

2019 Connecticut Epidemiological Profile: Alcohol



A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

Alcohol is the most commonly used substance nationally and in Connecticut, although the prevalence of alcohol use is higher in the state compared to the national average. According to the 2017-2018 National Household Survey of Drug Use and Health (NSDUH), Connecticut has the 4th highest prevalence of current alcohol use (62.1%) in the U.S., higher than the national prevalence (51.4%).

Overall, the NSDUH shows that the rate of alcohol use in Connecticut has remained relatively stable; the prevalence of current alcohol use in individuals 12 and older was 59.3% in 2008-2009 and 62.1% in 2017-2018. However, consistent with the national trend, underage drinking in Connecticut among 12 to 17-year olds decreased significantly, from 18.6% in 2008-2009 to 12.6% in 2017-2018.

Young adults in Connecticut ages 18-25 have the highest rate of reported past month alcohol use (68.4%), followed closely by those aged 26 or older (66.7%).

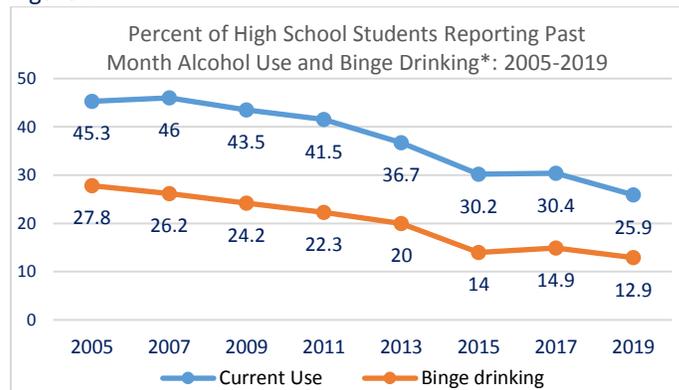
The prevalence of binge drinking in Connecticut has remained relatively stable since 2010, and it has remained consistently higher than the national average. Binge drinking is highest among young adults (47.0%), followed by adults ages 26 or older (28.9%), and youth ages 12-17 (6.2%).¹

The 2017 Connecticut School Health Survey (CSHS) also reported higher prevalence of drinking behavior in Connecticut's high school students compared to their national counterparts, for both past month use (30.4% vs. 29.8%) and binge drinking (14.9% vs 13.5%).

More recently, in the 2019 CSHS, 25.9% of high school students reported using alcohol in the past month and almost half of them (12.9%) reported binge drinking* in the past month.² This shows prevalence of drinking

behavior continues to decline among high school students (Figure 1.)

Figure 1.



* The definition for binge drinking was 5 or more drinks in a row, until 2017 when it became 5 or more for males or 4 or more for females

In 2019, high school females were more likely than males to report drinking (29.2% and 22.8%, respectively) and binge drinking (14.4% vs 11.5%). Non-Hispanic white and Hispanic students had the highest prevalence of past month drinking (29.6% and 26.0%, respectively) and binge drinking (15.8% and 12.8%, respectively).²

The prevalence of past year alcohol use disorder (AUD) has dropped significantly in the past decade. The 2017-2018 NSDUH showed that 12.1% of young adults met criteria for AUD in the past year, vs. 19.9 in 2008-2009. Among youth, 1.9% had AUD in the past year, compared to 5.9% in 2008-2009.

At-Risk Populations

- Young people who drink are more likely than adults to report being binge drinkers.³
- Men are more likely than women to be heavy drinkers.³
- Women are more likely than men to develop alcoholic hepatitis and cirrhosis, and are at increased

¹ NSDUH (2017-2018)

*Four or more drinks of alcohol in a row for females, five for males

² DPH, 2019 Connecticut School Health Survey

³ CDC (2016), Excessive alcohol use and risks to men's health

2019 Connecticut Epidemiological Profile: Alcohol



risk for damage to the heart muscle and brain with excessive alcohol use.⁴

- Individuals with mental health disorders are about four times more likely to be heavy alcohol users.⁵
- Native Americans are at especially high risk of alcohol-related traffic accidents, DUI and premature deaths associated with alcohol misuse.⁶
- While Hispanics or Blacks have higher rates of abstinence from alcohol, those who do drink often have higher rates of binge drinking.⁷
- In 2019, 68.2% of alcohol admissions were male, and 59.6% were non-Hispanic White.⁷
- Among youth, risk factors include:
 - Academic and/or other behavioral health problems in school;
 - Alcohol-using peers;
 - Lack of parental supervision;
 - Poor parent-child communication;
 - Parental modeling of alcohol use;
 - Anxiety or depression;
 - Child abuse or neglect;
 - Poverty;
 - Social norms that encourage or tolerate underage drinking⁸

Consequences

- Immediate adverse effects of alcohol can include: impaired judgment, reduced reaction time, slurred speech, and loss of balance and motor skills.⁶
- When consumed rapidly and in large amounts, alcohol can also result in coma and death.⁶
- Alcohol use can increase risk of death when used with other substances, i.e. prescription medication like benzodiazepines and opioids. In 2019, alcohol was listed as a contributing cause of death for almost 3 in 10 (29%) of 1200 fatal overdoses which occurred in Connecticut.

- Approximately 88,000 deaths each year in the U.S. are attributed to alcohol misuse.⁹
- In 2017, Connecticut ranked as the highest state in the country for the percent of alcohol-impaired** driving fatalities compared to total driving fatalities (43%), versus the United States overall (29%).¹⁰
- Excessive drinking has numerous chronic and acute health effects, including: liver cirrhosis, pancreatitis, various cancers, cardiomyopathy, stroke, high blood pressure, and psychological disorders as well as increased risks for lower respiratory infections such as tuberculosis.¹¹
- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, and interpersonal violence.⁵
- Drinking during pregnancy can lead to a variety of developmental, cognitive and behavioral problems in the child (Fetal Alcohol Spectrum Disorders).¹¹
- Older adults aged 65+ who drink are at increased risk of health problems associated with lower tolerance for alcohol, existence of chronic health problems (i.e., diabetes, high blood pressure, congestive heart failure, and liver problems) and interactions with medications (e.g., aspirin, acetaminophen, cough syrup, sleeping pills, pain medication, and medication for anxiety or depression).¹²
- Initiation of alcohol use at young ages has been linked to increased likelihood of AUD later in life.¹³
- Of all 2019 Connecticut treatment admissions, 38.2% identified alcohol as the primary drug at admission.⁸

Connecticut SEOW Data Portal

For more data and information on alcohol use in Connecticut, visit the

Connecticut SEOW Prevention Data Portal

<http://preventionportal.ctdata.org/>

⁴ CDC (2016), Alcohol and public health

⁵ NIDA (2014), Severe mental illness tied to higher rates of substance use

⁶ NIAAA, Minority Health and Health Disparities

⁷ CT DMHAS 2019 Treatment Admissions

⁸ National Research Council and Institute of Medicine

⁹ NIAAA, Alcohol Facts and Statistics

¹⁰ NHTSA (2018), Alcohol-Impaired Driving

¹¹ WHO (2018), Global status report on alcohol and health—2018

¹² NIAAA (2008), Older Adults

¹³ NIAAA (2006), Alcohol Alert No. 67, Underage drinking