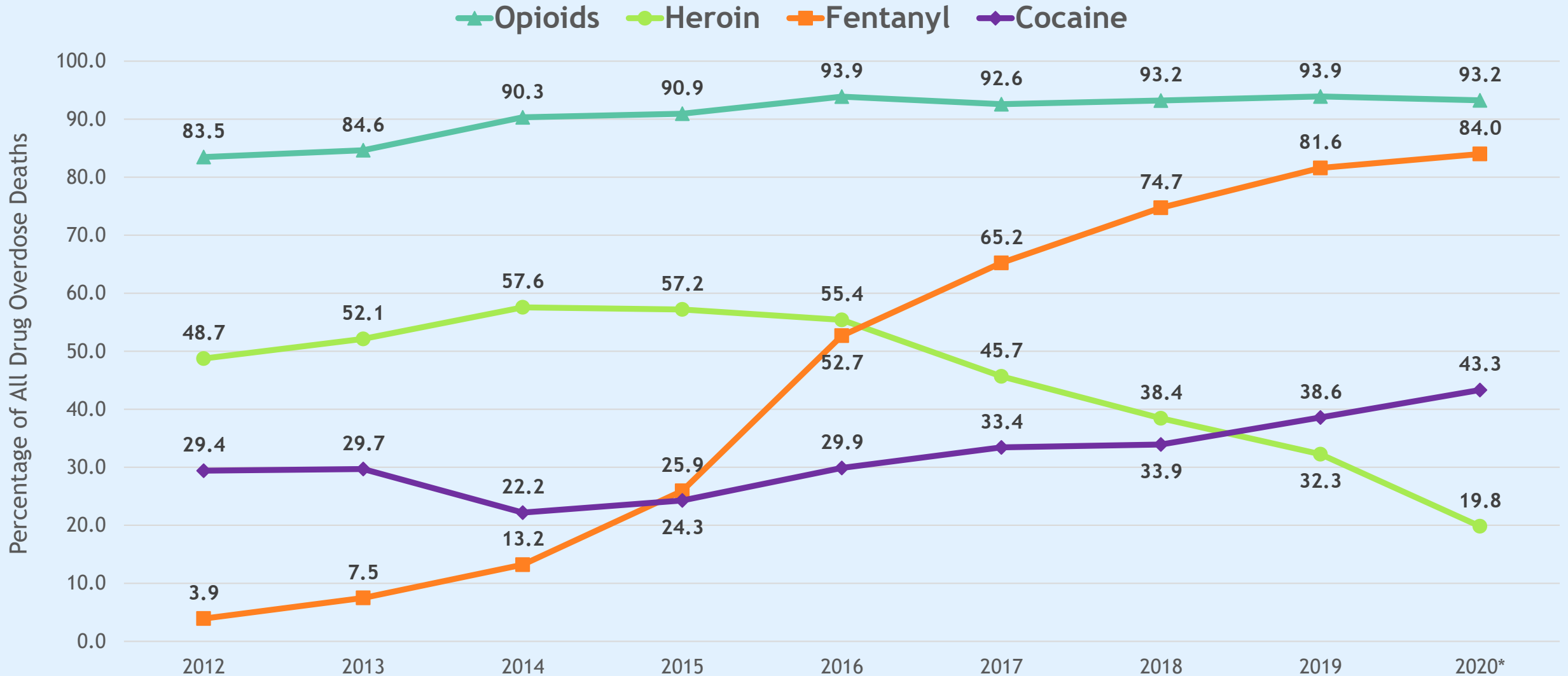
Number of Drug Overdose Deaths by Drug Type, 2012-2020*



