Trends in Substance Use in Connecticut, 2018: An Update to the Alcohol and Drug Policy Council

Jane A. Ungemack, DrPH

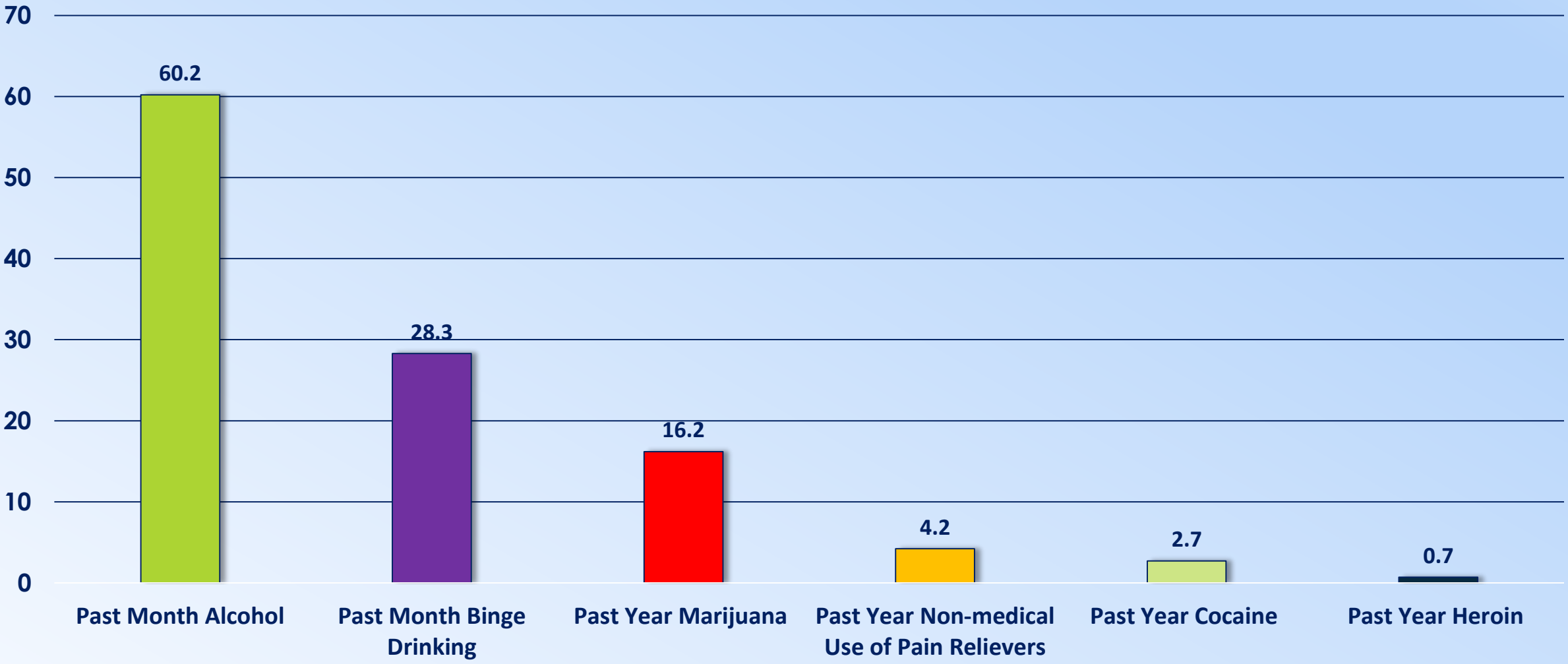
December 18, 2018

The Center for Prevention Evaluation and Statistics

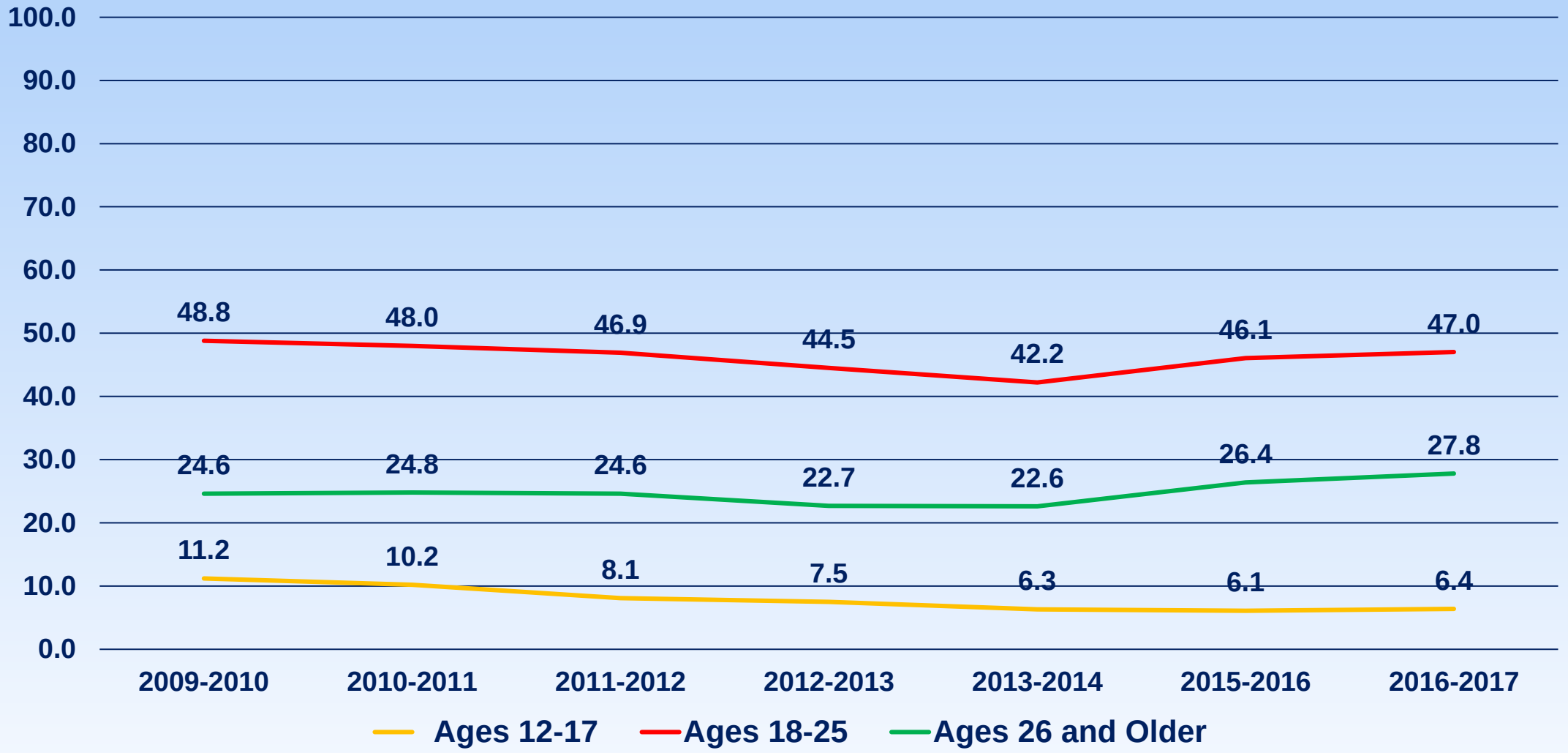
A DMHAS-funded Resource Link, coordinated and staffed by UCONN Health to:

- Identify, collect, analyze, interpret and disseminate data pertaining to substance use prevention and mental health promotion;
- Track behavioral health indicators;
- Convene, support and chair the SEOW;
- Develop and maintain an interactive data repository available to DMHAS, other state agencies, and statewide stakeholders;
- Disseminate findings via technical reports, epidemiological profiles, presentations, consultation;
- Provide research and statistical expertise and support;
- Provide training and technical assistance for evaluation and use of data.

