The State of the State: Substance Use in Connecticut

A presentation to the Alcohol and Drug Policy Council August 20, 2024



DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health



Objectives

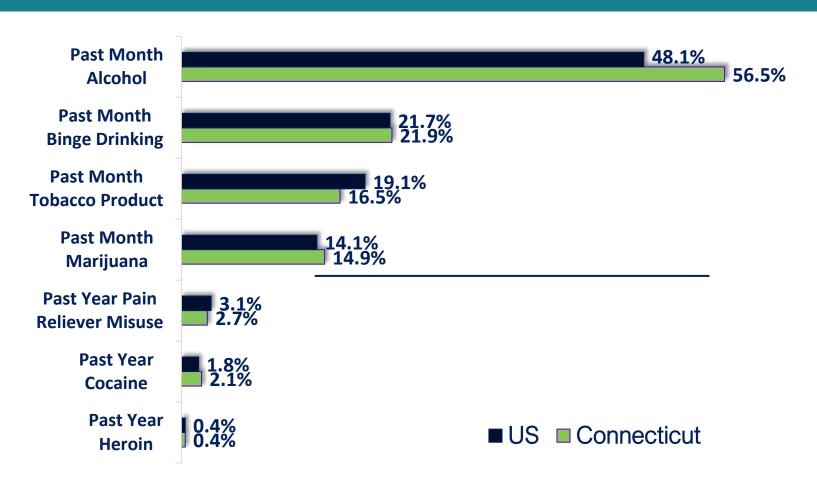


- Describe the state of substance use and misuse in Connecticut in terms of:
 - Prevalence of use and misuse;
 - Related perceptions and consequences;
- Explore trends over time;
- Illuminate substance use- and misuse-related concerns, risk groups, and priorities.





Percent of Individuals (Ages 12+) Reporting Use by Substance, 2021-2022



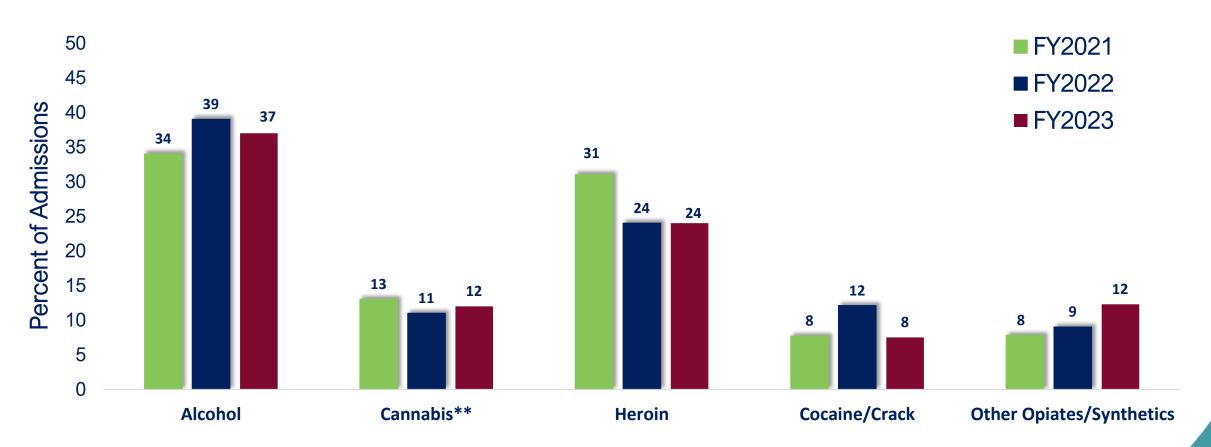
Reported past month alcohol use was most prevalent among respondents aged 26 and older (61.2%).

Reported past month marijuana/cannabis use

was most prevalent in young adults **18-25** (30.0%).

Treatment Admissions* by Primary Substance: FY2021-FY2023



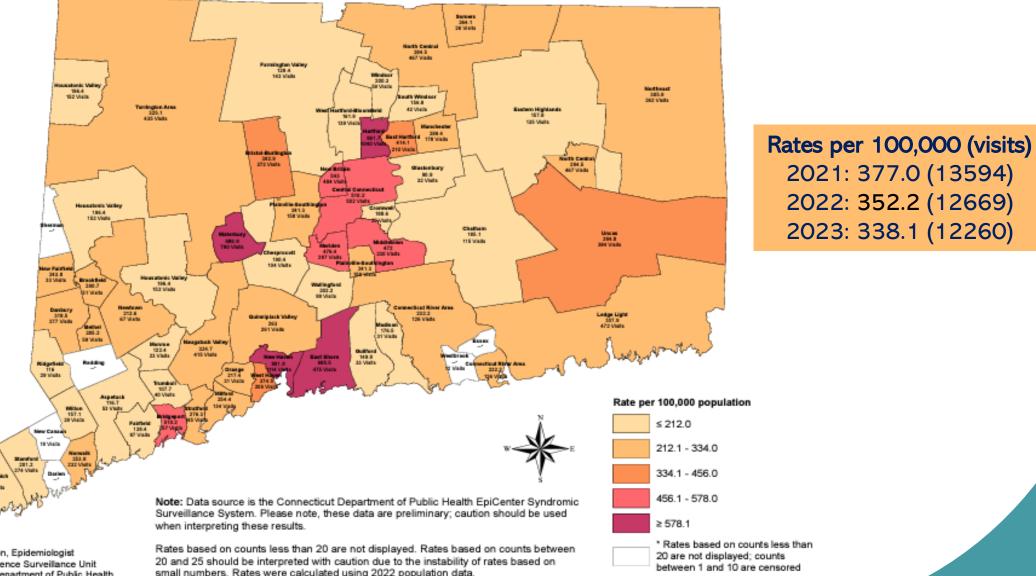


^{*} All program types (SU and MH)