* Projected based on half year data

Source: Connecticut Office of the Chief Medical Examiner

Percentage of Drug Overdose Deaths by Drug Type, 2012-2020*

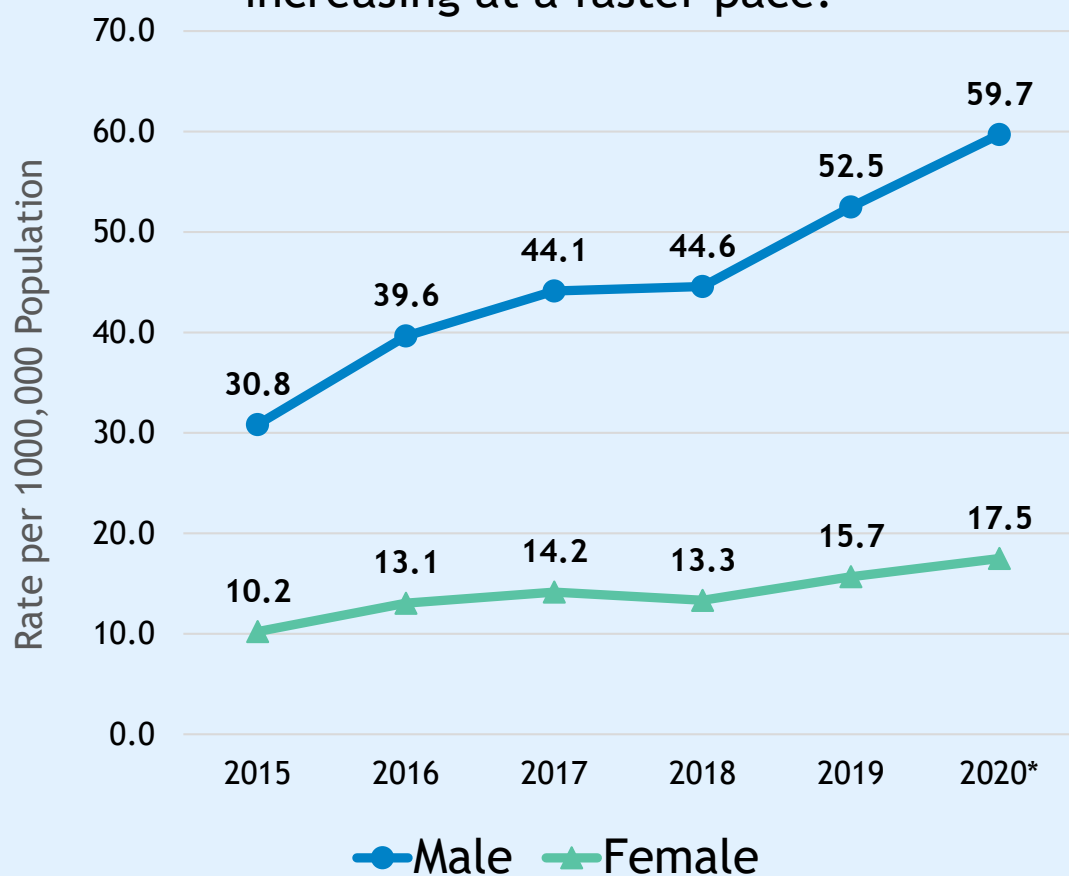


* Projected based on half year data

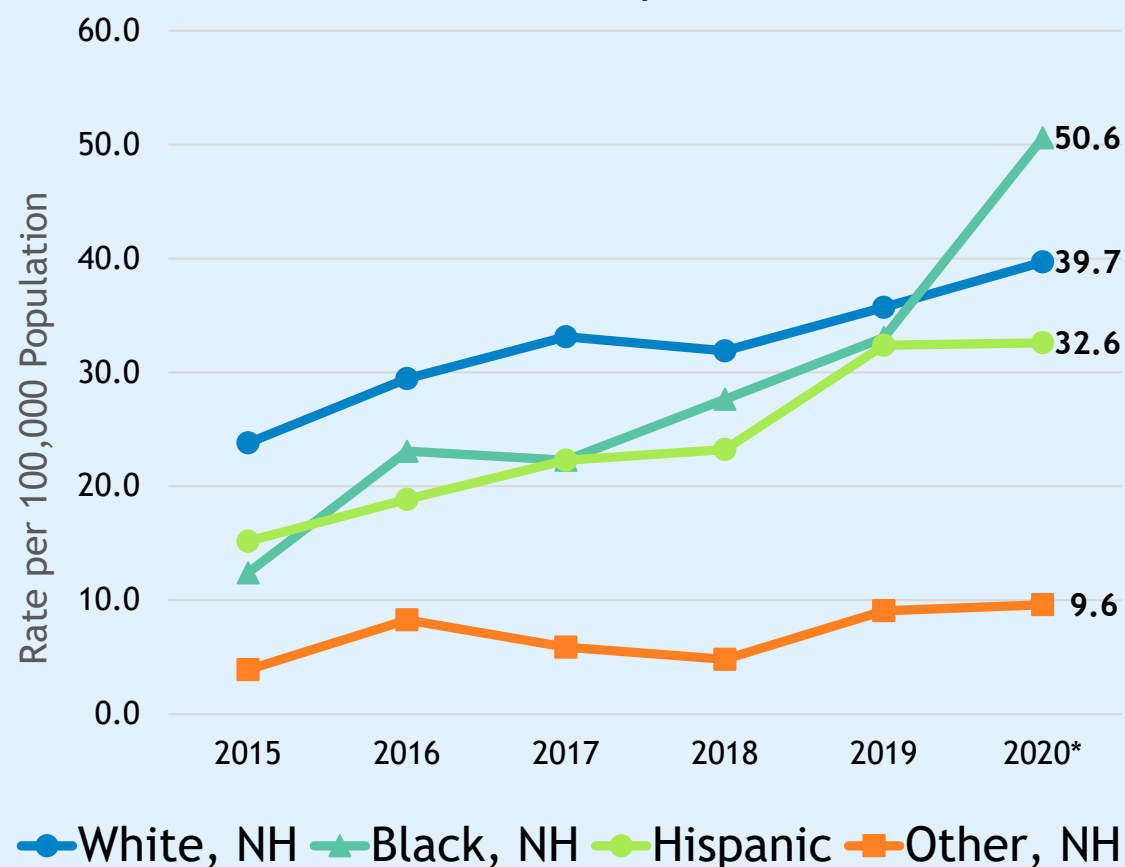
Source: Connecticut Office of the Chief Medical Examiner

Rate per 100,000 Population of Drug Overdose Deaths by Sex and Race/Ethnicity, 2015-2020*

Rates for males are three times the rates for females and are increasing at a faster pace.