Percent of Persons Reporting Use by Substance, Ages 12 and Older: NSDUH, CT 2016-2017



Percent of Persons Reporting Past Month Binge Drinking by Age Group: NSDUH, CT 2009-2017



Percent of High School Students Reporting Past 30-Day Alcohol Use and Binge Drinking: CT School Health Survey (YRBS), Connecticut, 2005-2017

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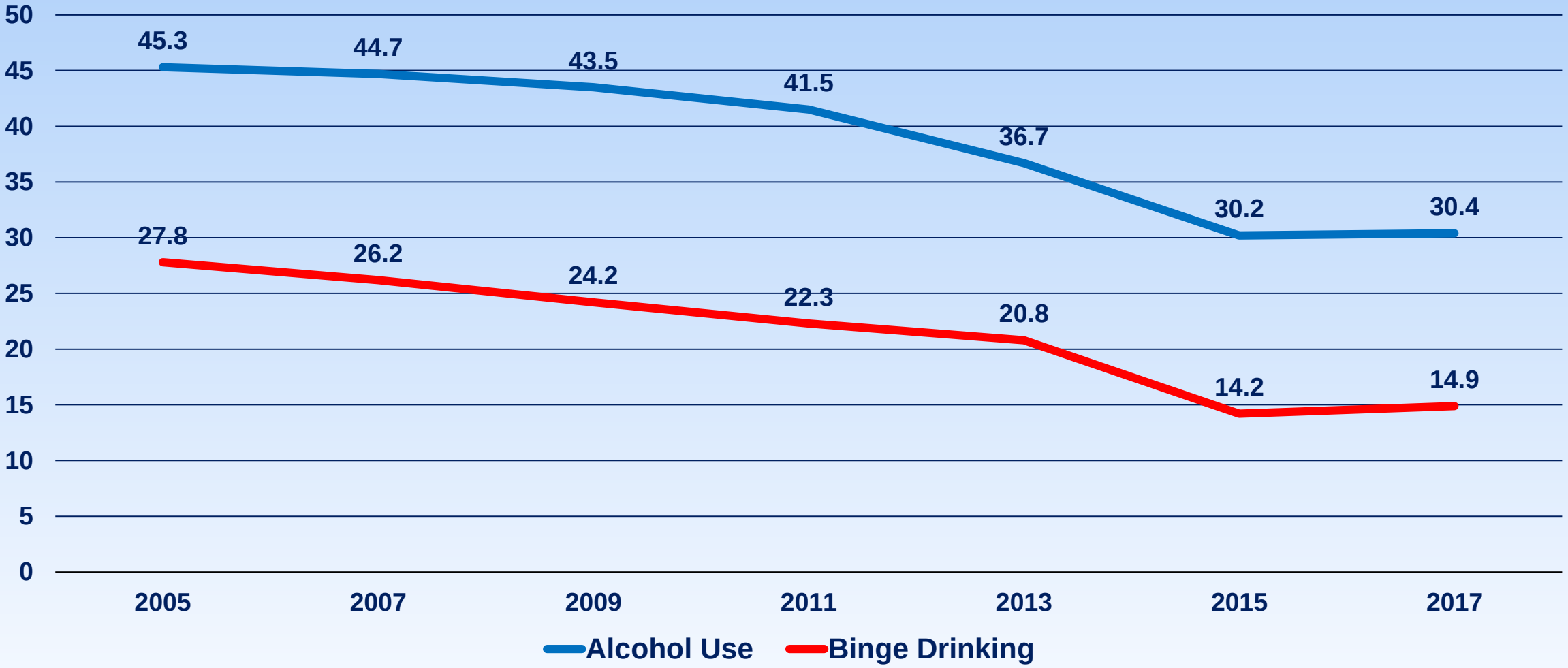

Percent of Adults Who Have Ever Tried E-Cigarettes by Age Group, CT BRFSS, 2012-2016

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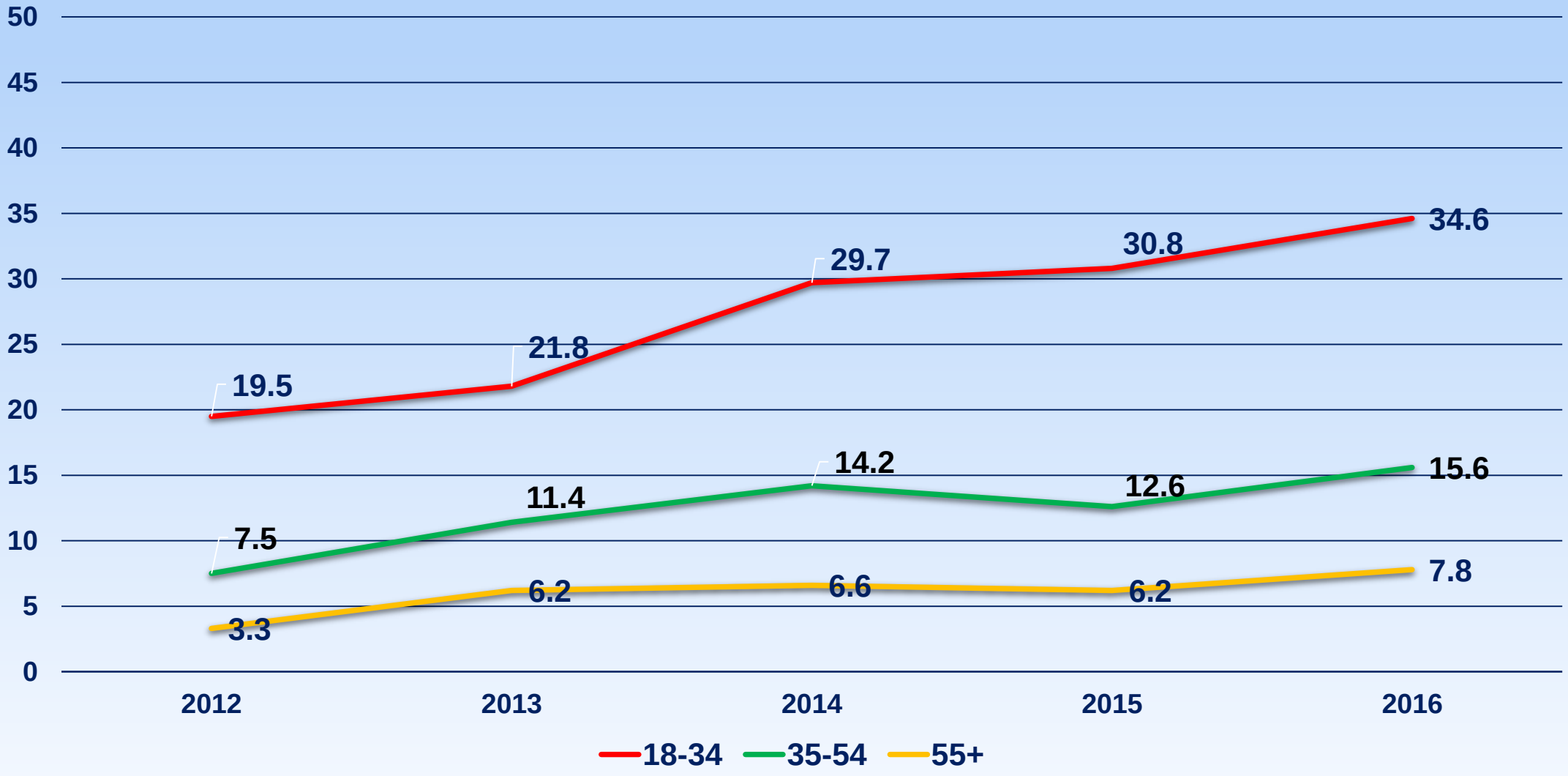