Source: DMHAS Annual Statistical Report, FY2021-23

^{**}Marijuana/Hashish/THC

Rate per 100,000 Population and Count of Emergency Department and Urgent Care Center Visits for Suspected All Drug Overdoses Among Connecticut Residents, by Resident Local Health Department/District, 2023



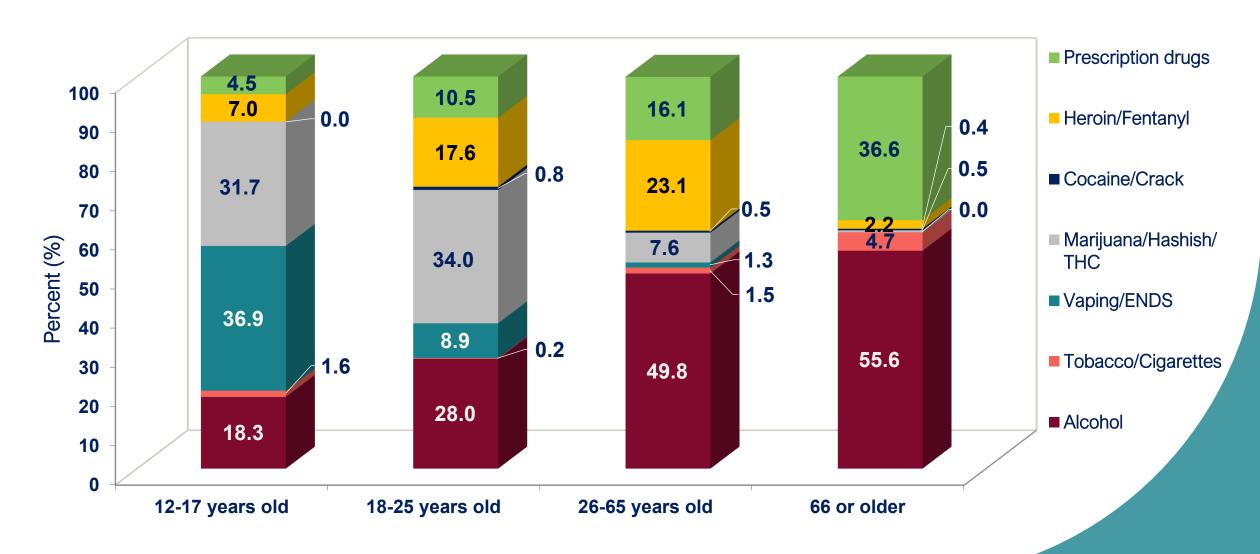


Heather Clinton, Epidemiologist Injury and Violence Surveillance Unit Connecticut Department of Public Health Last Updated: 3/1/2024

small numbers. Rates were calculated using 2022 population data.

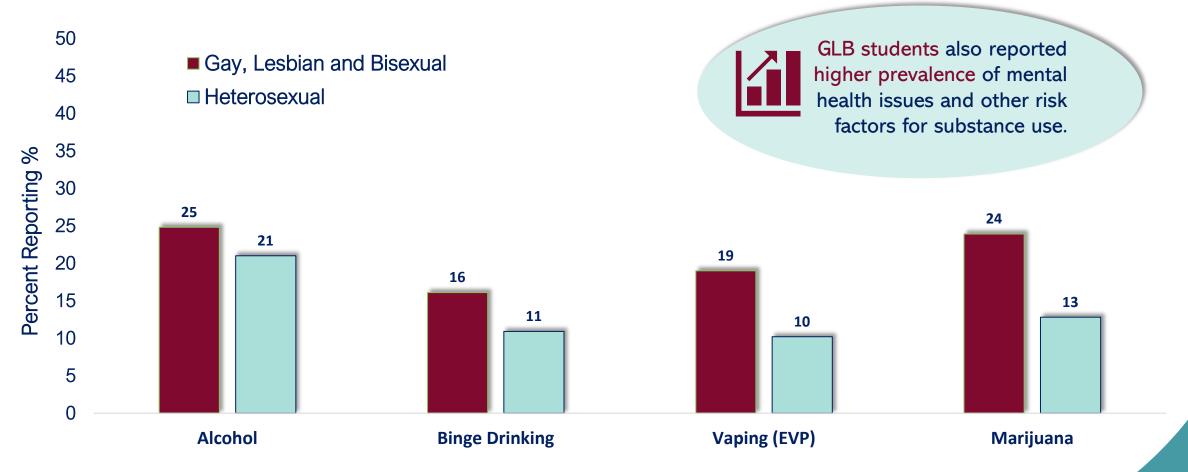
Problem Substances of Greatest Community Concern for Age Groups According to Key Informants in CT, 2022







Reported Past 30-Day Use of Alcohol and Other Substances Among Gay/Lesbian/Bisexual (GLB) vs. Heterosexual High School Students in CT, 2023