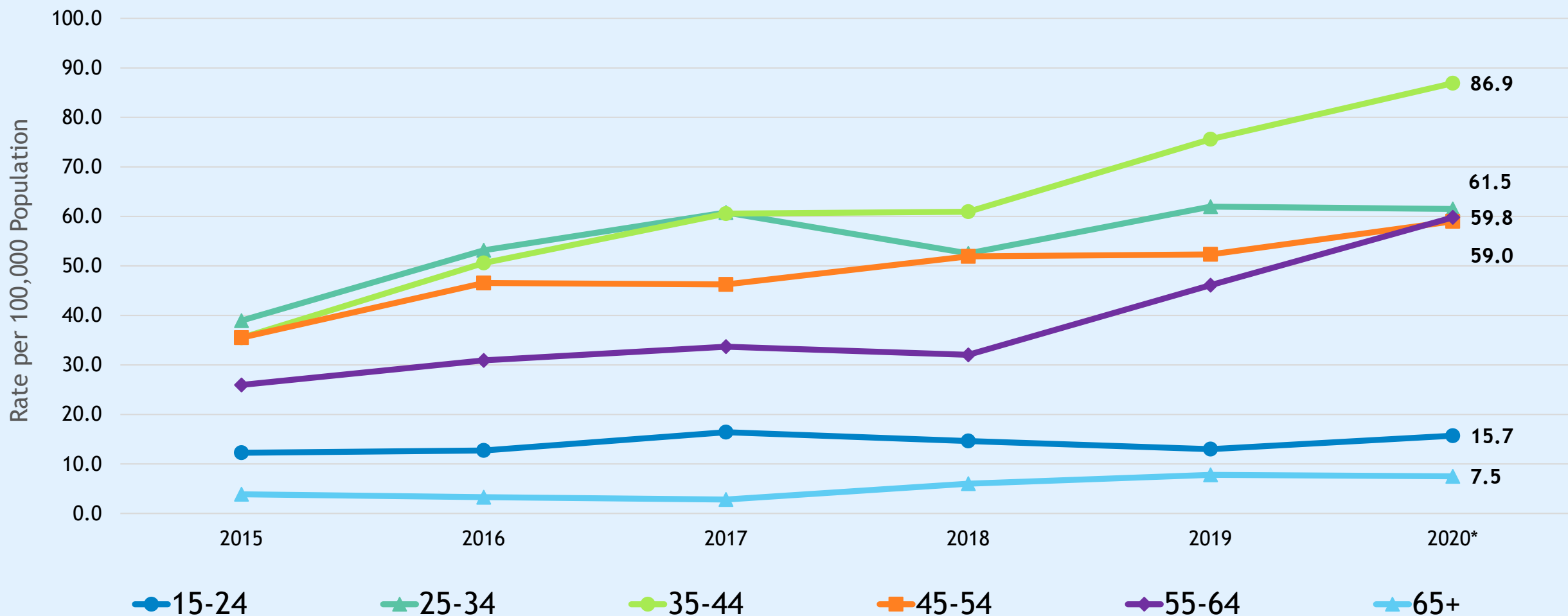


Rates for Black, Non-Hispanics have increased steeply and are on track to surpass those of White, Non-Hispanics in 2020.



Rate per 100,000 Population of Drug Overdose Deaths by Age Group, 2015-2020*

Rates for the 35-44 and 55-64 year age groups have increased markedly over the past several years. Rates are highest among 35-44 year olds and have continued to remain low in the 15-24 and 65+ year age groups.