Percent of Persons Reporting Past Year Marijuana Use by Age Group: Connecticut NSDUH, 2008-2017

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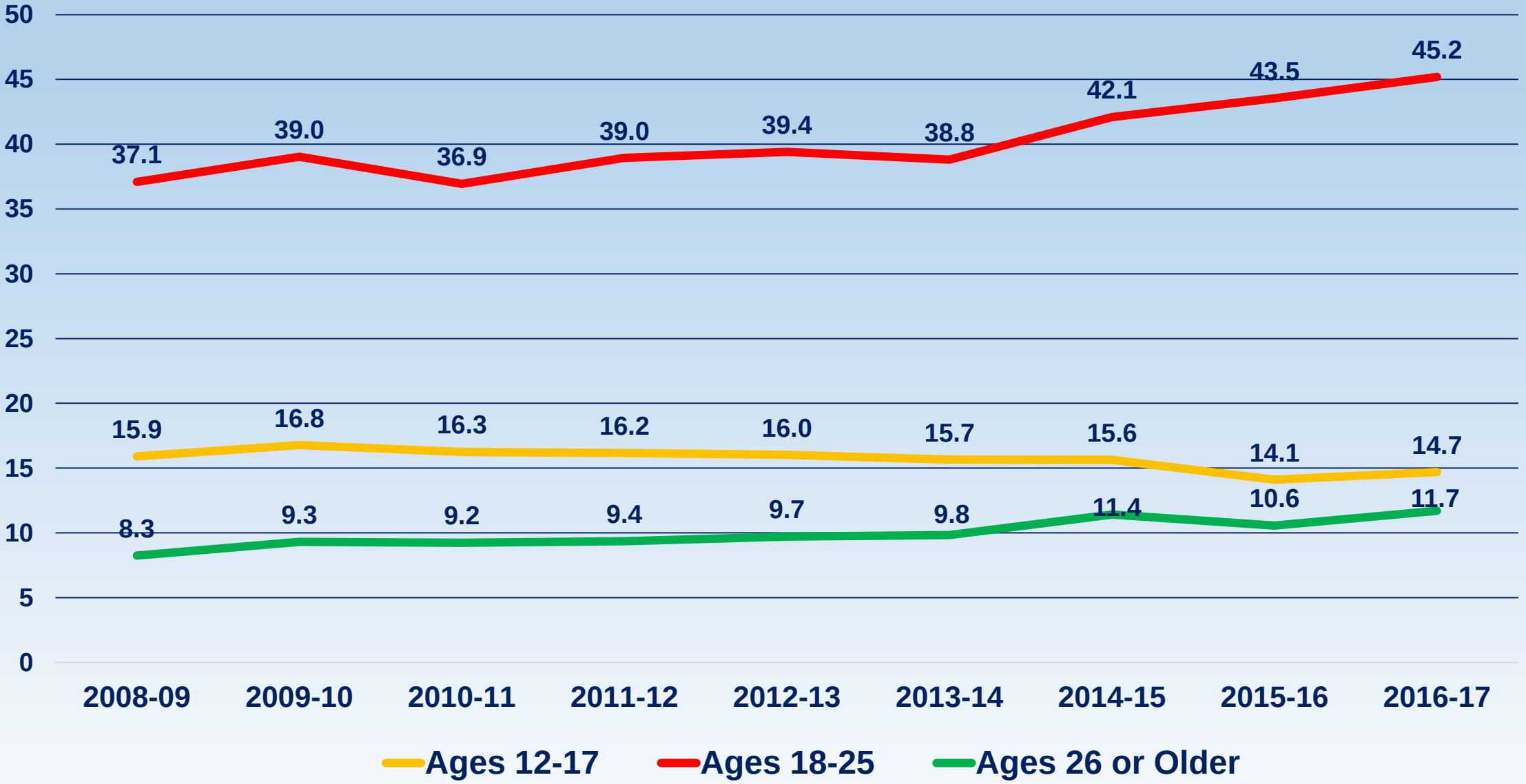
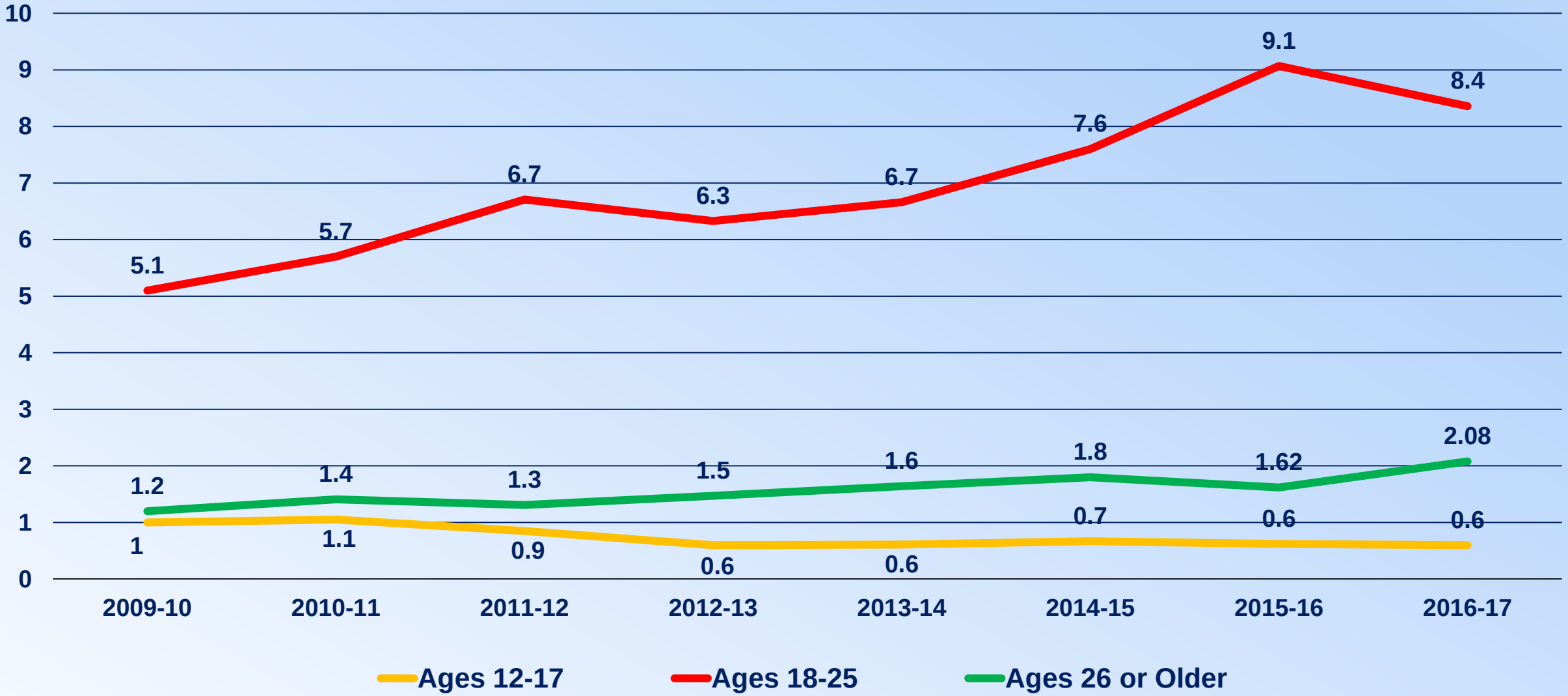
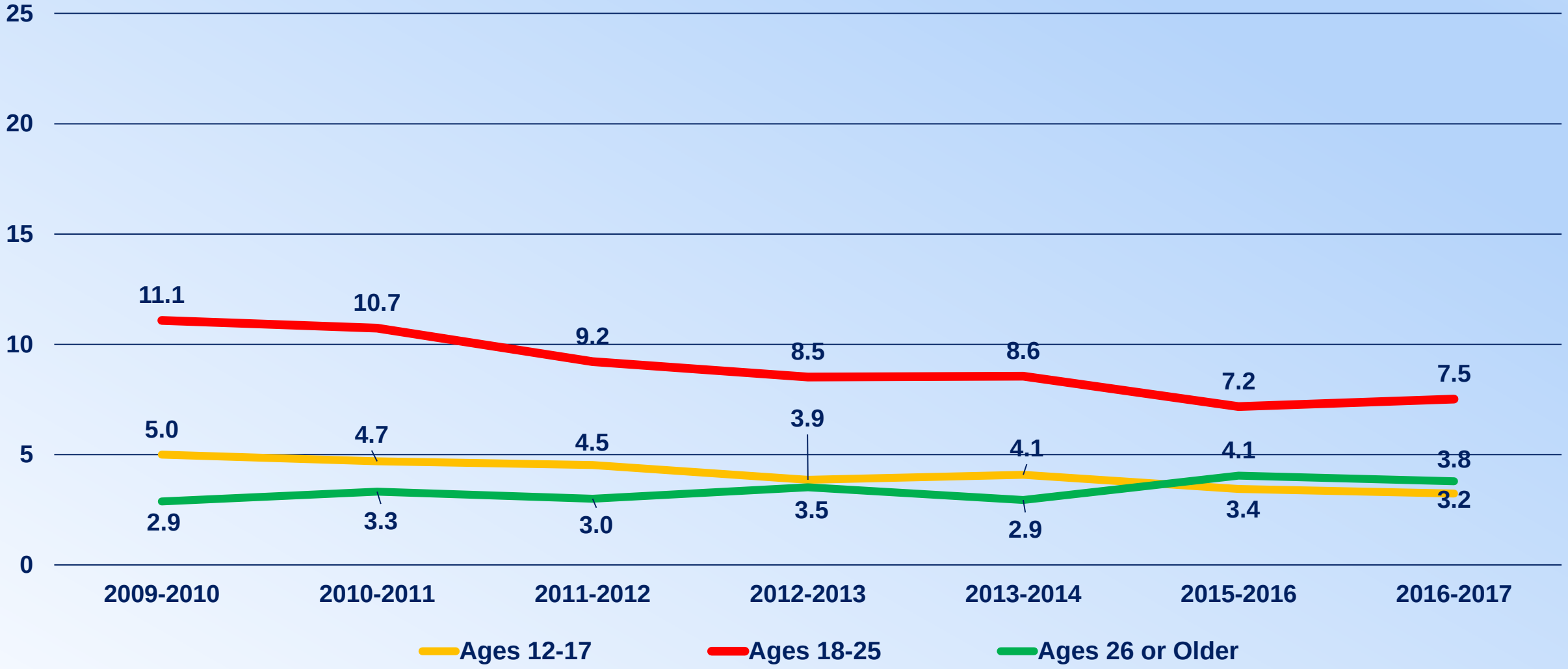