Source: CSHS (CT YRBS) 2011-2023





Alcohol

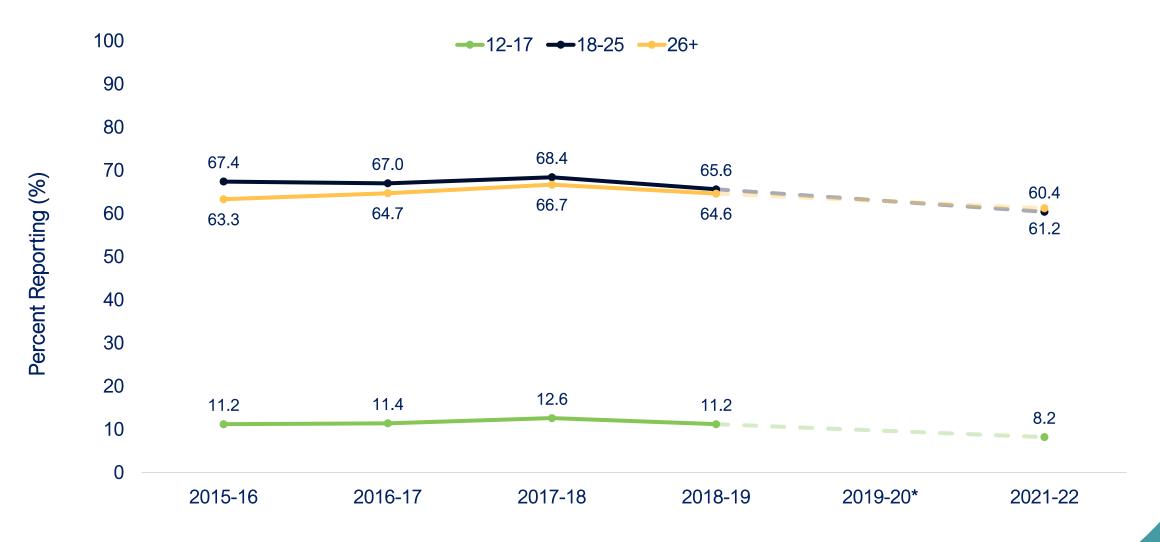
Clear deterioration of reaction time and cospeech, poor coordination, and slowed the Far less muscle control than normal, vomit (unless this level is reached slowly or a patient tolerance for alcohol), major loss of bean

your eyes), impaired judgen

d alertness, release of inhib

Past Month Alcohol Use by Age Group in CT, 2015-2022





^{*}State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Source: NSDUH 2015-2022

Past Month Heavy Episodic/ Binge Drinking by Age Group in CT, 2015-2022





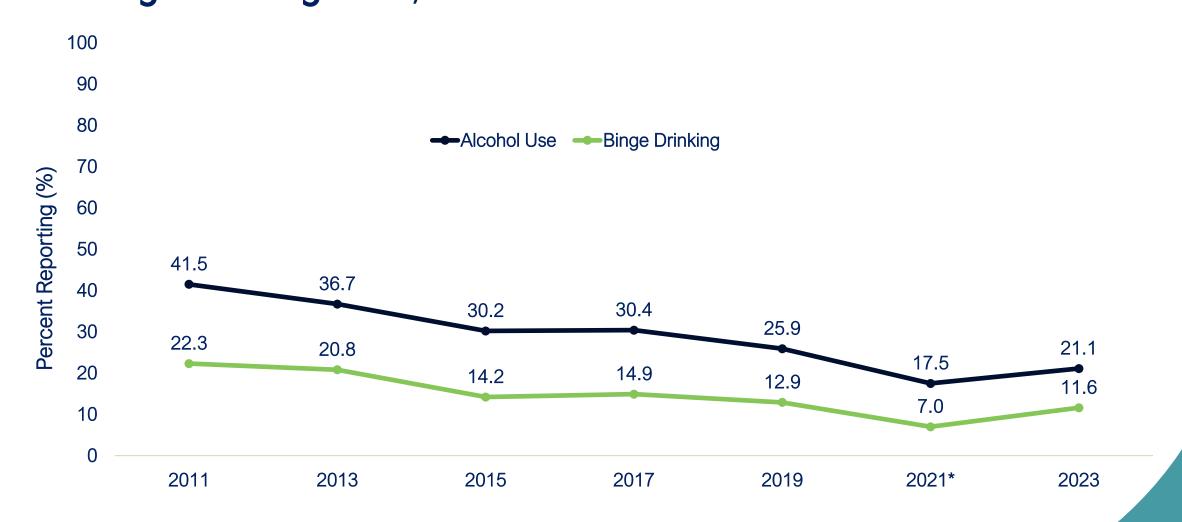
Note: The 2015 NSDUH underwent significant redesigns. In 2015 the threshold for binge drinking changed for women from 5 or more alcoholic drinks to 4 or more alcoholic drinks on the same occasion.

Source: NSDUH

^{*}State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Percent of High School Students Reporting Past 30-Day Alcohol Use and Binge Drinking in CT, 2011-2023





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

Source: CSHS (CT YRBS) 2011-2023

Key Points: Alcohol



Alcohol remains the substance of highest use prevalence in Connecticut compared to all other substances.

Heavy episodic drinking is most prevalent among young adults 18-25, both in Connecticut and nationally.

Reported past month alcohol use was most prevalent among respondents aged 26 and older in 2022.

Connecticut has experienced a steady decline in alcohol use among high school students over the past 12 years. However, the prevalence in the state has been and remains consistently higher than alcohol use nationally.

There was a higher reported prevalence of past month alcohol use and past month binge drinking in 2023 among Connecticut's high school students who identify as gay, lesbian, or bisexual (LGB).

LGB students also reported higher prevalence of other substance use and risk factors for substance use, making LGB youth a key risk population of focus.