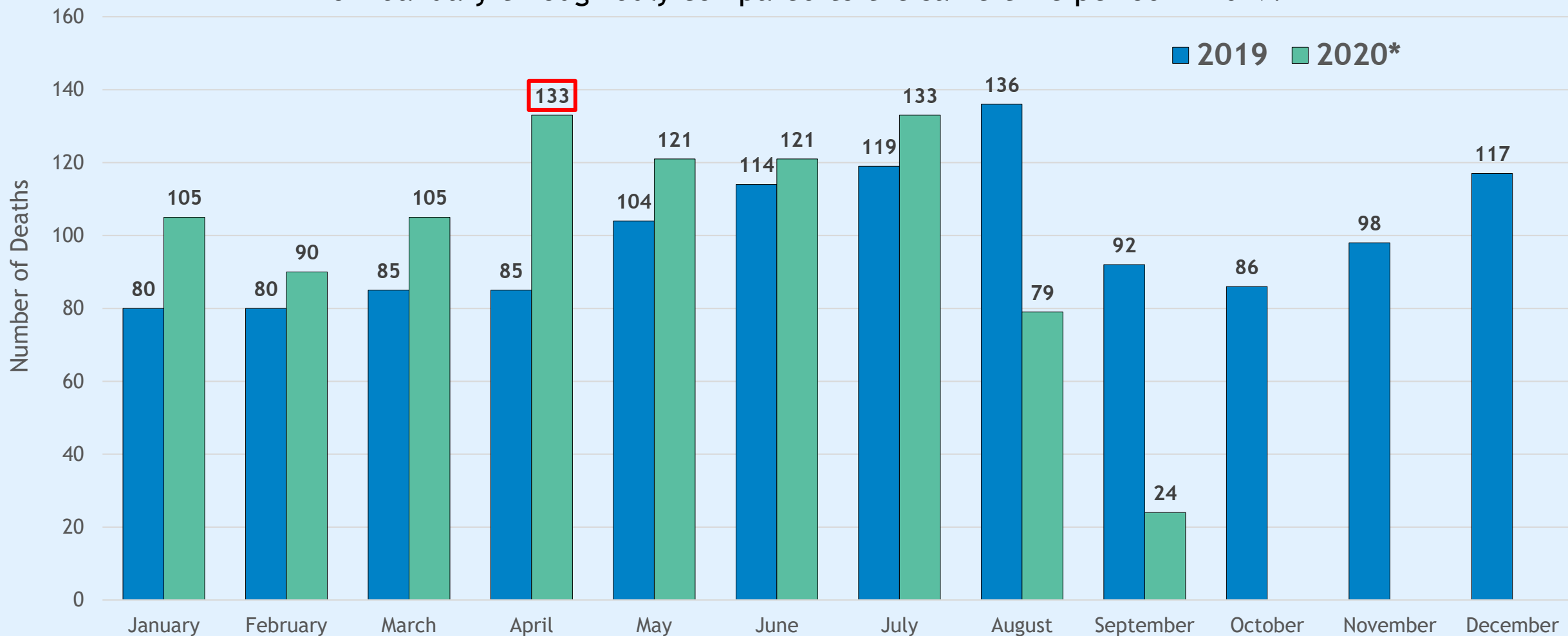


* Projected based on half year data

Source: Connecticut State Unintentional Drug Overdose Reporting System

Overdose Deaths by Month, 2019 vs. 2020*

Overdose deaths spiked in April 2020 and overall were 21% higher in 2020 from January through July compared to the same time period in 2019.