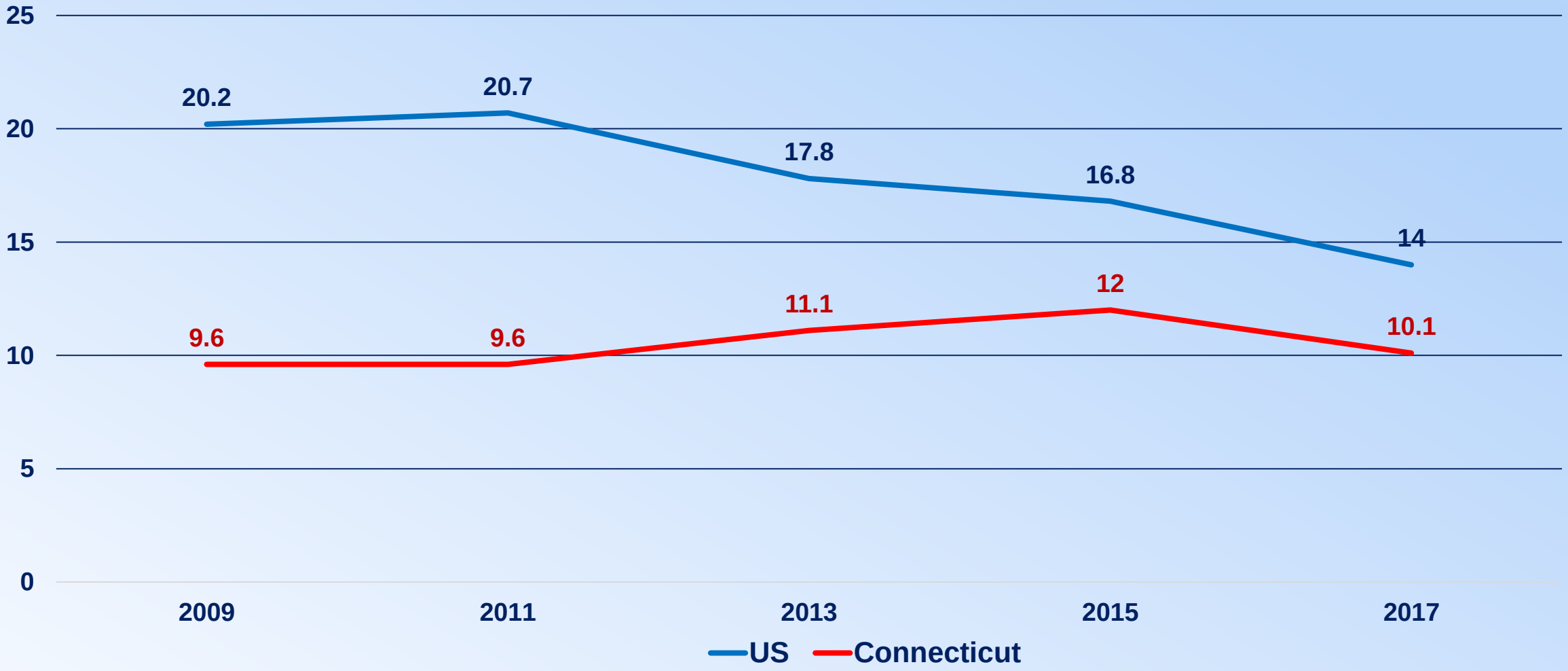
Percent of Persons Reporting Past Year Cocaine Use by Age Group: Connecticut NSDUH, 2009-2017