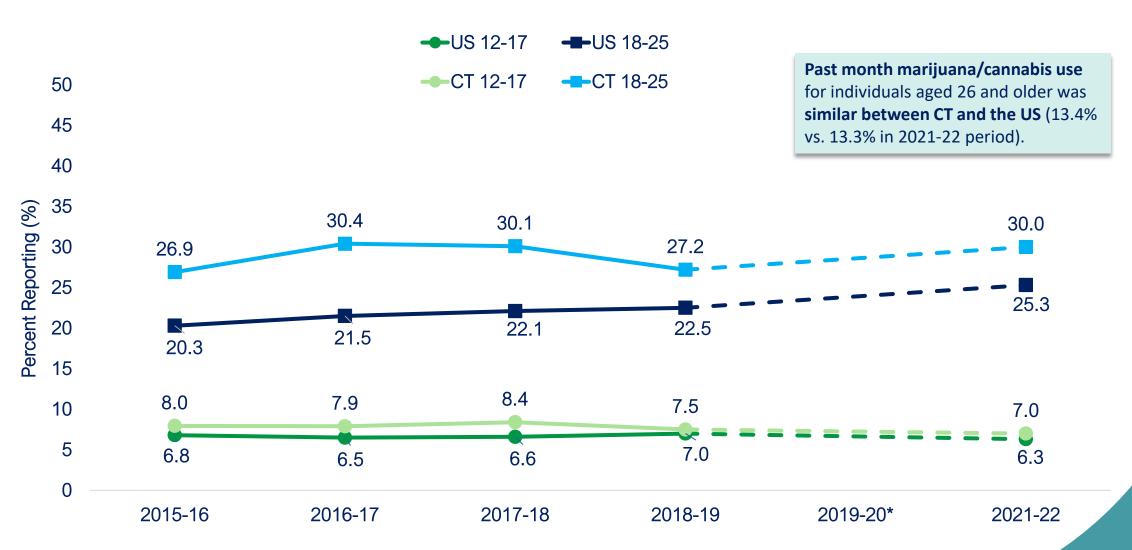




Cannabis and Marijuana

Past Month Marijuana Use by Age Group in CT and the US, 2015-2022



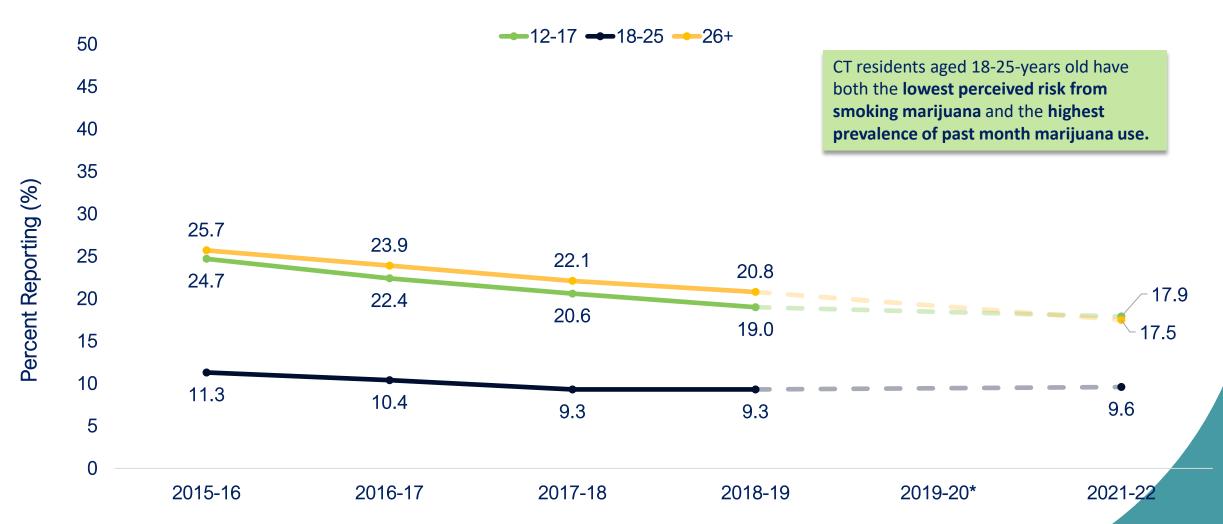


Note: *State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Source: NSDUH

CPES Center for Prevention Evaluation and Statistics

Percent of Individuals in CT Perceiving Great Risk from Smoking Marijuana Once Per Month, 2015-2022

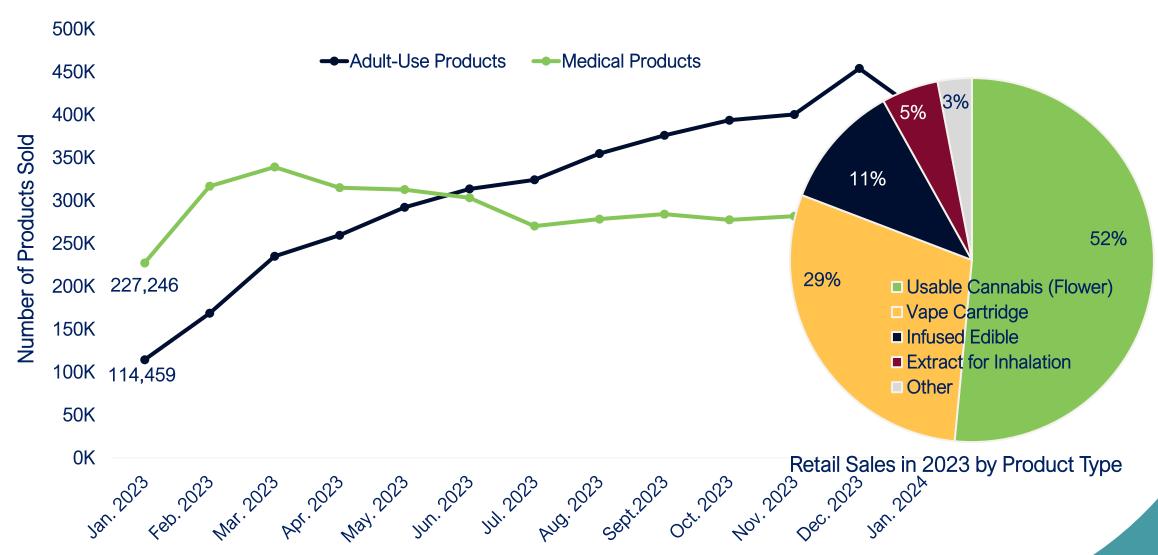


Note: The 2015 NSDUH underwent significant redesigns, including the order of perceived risk questions, affecting comparability. *State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Source: NSDUH

Number of Adult-Use Cannabis and Medical Marijuana Products Sold in CT by Month, 2023-2024





Note: "Other" products sold include pills, capsules, non-smokable infused extract, tincture, marijuana infused topicals, liquid marijuana Rick Simpson Oil (RSO), marijuana mix infused, and lozenge.

