

# 2022 Connecticut Epidemiological Profile: Alcohol



## A product of the State Epidemiological Outcomes Workgroup (SEOW)

### Prevalence

Alcohol continues to be the most commonly used substance nationally and in Connecticut. Alcohol use prevalence in CT has in fact remained higher than the nation since 2010, and CT has been among the 10 states with highest prevalence most/all of these years.<sup>1</sup>

Overall, NSDUH shows that the prevalence of alcohol use in Connecticut among the general population has remained relatively stable; the prevalence of past 30 day alcohol use in individuals 12 and older was 59.32% in 2008-2009 and 60.03% in 2018-2019. The prevalence of heavy episodic drinking in Connecticut has also remained relatively stable since 2010, and it has remained consistently higher than the national average. Adults in Connecticut ages 26 and older have the highest reported prevalence of past 30 day alcohol use (61.4%).<sup>2</sup> Young adults 18-25 have the highest prevalence of binge alcohol use (29.3%).<sup>2</sup>

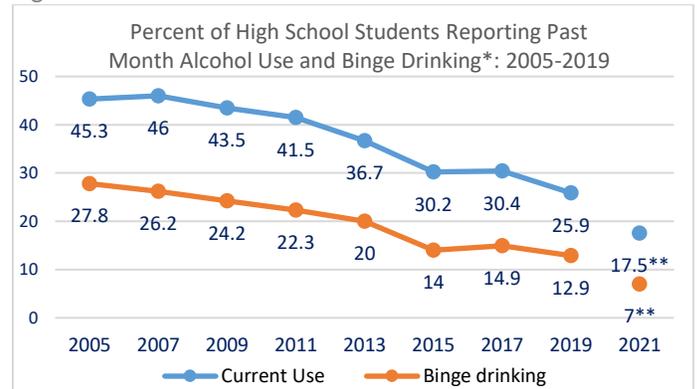
Even though the NSDUH shows that alcohol use in the general population of CT has remained consistent, underage drinking in Connecticut among 12 to 17-year-olds decreased significantly, from 18.56% in 2008-2009 to 11.24% in 2018-2019.

The 2021 Connecticut School Health Survey (CSHS) also reported lower prevalence of past 30 day alcohol use in Connecticut's high school students compared to their national counterparts (18% vs 23%).<sup>3</sup>

The Connecticut School Health Survey (CSHS), CT's Youth Risk Behavior Survey, also shows that the reported prevalence of past month alcohol use and binge drinking among Connecticut high school students has steadily declined since 2005 (Figure 1).

In the 2021 CSHS, 17.5% % of high school students reported using alcohol in the past month. Of these students, 7.0% of them reported binge drinking\* in the past month.<sup>3</sup> However, caution should be taken when comparing the 2021 data to that of previous years because the 2021 CSHS was collected during a different semester than in previous years (Fall vs Spring).

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  
\*\*Caution should be taken when comparing 2021 data to that of previous years due to differences in methodology in survey collection.

The 2021 CSHS also shows that high school females were more likely than males to report past month drinking (29.2% and 14.2%, respectively) and binge drinking (8.5% vs 5.6%). Non-Hispanic whites had the highest prevalence of past month drinking (22.4%) and binge drinking (10.3%). Hispanic and Black students' reported prevalence of past month (13.7% and 12.1% respectively) and binge drinking (4.0% and 3.5%, respectively) were similar between the two groups.<sup>3</sup>

### At-Risk Populations

Among individuals 12 years and older, those reporting alcohol use disorder (AUD) in the past year was relatively stable from 2016 to 2019, at about 6%. However, the 2021 NSDUH data indicates an increase in reported AUD for this age group (10.3%).<sup>2</sup>

<sup>1</sup> NSDUH 2018-2019

<sup>2</sup>NSDUH 2021

<sup>3</sup>CSHS 2021

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- Young people who drink are more likely than adults to report being binge drinkers.<sup>4</sup>
- Men are more likely than women to be heavy drinkers.<sup>5</sup>
- Women are more likely than men to develop alcoholic hepatitis and cirrhosis, and are at increased risk for damage to the heart muscle and brain with excessive alcohol use.<sup>6</sup>
- Individuals with mental health disorders are about four times more likely to be heavy alcohol users.<sup>7</sup>
- Native Americans are at especially high risk of alcohol-related traffic accidents, DUI and premature deaths associated with alcohol misuse.<sup>8</sup>
- While Hispanics or Blacks have higher rates of abstinence from alcohol, those who do drink often have higher rates of binge drinking.<sup>9</sup>
- In 2021, 67.5% of alcohol admissions were male, and 58.0% were non-Hispanic White.<sup>10</sup>
- 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 drinking<sup>10</sup>

## Consequences

- When consumed rapidly and in large amounts, alcohol can also result in coma and death.<sup>4</sup>
- Immediate adverse effects of alcohol can include: impaired judgment, reduced reaction time, slurred speech, and loss of balance and motor skills.<sup>4</sup>
- Alcohol use can increase risk of death when used with other substances, i.e. prescription medication like benzodiazepines and opioids.<sup>12</sup>
- 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.<sup>13</sup>
- Approximately 95,000 deaths each year in the U.S. are attributed to alcohol-related causes.<sup>14</sup>
- In 2019, Connecticut ranked as the fourth highest state in the country for the percent of alcohol-impaired\*\* driving fatalities compared to total driving fatalities (38%), versus the United States overall (28%).<sup>15</sup>
- 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.<sup>16</sup>
- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, and interpersonal violence.<sup>6</sup>
- Drinking during pregnancy can lead to a variety of developmental, cognitive and behavioral problems in the child (Fetal Alcohol Spectrum Disorders).<sup>12</sup>

<sup>4</sup>DPH, 2021 Connecticut School Health Survey

<sup>5</sup>CDC (2016), Excessive alcohol use and risks to men's health

<sup>6</sup>CDC (2016), Alcohol and public health

<sup>7</sup>NIDA (2014), Severe mental illness tied to higher rates of substance use

<sup>8</sup>NIAAA (2014), Focus On: Ethnicity & the Social and Health Harms from Drinking

<sup>9</sup>NIAAA (2021), Alcohol and the Hispanic Community

<sup>10</sup>CT DMHAS 2021 Treatment Admissions

<sup>11</sup>SAMHSA (2019), Risk and Protective Factors

<sup>12</sup>CDC (2022), Alcohol and Other Substance Use

<sup>13</sup>CT Department of Public Health Drug Overdose Monthly Report, 2021

<sup>14</sup>NIAAA, Alcohol Facts and Statistics

<sup>15</sup>NHTSA (2018), Alcohol-Impaired Driving

<sup>16</sup>WHO (2018), Global status report on alcohol and health—2018

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- 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).<sup>17</sup>
- Initiation of alcohol use at young ages has been linked to increased likelihood of AUD later in life.<sup>18</sup>
- Of all 2021 Connecticut treatment admissions, 38% identified alcohol as the primary drug at admission.<sup>19</sup>

<sup>17</sup>CDC (2022), Alcohol and Other Substance Use

<sup>18</sup>CDC (2022), Alcohol and Other Substance Use

<sup>19</sup>CDC (2022), Alcohol and Other Substance Use

## 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/>