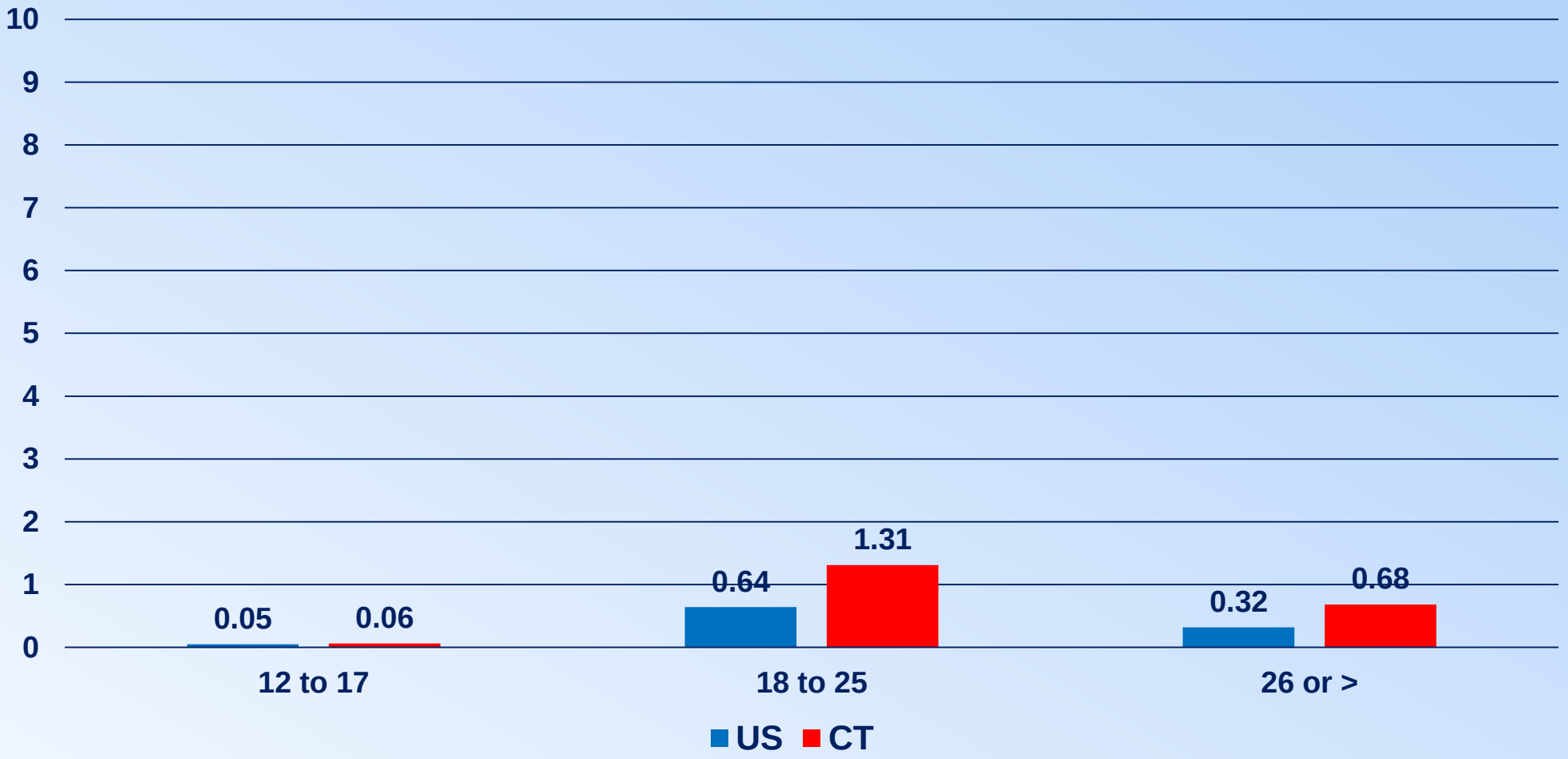
Percent of Persons Reporting Past Year Non-Medical Use of Pain Relievers by Age Group: Connecticut, NSDUH, 2009-2017



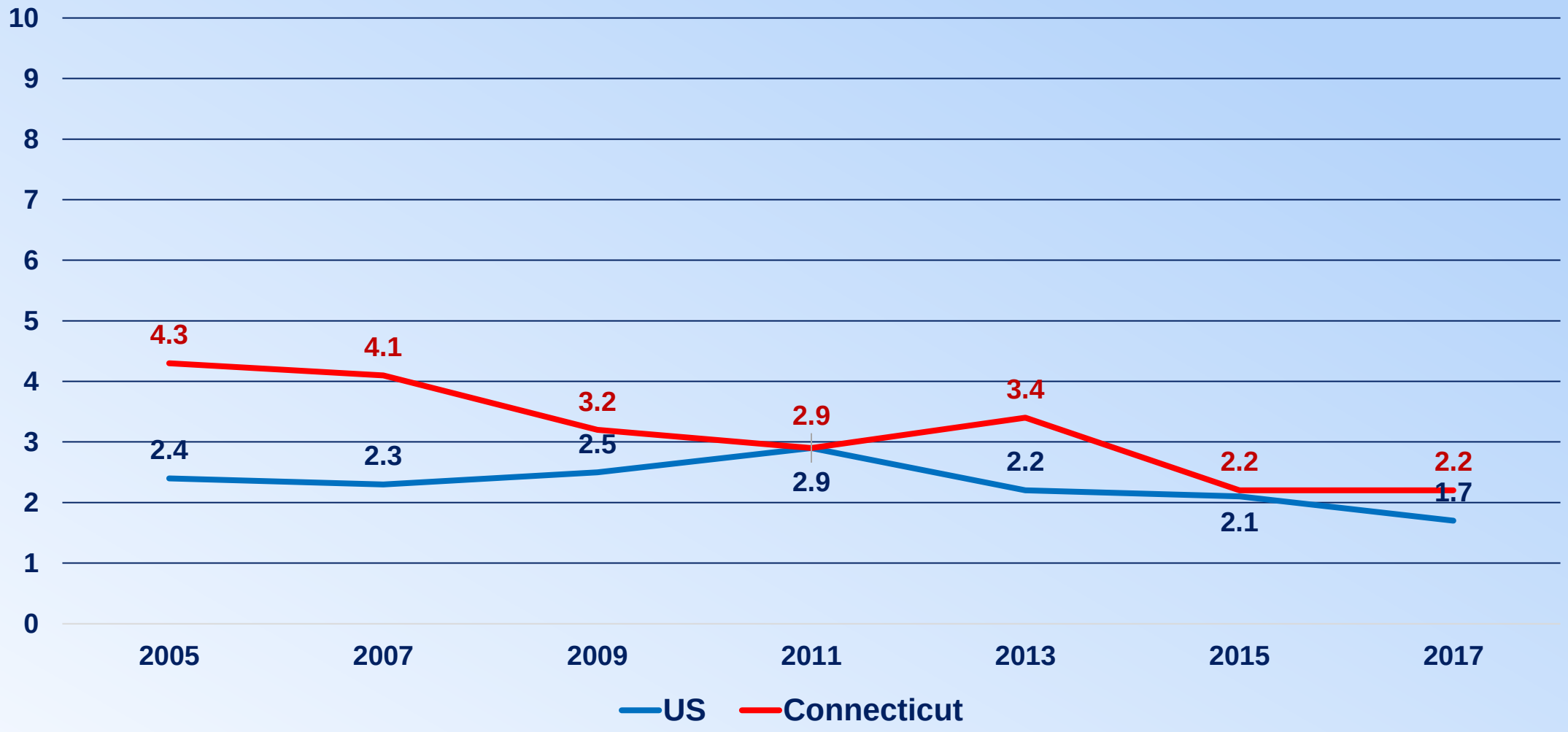
Percent of High School Students Reporting Ever Misusing Prescription Pain Medicine: YRBS, Connecticut vs. US, 2009-2017