Source: CT Department of Consumer Protection



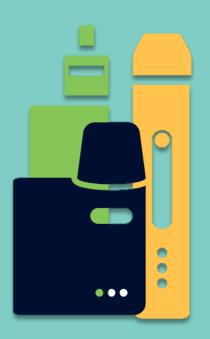
Key Points: Cannabis and Marijuana

Adult-use cannabis products exceeded the sales of medical-use cannabis in May 2023 and the number of adult-use cannabis products sold continued to increase during the latter months of 2023.

Perception of risk of harm from smoking marijuana is decreasing across all age groups in CT.

Connecticut's high school students who identify as Gay, Lesbian, or Bisexual (GLB) have a higher reported prevalence of past 30 day use of marijuana than heterosexual students.

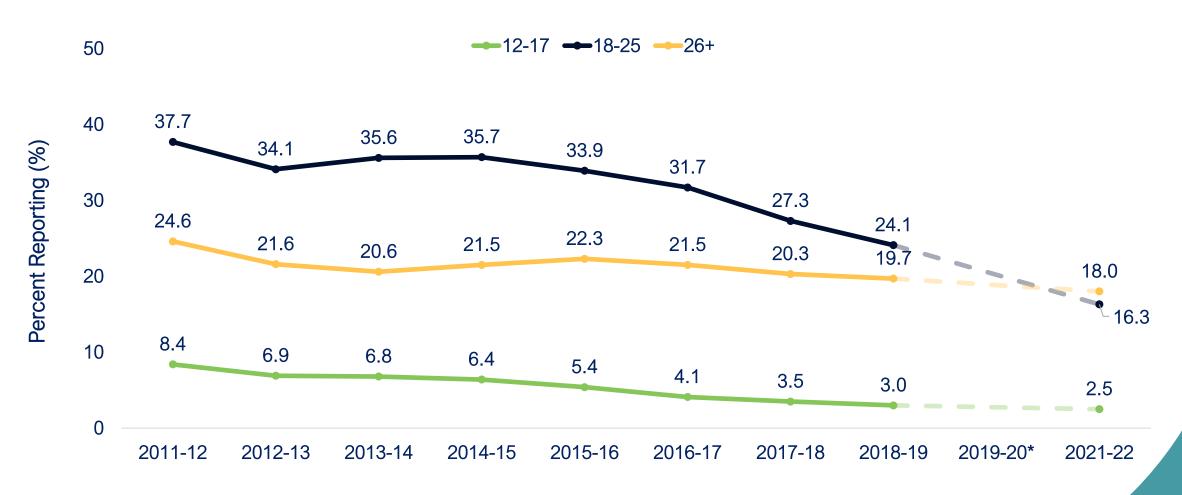




Tobacco and Electronic Vapor Products (EVPs)

Past Month Tobacco Product Use by Age Group in CT, 2011-2022

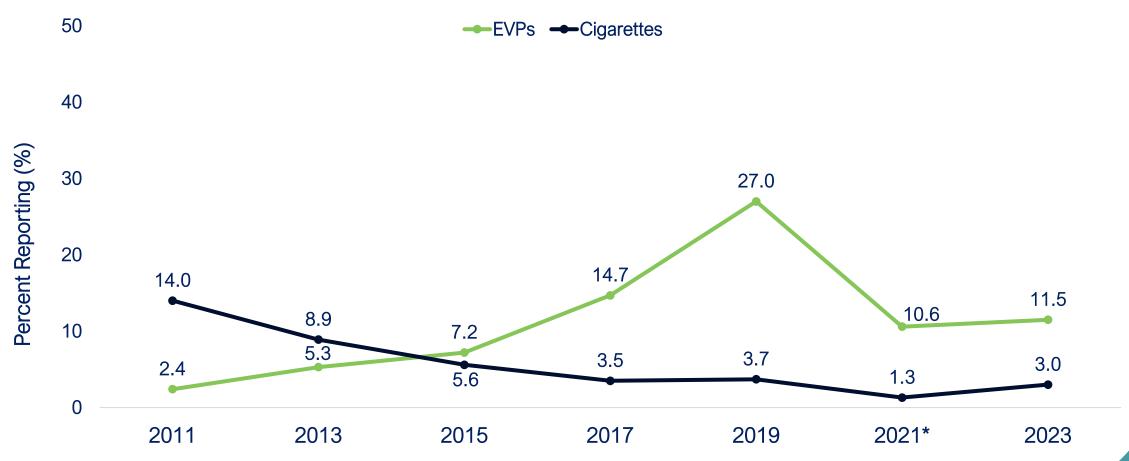




Note: Tobacco product use includes cigarettes, smokeless tobacco (i.e., snuff, dip, chewing tobacco, or snus), cigars, or pipe tobacco. *State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Source: NSDUH

Percent of High School Students Reporting Past 30-Day Use of Electronic Vapor Products (EVPs) vs. Cigarettes in CT, 2011-2023



Note: The language around electronic vapor products has changed over the years. In 2017 and earlier, the survey asked about current "e-cigarette" use rather than vapor products.

Source: CSHS (CT YRBS)

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

Reported Retailer Violations - Tobacco Sales to Individuals Under Legal Age in CT, 2013-2023





Note: TPEP Investigator noted that COVID impacted the rate significantly (e.g., investigations suspended for 2020, masks required in 2021). Implementation of Tobacco21, which raised the age for tobacco sales in October 2019, may also have had an impact.

Sources: SYNAR, CDC, CT DMHAS

^{*}Data not available

^{**}Results not final

Key Points: Tobacco and EVP



The use of tobacco products in CT (excluding EVPs) has been gradually decreasing over the years across all age groups.

The use of EVPs has continuously increased and exceeded the use of tobacco among high school students in Connecticut.

High school students who identified as LGB had a higher prevalence of past 30-day use of EVPs compared to students who identified as heterosexual.