* Data for 2020 are considered preliminary and are subject to change based on cases still pending

New and Emerging Drugs

■ Xylazine

- A veterinary tranquilizer first identified in CT beginning March 2019
- Primarily seen as an adulterant to fentanyl
- 2019: 70 deaths; 2020: 97 deaths

■ Flualprazolam

- A designer benzodiazepine that emerged in 2020
- Often seen in combination with fentanyl
- 2020: 7 deaths

■ Carfentanil

- A fentanyl analog 100 times stronger than fentanyl
- Previously seen in CT in 2017 (9 deaths) but has re-emerged in 2020 (2 deaths)



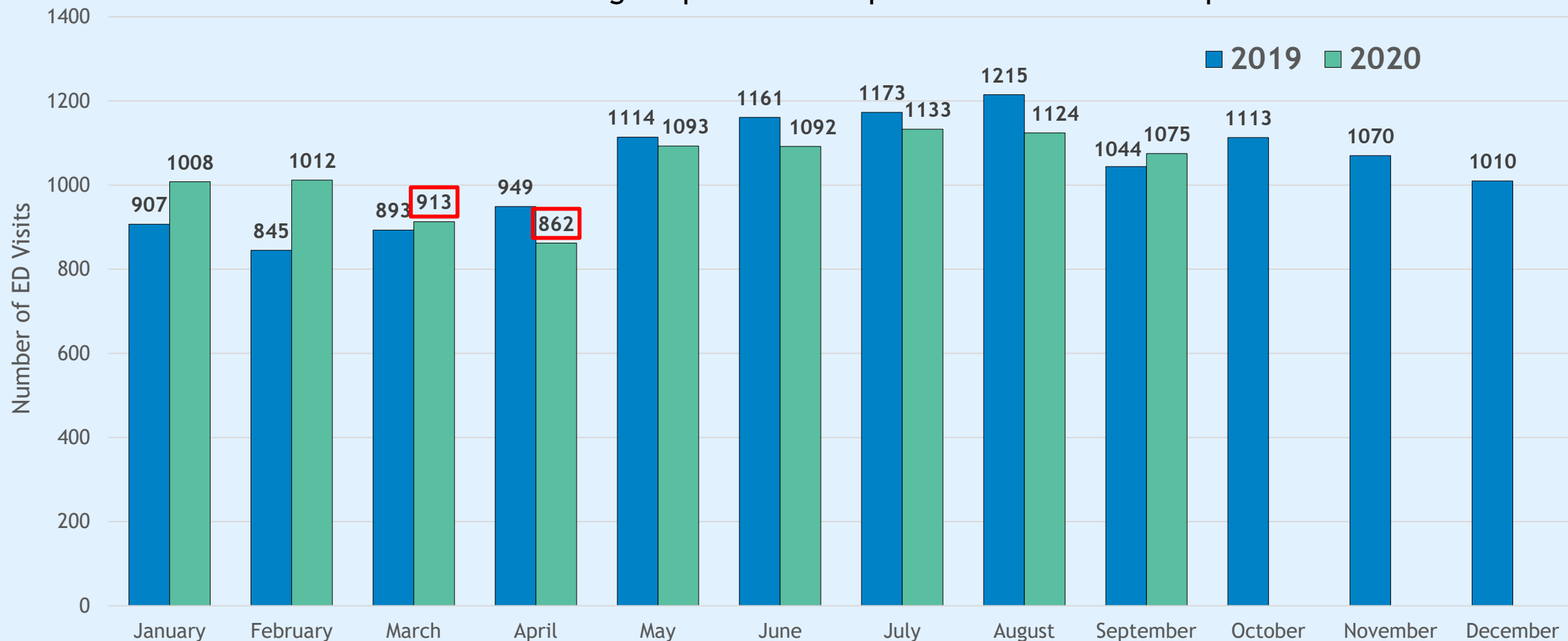
EpiCenter Syndromic Surveillance System

- Collects near “real-time” data from emergency department and hospital-affiliated urgent care center visits
- Data are characterized into syndromes based on chief complaint, discharge diagnosis codes and triage notes
 - Suspected all drug, opioid and heroin overdose definitions
- Uses statistical tools to detect and characterize unusual activity