Percent of Persons Reporting Past Year Use of Heroin by Age Group: NSDUH, Connecticut vs. US, 2016-2017



Percent of High School Students Reporting Ever Using Heroin: YRBS, Connecticut vs. US, 2005-2017



Opioid Overdose Mortality Rate (per 100,000 Population) by Community Type: Connecticut, OCME, 2012-2017

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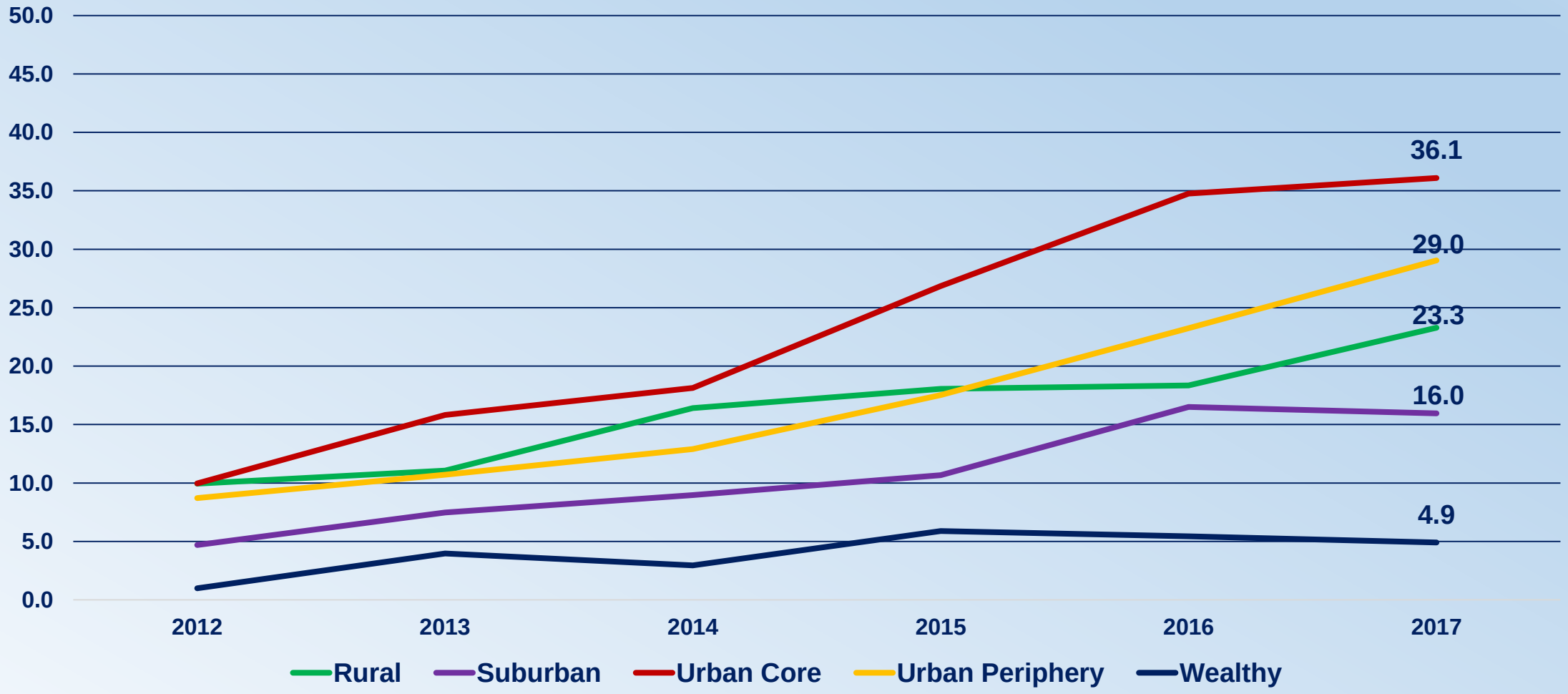

Proportion of Opioid-Involved Overdose Deaths by Fentanyl/Heroin Combinations[1] and Year/Quarter: Connecticut, OCME, January 2012-June 2018

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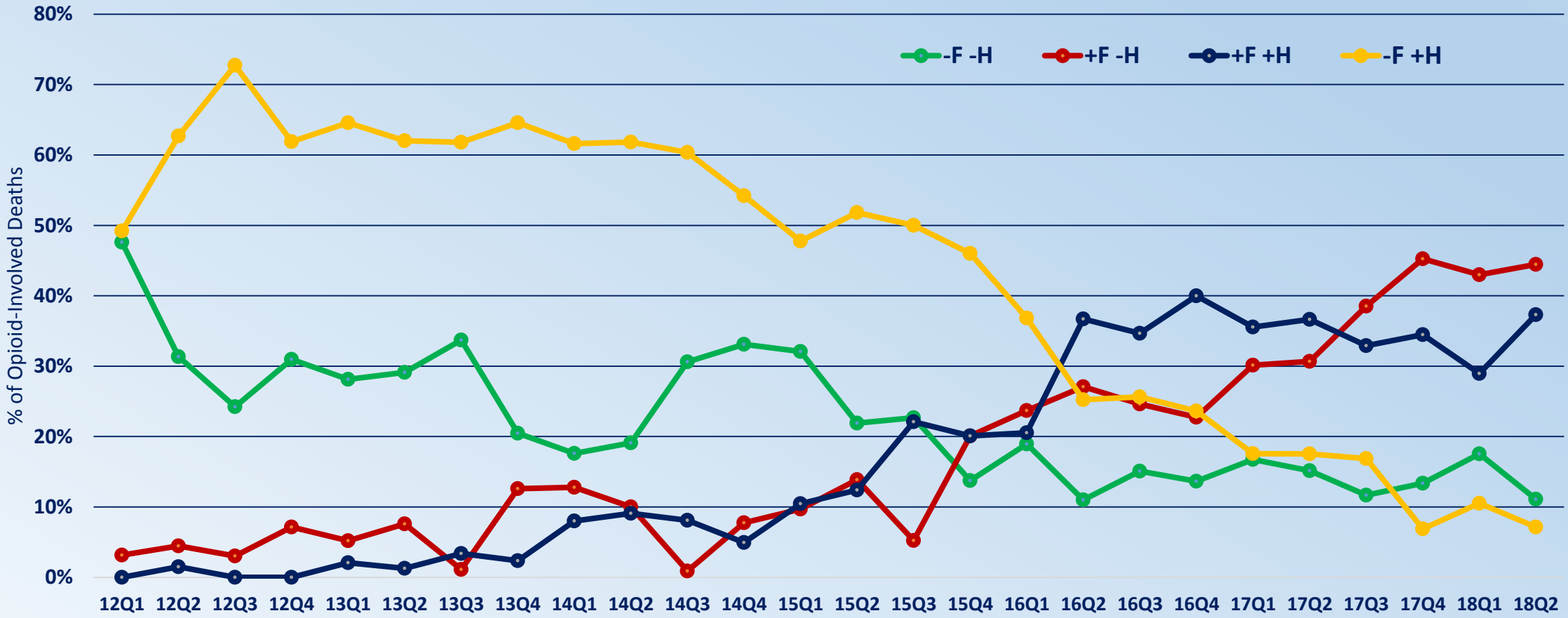
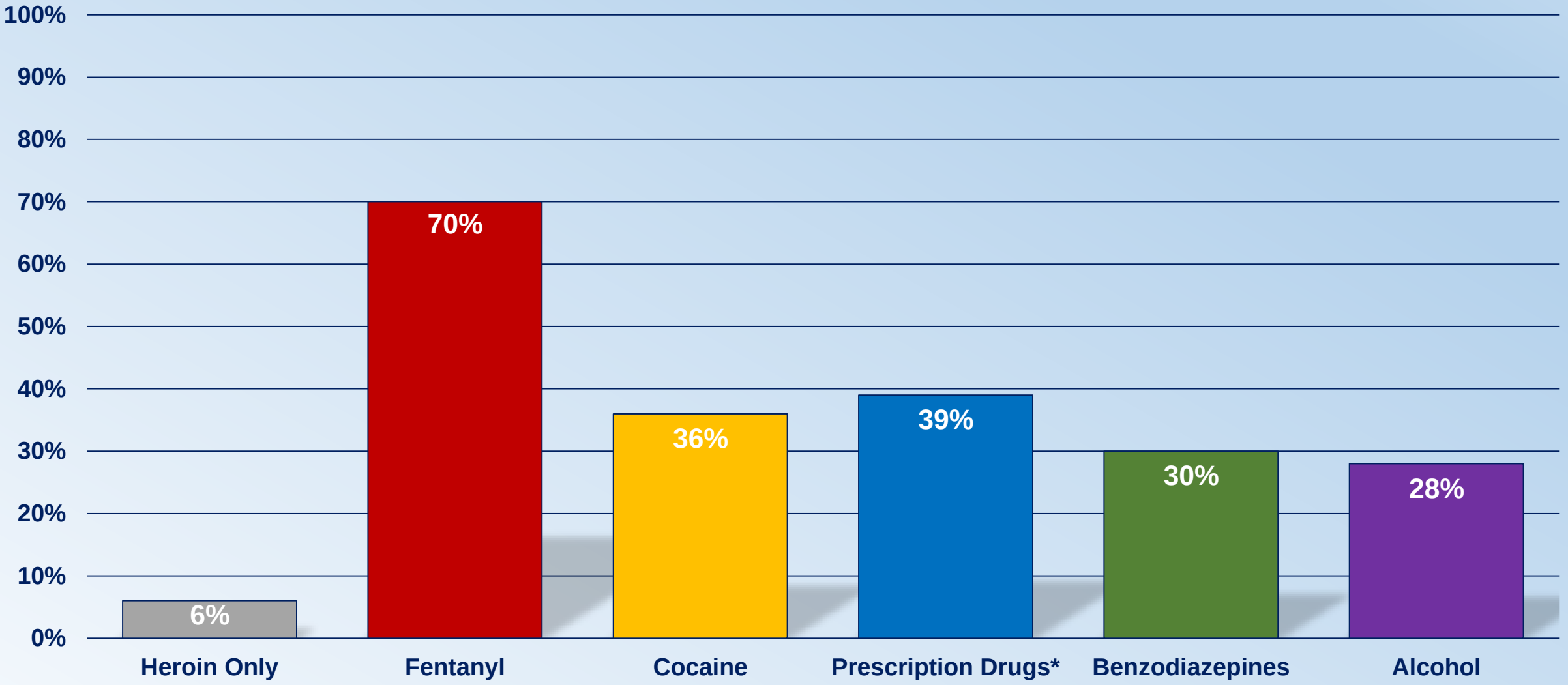