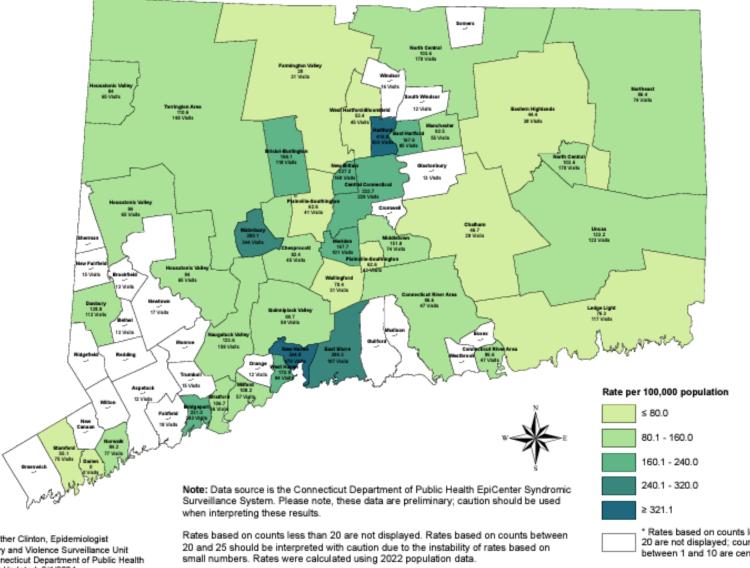
Tobacco sales
violations
remained stable
until 2020, when
the violation rate
increased
markedly postCOVID. Violation
rates are trending
downward.





Prescription and Illicit Drugs

Rate per 100,000 Population and Count of Emergency Department and Urgent Care Center Visits for Suspected Opioid Overdoses Among Connecticut Residents, by Resident Local Health Department/District, 2023



Rates per 100,000 (visits)

2021: 162.7 (5865)

2022: 143.9 (5188)

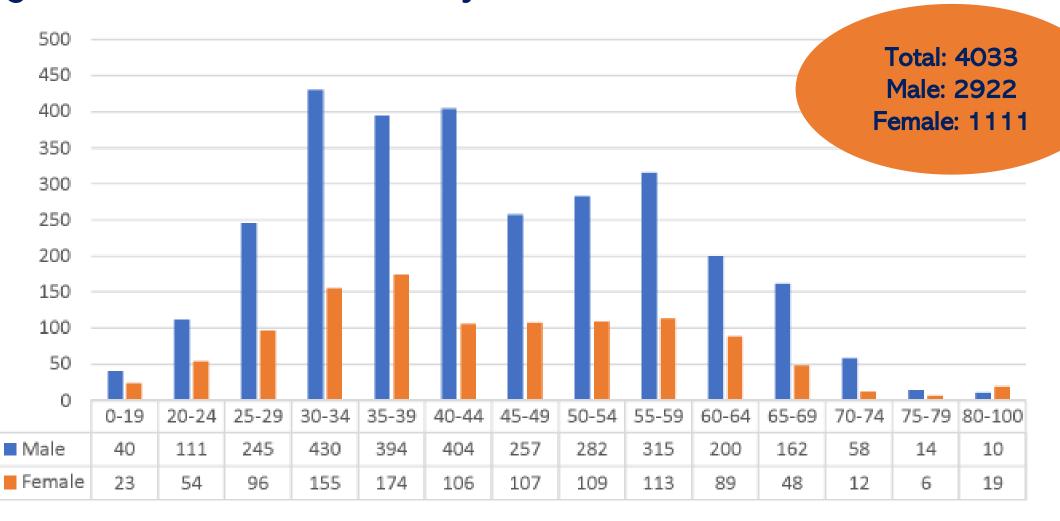
2023: 128.3 (4654)

Heather Clinton, Epidemiologist Injury and Violence Surveillance Unit Connecticut Department of Public Health Last Updated: 3/1/2024

* Rates based on counts less than 20 are not displayed; counts between 1 and 10 are censored

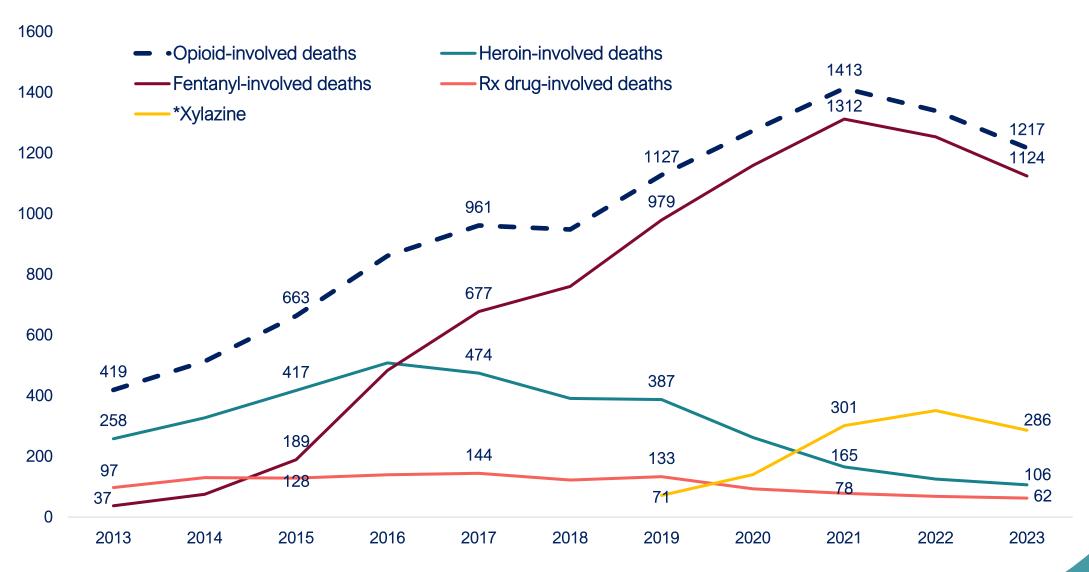
EMS-Reported Suspected Opioid Overdoses by Age & Gender, June 2022- May 2023