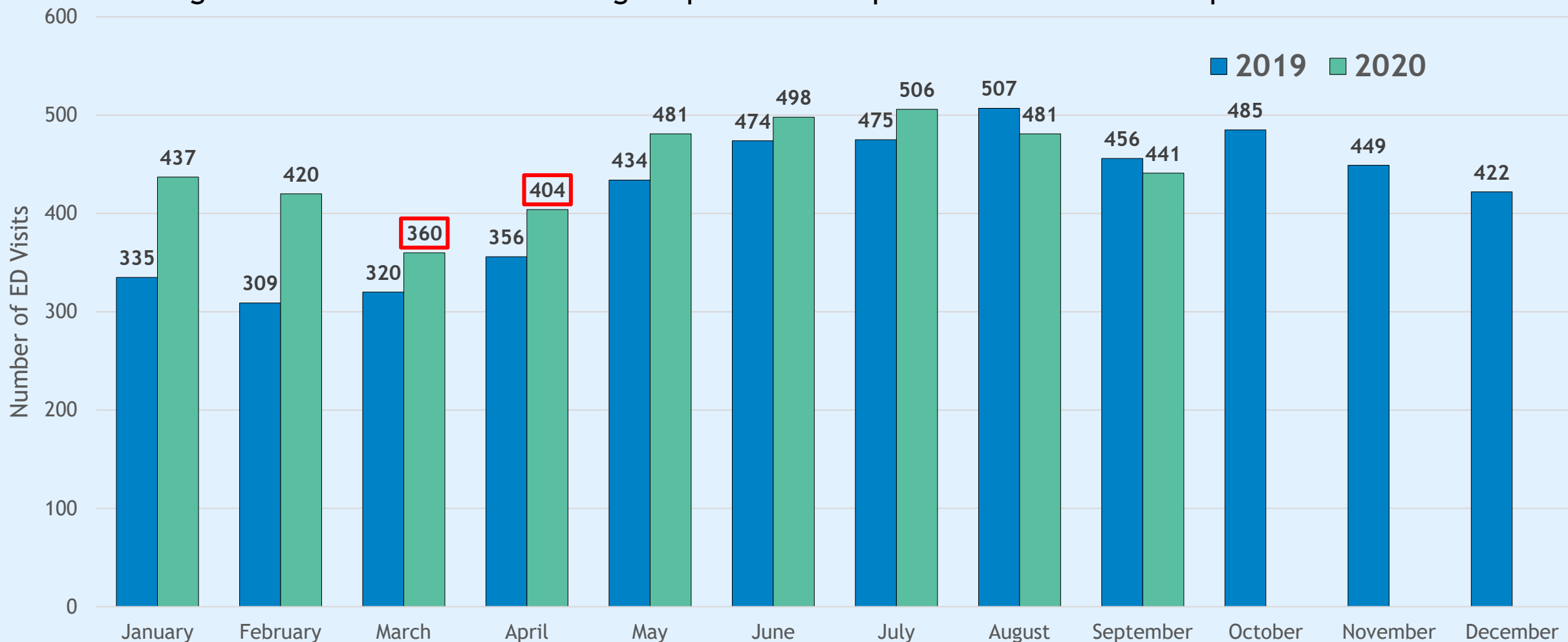
Suspected Drug Overdose ED Visits by Month, 2019 vs. 2020

ED visits for drug overdoses were lowest in 2020 in March and April and overall were 3% lower in 2020 from March through September compared to the same time period in 2019.



Suspected Opioid Overdose ED Visits by Month, 2019 vs. 2020

ED visits for opioid overdoses were lowest in 2020 in March and April and overall were 5% higher in 2020 from March through September compared to the same time period in 2019.



