

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

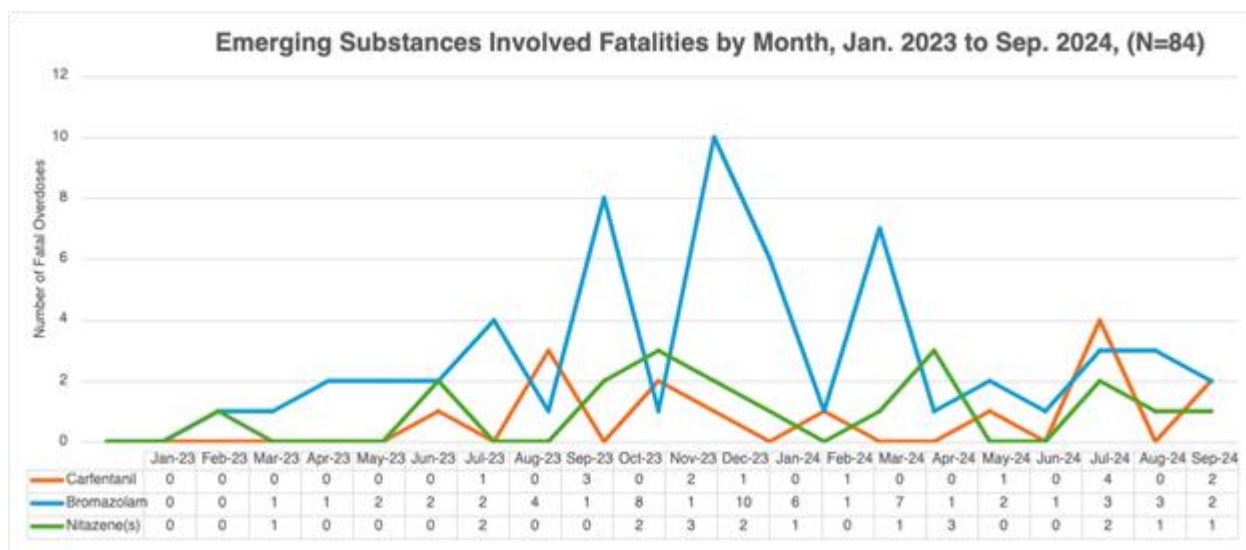
Ned Lamont
Governor
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Date: 01/02/2025
To: Connecticut Local Health Departments and Districts
From: Connecticut Department of Public Health

Public Health Alert: Emerging and Reemerging Illicit Street Drugs Associated with Fatal Overdoses

The Connecticut Department of Public Health (DPH) is providing the following information for situational awareness.

This overdose alert was generated by data from the Office of the Chief Medical Examiner. Between January 1, 2023 and mid-October 2024, *three* highly potent illicit substances were involved in a substantial number of fatal overdoses and are on the rise. This is a cause for concern in the public health and addiction services communities. The substances are carfentanil, designer benzodiazepines, primarily bromazolam, and nitazenes, which are synthetic opioids just as potent or more potent than fentanyl.



The line graph demonstrates the volume of drug overdose fatalities that occurred between January 1, 2023 and September 30, 2024, that involved these emerging dangerous substances. The blue line graph depicts the trends over time of bromazolam-involved deaths; the orange line graph depicts the trend of deaths by carfentanil; and the green line graph depicts the trends of overdose death involving nitazenes. The graph shows that prior to March 1, 2023, there were zero (0) cases involving any of these three drugs. Since March 2023, there has been a rising number of bromazolam-involved fatal overdoses with spikes in October (N=8) and December 2023/January 2024 (N=16) and March 2024 (N=7). Carfentanil and nitazenes, although less common than bromazolam-involved deaths, are still of great concern because they are high potency (see Table below).

Emerging Substances in Fatal Drug Overdose, Connecticut, 2019 to mid-October 2024						
Substance	2019	2020	2021	2022	2023	2024
Bromazolam/Flubromazolam	0	3	5	5	31	26
Carfentanil	0	2	1	0	7	9
Nitazenes	0	0	2	1	10	9

We are working closely with our partners to monitor this disturbing trend and will provide more details, as they become available.

Take Action: Please use your department’s overdose response protocol for guidance. This entails understanding the problem in your jurisdiction, reaching out to local law enforcement and fire, emergency departments, harm reduction organizations, syringe services programs, and opioid task forces to notify them of these emerging substances. As a good practice, it is important to ask your local community partners to disseminate this information to those who use illicit substances and to first responders and medical personnel who are treating people who have overdosed or who have a substance use disorder.