Opioid* Overdose Deaths by Year in CT, 2013-2023

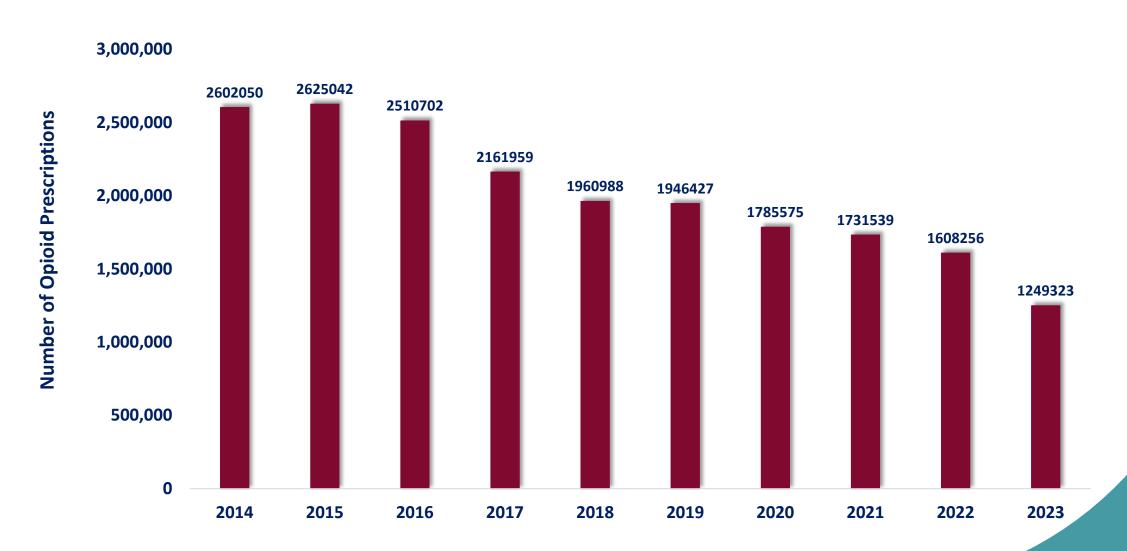




Source: CT Office of the Chief Medical Examiner

Number of Opioid Prescriptions Per Year in CT, 2014-2023

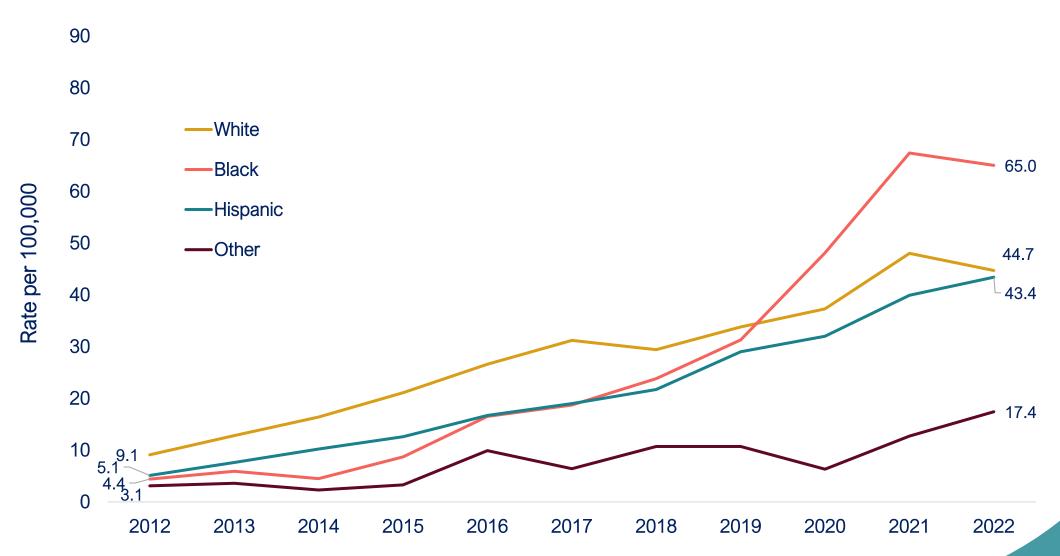




Source: CPMRS, Department of Consumer Protection

Opioid Overdose Mortality Rate Per 100,000 by Race/Ethnicity in CT, 2012-2022

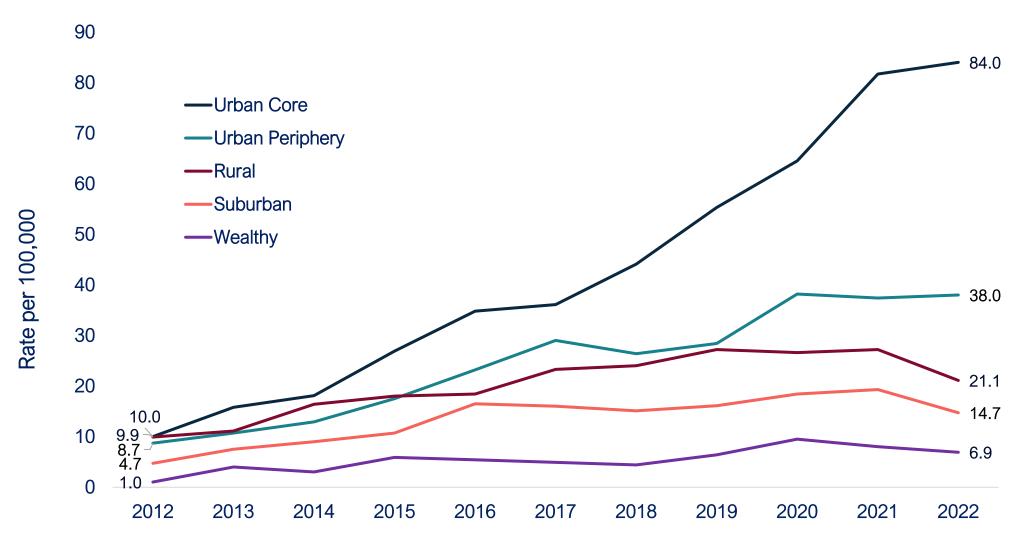




Source: CT Office of the Chief Medical Examiner

Opioid-Involved Overdose Mortality Rate (per 100,000) by 5 CT Community Types, 2012-2022