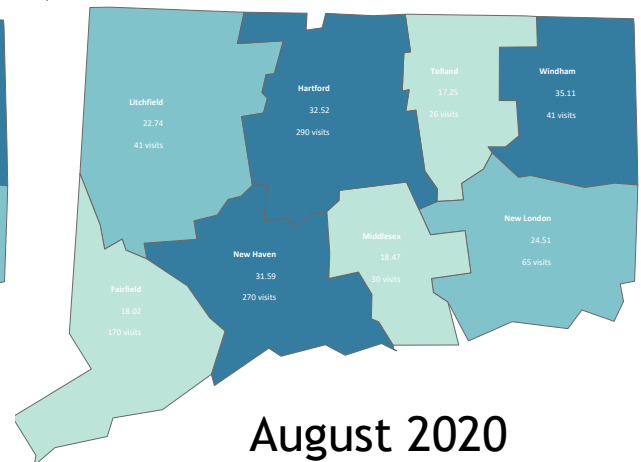
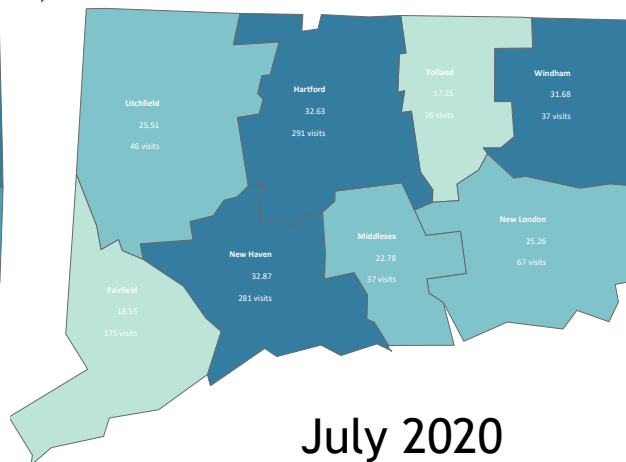
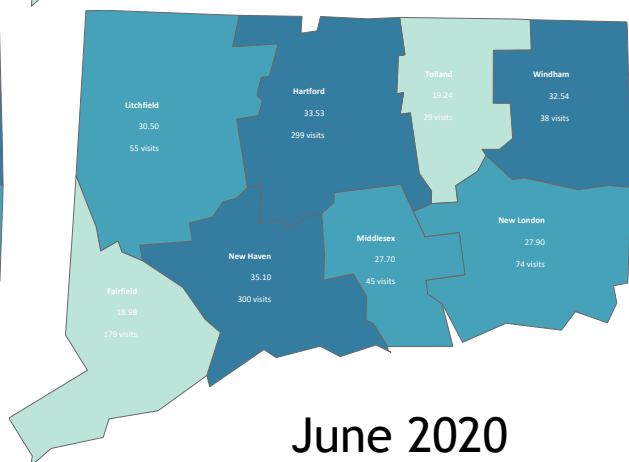
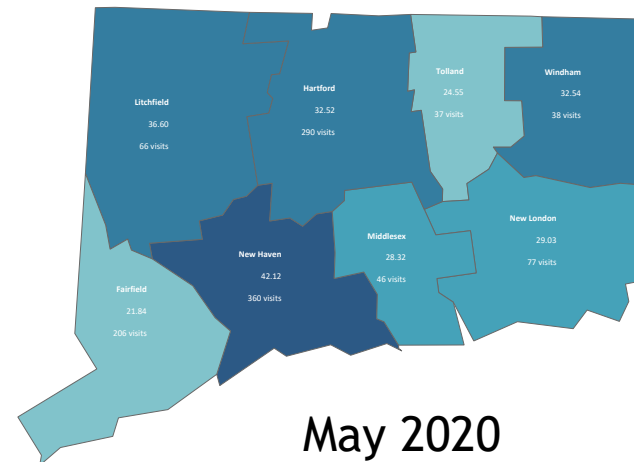
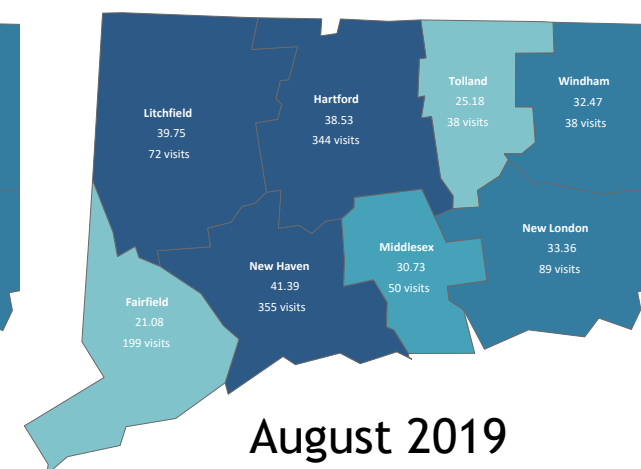
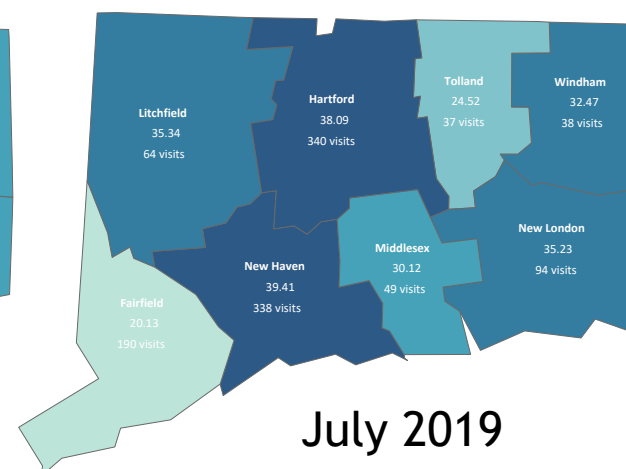
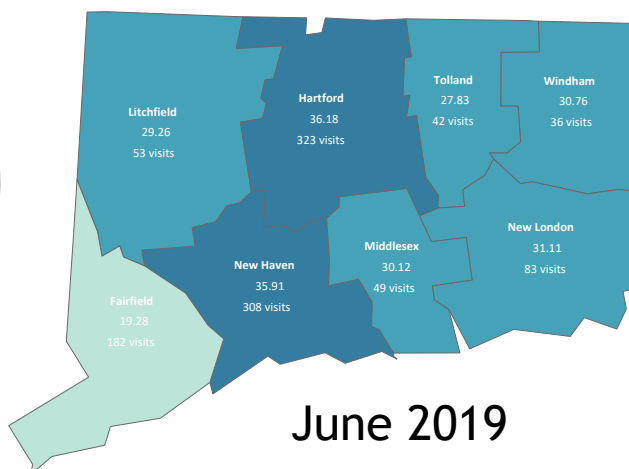
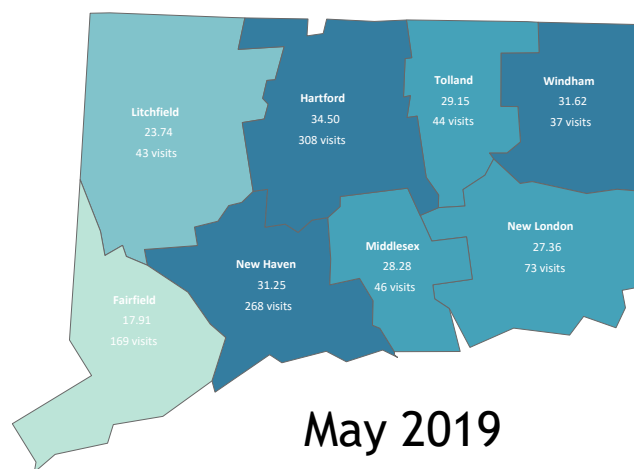
3-Month Rolling Average Rate per 100,000 Population and Count of ED Visits for “Suspected Drug Overdose”, by County of Residence, May-August 2019 vs. 2020

Rate per 100,000 Population



9.00

40.00



Drug Overdoses in Connecticut

Questions?

Contact:

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Comprehensive Suicide Prevention Funded by CDC: 2020 - 2025

- CT DPH: Newly- awarded 5-year grant
- Suicide prevention initiatives – across the lifespan; Health disparities and high burden populations in mind
- Enhanced surveillance of suicide attempts and ideation;
- Identify risk factors; Promote protective factors
- Community-level prevention and awareness campaigns
- State agencies will lead the grant: DPH, DMHAS, DCF



The Connecticut Landscape

Questions?

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