Please refer to the following resources for more information on overdose prevention, substance misuse and substance use disorder treatment, and harm reduction:

[Change the Script Resource Van:](#) The Change the Script Resource Van meets people where they are to provide them with medication lock boxes and Detera pouches to support the safe storage and disposal of medications; harm reduction materials such as naloxone and test strips for fentanyl and xylazine; and educational materials on substance use and mental health disorders, prevention, health promotion and wellness, treatment and recovery, and other related topics.

[CT Opioid Toolkit:](#) A tool kit developed by the Connecticut Association of Directors of Health to better equip local health department staff to respond to this epidemic in the towns and cities they serve and to provide a one-stop reference guide of programs, promising practices and other valuable resources related to the opioid crisis.

[NoraSaves.com:](#) is a free app that provides information on opioids, recognizing the symptoms of a suspected opioid overdose, and instructions on administering naloxone when needed. Viewers can learn about trainings on naloxone use in Connecticut as well as how to obtain it in their communities. Additional pages provide information on how to prevent an overdose, disposal of medications, and links to treatment and recovery resources.

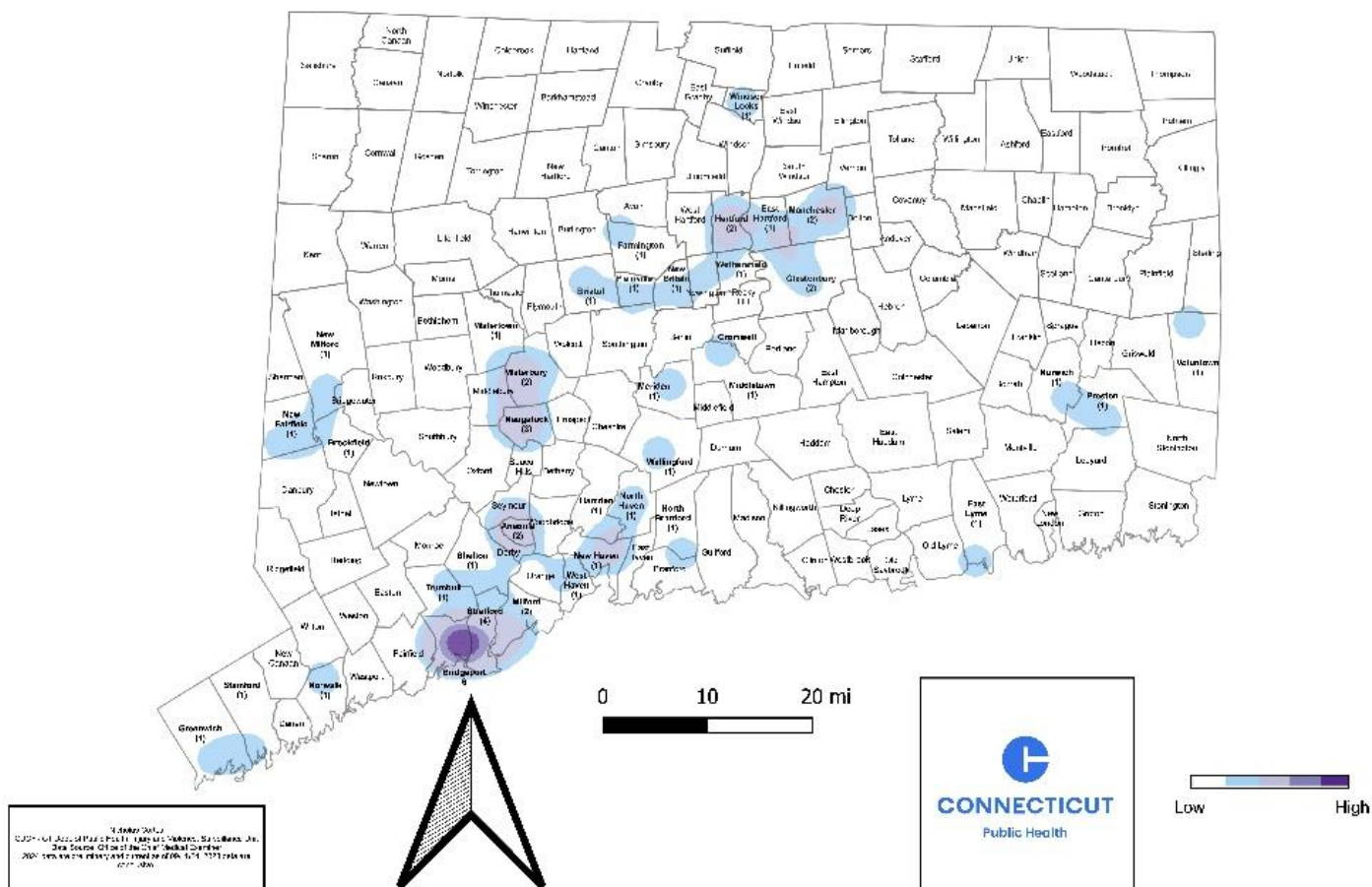
More Details on Emerging Substances:

Carfentanil: There has been a re-emergence of carfentanil in Connecticut and an escalation in overdose cases as a result. This rise is also occurring in several states throughout the US, including [New York](#). The increase in Carfentanil was also highlighted as a nation-wide problem in the December 5, 2024 issue of the CDC [Morbidity and Mortality Weekly Report \(MMWR\)](#). A dangerous analog of fentanyl, carfentanil, also known as an elephant tranquilizer, was determined to be 100 times more potent than fentanyl. In Connecticut, carfentanil has been involved in nine drug overdose deaths in 2024 and seven in 2023 (16 confirmed deaths since 2023). Prior to 2023, there were zero (0) to two (2) cases per year, except in 2017 when there were seven (7) deaths involving carfentanil.

Carfentanil cases, N=16 between January 2023 and mid-October 2024, were mainly located in southern Connecticut along the western and central shoreline with a number of cases occurring in Bridgeport. The Bristol/Waterbury area also reported a few cases.

Designer benzodiazepines (DBZD): Compared with classical benzodiazepines, these compounds produce strong sedation and amnesia, and they increase the risk of respiratory depression and death when used in combination with other CNS depressants [1, 2, 3]. Two specific DBZDS, bromazolam and flubromazolam, involved in the recent overdose deaths, are most likely not new to the drug market, but the presence and accessibility of these drugs in Connecticut has increased substantially since 2023. There have been 26 deaths in 2024 and 31 deaths in 2023 (57 confirmed deaths since 2023) involving these two DBZDs; the numbers are much higher than the previous years, zero (0) in 2019; three (3) in 2020; five (5) in 2021, and five (5) in 2022.

Bromazolam Involved Fatalities in Connecticut, Jan. 2023 - Aug. 2024
(N=54)



The bromazolam map is a heat map demonstrating hot spots in specific areas in Connecticut that had relatively more cases of bromazolam-involved deaths compared to other areas in the state. The greatest number of bromazolam-involved deaths occurred in Bridgeport (dark purple), with fewer but substantial number of deaths in Waterbury/Naugatuck, Ansonia, New Haven and Hartford/Manchester areas.

Nitazenes: Nitazenes are a class of psychoactive synthetic opioids that contains more than 20 unique compounds, including isotonitazene, which were first identified in 2019 and is known on the streets as *ISO*. These substances have recently surfaced as illegal street drugs in Connecticut and in the US. There have been nine (9) nitazene-involved deaths in 2024 and in 2023 there were ten deaths (19 deaths since 2023). In prior years there were relatively fewer nitazene-involved deaths, zero (0) in 2019 and 2020, two (2) in 2021 and one (1) in 2022.

Nitazene-involved overdose deaths, N=19 between January 2023 and mid-October 2024, were spread throughout Connecticut, but the greatest number of cases occurred among cities and towns along the I-95/I-91 highways, from Stamford to East Hartford.

In addition to alerting the local health departments and districts, the following offices and agencies are being notified. They are: Connecticut Poison Control Center, Department of Mental Health and Addiction Services, the Connecticut Overdose Response Strategy program, harm reduction coalitions, and DPH Office of the Commissioner, Emergency Medical Services, HIV Prevention, and Public Health Preparedness.

References:

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2. El Balkhi S., Monchaud C., Herault F., Géniaux H., Saint-Marcoux F. Designer benzodiazepines' pharmacological effects and potencies: How to find the information. *J. Psychopharmacol.* 2020;34:1021–1029. doi: 10.1177/0269881119901096. [[DOI](#)] [[PubMed](#)] [[Google Scholar](#)]
3. Muzaale A.D., Daubresse M., Bae S., Chu N.M., Lentine K.L., Segev D.L., McAdams-Demarco M. Benzodiazepines, codispensed opioids, and mortality among patients initiating long-term in-center hemodialysis. *Clin. J. Am. Soc. Nephrol.* 2020;15:794–804. doi: 10.2215/CJN.13341019. [[DOI](#)] [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]