

2022 Connecticut Epidemiological Profile: Cocaine



A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

Cocaine is a powerful and addictive nervous system stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a Schedule II drug, meaning that it has a high potential for abuse and dependence, but there is some acceptable medical use.¹

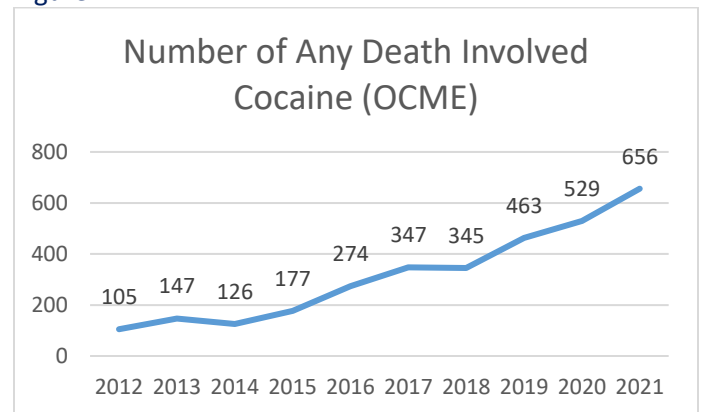
Cocaine binds to dopamine transporters, leading to an accumulation of dopamine, causing a euphoric feeling. Cocaine is primarily used intranasally, intravenously, orally, or by inhalation,² and is often used with other licit and illicit substances. Cocaine may be intentionally combined with fentanyl and/or heroin and injected (“speedball”). Alternately, an individual may purchase cocaine that has fentanyl and/or heroin added without their knowledge, with increased risk of overdose, especially among non-opioid tolerant individuals. Some individuals use cocaine concurrently with alcohol, resulting in the production of cocaethylene, which tends to have a longer duration of action and more intense feelings than cocaine alone.³ The formation of cocaethylene is of particular concern because it may potentiate the cardiotoxic effects of cocaine or alcohol.³

After increasing through 2015, Connecticut experienced a gradual decline in cocaine use. The 2018-2019 National Survey on Drug Use and Health (NSDUH) estimated about 1.99% of Connecticut residents over the age of 12 reported past year cocaine use, with young adults having the highest reported use (6.21%), which is higher than the prevalence in the U.S. (5.54%).⁴ Despite the overall decline in use, Department of Drug Enforcement Administration (DEA) data for Connecticut indicates an increase in drug seizures involving cocaine in recent years⁵ and the Connecticut’s Office of the Chief Medical Examiner (OCME) data show an increase in incidents of

cocaine involvement in drug-related deaths, most often in combination with fentanyl and heroin.⁶

In 2021, the OCME reported 656 (43%) deaths involved cocaine and 561 (36.8%) deaths due to combination of cocaine and fentanyl.⁶

Figure 1.



According to data from the 2021 Connecticut School Health Survey (CT YRBS), 1.2% of high school students reported using some form of cocaine in their lifetime.⁷ This is consistent with a decreasing trend since 2007, when the reported prevalence of lifetime use was 8.3%.⁷ In 2021, male students reported higher rates (1.7%) than female students (0.6%). The prevalence of lifetime cocaine use was highest among 9th and 11th graders (1.5% each). Hispanic students reported higher rates (1.4%) than Black (0.4%) or White (1.2%) students.⁷ 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).

¹ United States Drug Enforcement Administration (DEA)

² NIDA

³ Pennings, EJ., Leccese, AP., & de Wolff, FA. (2002) Effects of concurrent use of alcohol and cocaine.

⁴ NSDUH (2018-2019)

⁵ US DEA, Diversion Control Division, 2014-2018. Springfield, VA: US Drug Enforcement Administration. Retrieved from: <https://www.nflis.deadiversion.usdoj.gov/Resources/NFLISPublicResourceLibrary.aspx>

⁶ CT Office of the Chief Medical Examiner (OCME), 2021

⁷ Connecticut School Health Survey, 2021 (CT YRBS)



At-Risk Populations

- Young adults ages 18 to 25 have a higher rate of current use than any other age group²
- Males are more likely to use cocaine than females⁴
- Those with current or previous misuse of other illicit substances, such as marijuana and heroin/fentanyl
- Individuals with mental health challenges²

Among youth, risk factors include:

- Family history of substance use⁸
- Lack of parental supervision²
- Substance-using peers⁷
- Lack of school connectedness and low academic achievement⁷
- Childhood trauma⁷

Consequences

Short-term consequences of cocaine use include:

- Increased heart rate and blood pressure
- Restlessness, irritability, and anxiety
- Tremors and vertigo
- Hypersensitivity to sight, sound and touch
- Large amounts can result in bizarre, unpredictable and violent behavior.²

Long-term consequences of cocaine use include:

- Tolerance, requiring higher and more frequent doses
- Sensitization, where less cocaine is needed to produce anxiety, convulsions, or other toxic effects (increasing risk of overdose)

- Loss of appetite leading to malnourishment
- Increased risk of stroke and inflammation of the heart muscle
- Movement disorders such as Parkinson's disease
- Impairment of cognitive function²
- Cocaine users are also at risk for contracting bloodborne diseases such as HIV and hepatitis C via needle sharing and other risky behavior²
- Users are at risk of accidental overdose, especially in the presence of alcohol or other drugs.²
- In 2020, cocaine was the primary drug in 7.4% of all Connecticut substance use treatment admissions. This represents 5,848 admissions.⁹
- In 2021, the percentage of any death involved cocaine is 43%.⁶
- More than 7 in 10 (72%) overdose deaths involving cocaine in 2019 occurred in urban core or urban periphery communities.
- Cocaine-involved deaths have been linked to fentanyl-contaminated cocaine in Connecticut.¹⁰ In 2021, 36.8% cocaine-involved deaths in Connecticut (n=561) also involved fentanyl.

Connecticut SEOW Prevention Data Portal

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

Connecticut SEOW Prevention Data Portal
<http://preventionportal.ctdata.org/>

⁸ CDC (2019) High-Risk Substance Use Among Youth

⁹ Connecticut Department of Mental Health and Addiction Services, (2020)

¹⁰ Tomassoni AJ. MMWR 2017; 66:107-111.