[1]Fentanyl/heroin combinations were classified as follows, regardless of toxicological evidence of other substances (including opioids) post-mortem: -F -H (no fentanyl or heroin; toxicological evidence of other opioids, including oxycodone, oxymorphone, hydrocodone, hydromorphone, methadone, tramadol); +F H (fentanyl present, no heroin); +F +H (fentanyl and heroin both present); -F +H (no fentanyl, heroin present).

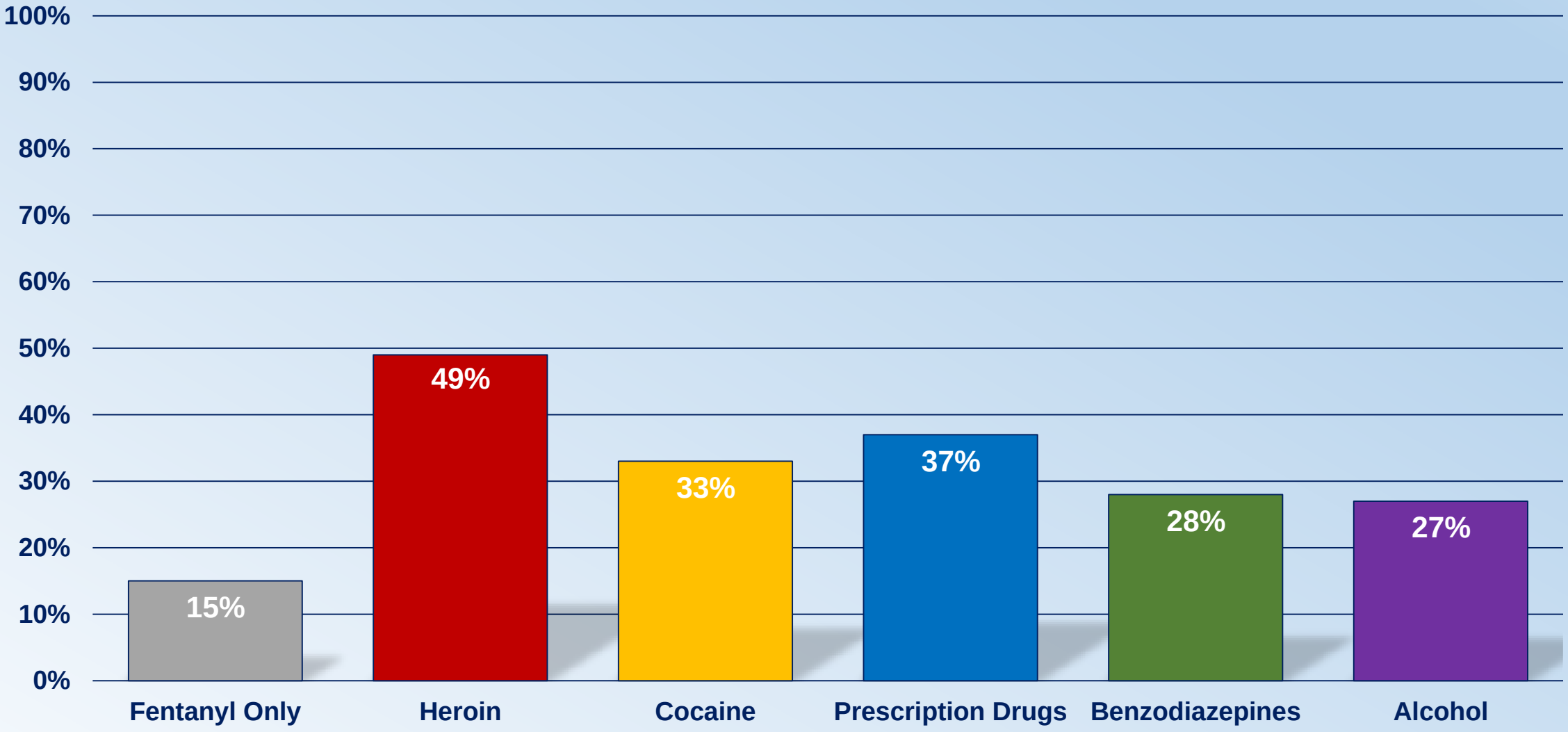
Substances Involved in Heroin Overdose Deaths: Connecticut, OCME, 2017



n=474

*Prescription drugs include oxycodone, oxymorphone, hydrocodone, benzodiazepines, methadone, amphetamines, tramadol, and morphine.