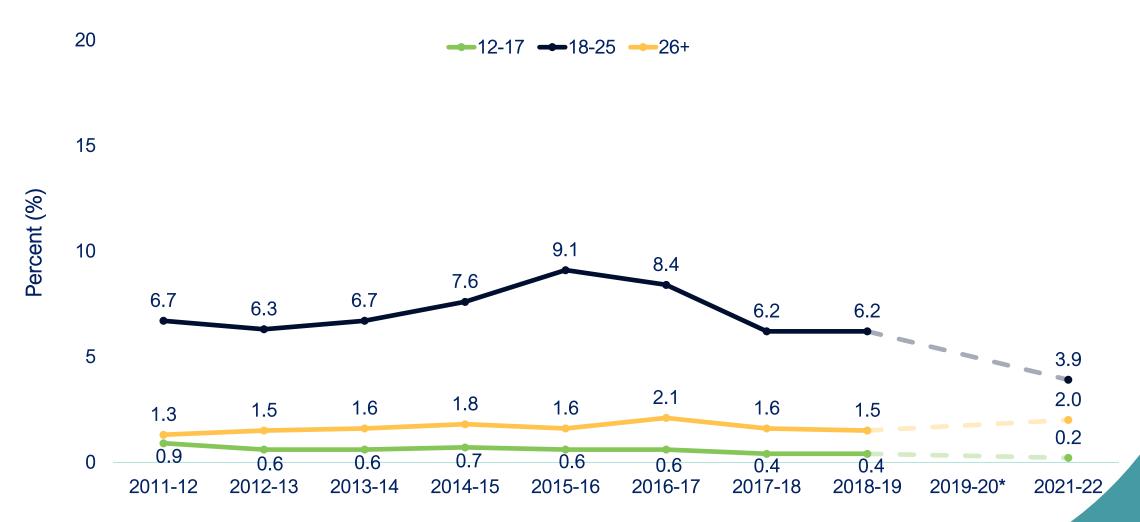


Note: Death rate by town of residence

Source: CT Office of the Chief Medical Examiner

Percent Reporting Past Year Cocaine Use by Age Group in CT, 2011-2022



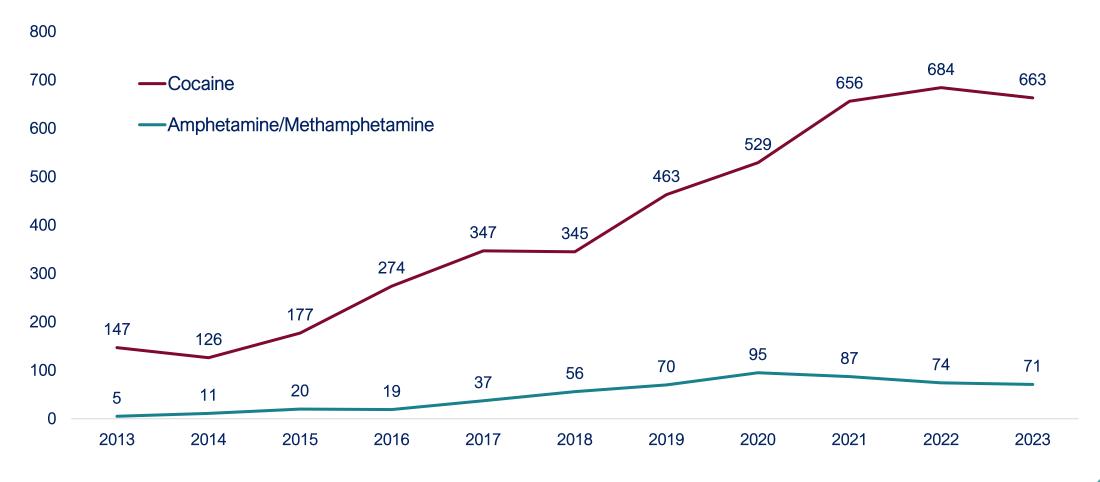


Note: *State estimates for these years are no longer available due to methodological concerns with combining 2019 and 2020 data.

Source: NSDUH



Number of Stimulant-Involved Overdose Deaths by Year in CT, 2013-2023



Source: CT Office of the Chief Medical Examiner

Key Points: Opioids



The number of opioid prescriptions dispensed per year has been steadily decreasing since 2015.

Fentanyl continues to be involved in the majority of substance overdose mortalities in Connecticut.

Opioid-involved overdose mortalities in Connecticut have been more prevalent among Individuals aged 35-44, the Non-Hispanic Black population, and in urban core communities.

Substance overdose mortalities in Connecticut often involve multiple substances (e.g., no heroin-involved overdose deaths in 2022 involved <u>only</u> heroin and no other substance).

Key Points: Cocaine



Cocaine-involved overdose mortalities in CT have risen over recent years.

The rate of cocaine-involved overdose mortalities is highest, and has increased most markedly, among non-Hispanic Black individuals and in urban core communities.

Past year cocaine use in CT was most prevalent in young adults aged 18-25.

Looking Ahead



Fentanyl-involved overdoses have decreased slightly, but continues to be a public health crisis and needs to be rigorously addressed.

Data on post-legalization cannabis use and effects in CT requires continuous surveillance.

Subpopulation data that highlight health disparities and groups at increased risk/burden are needed to inform prevention planning.

Keep an eye on stimulants (e.g., cocaine, methamphetamine)







For more information, contact:

Megan O'Grady: ogrady@uchc.edu
Jennifer Sussman: sussman@uchc.edu

Visit the SEOW Prevention Data Portal: https://preventionportal.ctdata.org/