Substances Involved in Fentanyl Overdose Deaths: Connecticut, OCME, 2017



n=677

Prescription drugs include oxycodone, oxymorphone, hydrocodone, benzodiazepines, methadone, amphetamines, tramadol, morphine.

Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 12-17 Year-olds: 2018 Connecticut Community Readiness Survey

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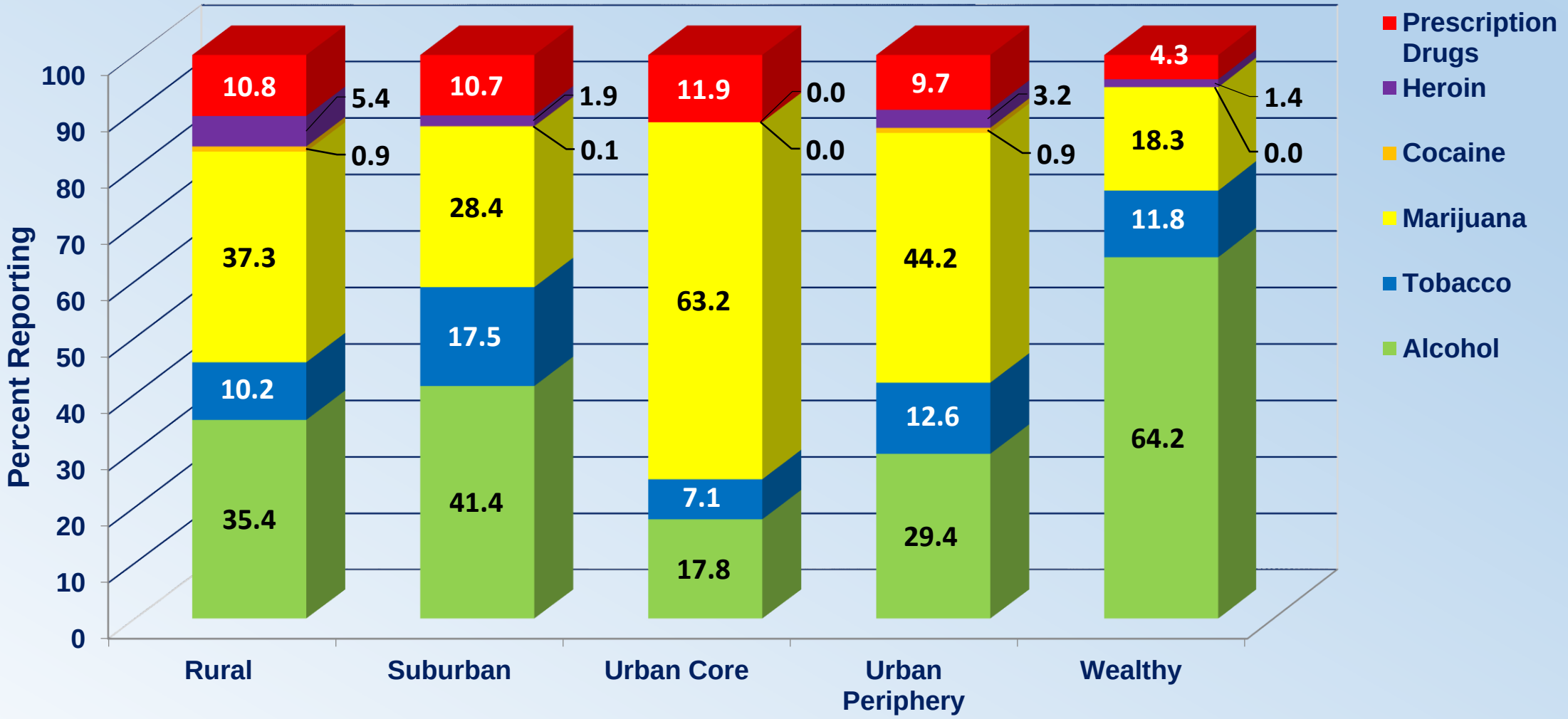

Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 18-25 Year-olds: 2018 Connecticut Community Readiness Survey

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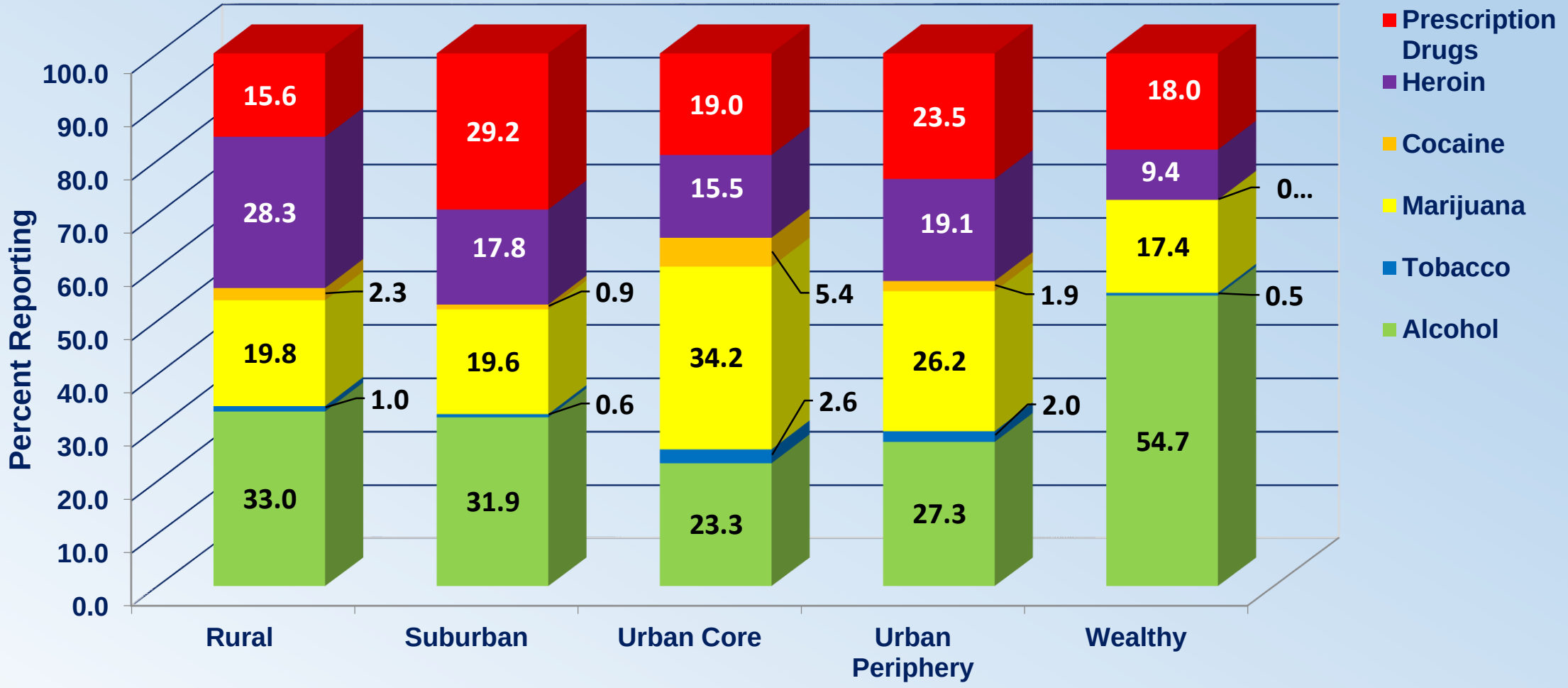

Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 26-65 Year-olds: 2018 Connecticut Community Readiness Survey

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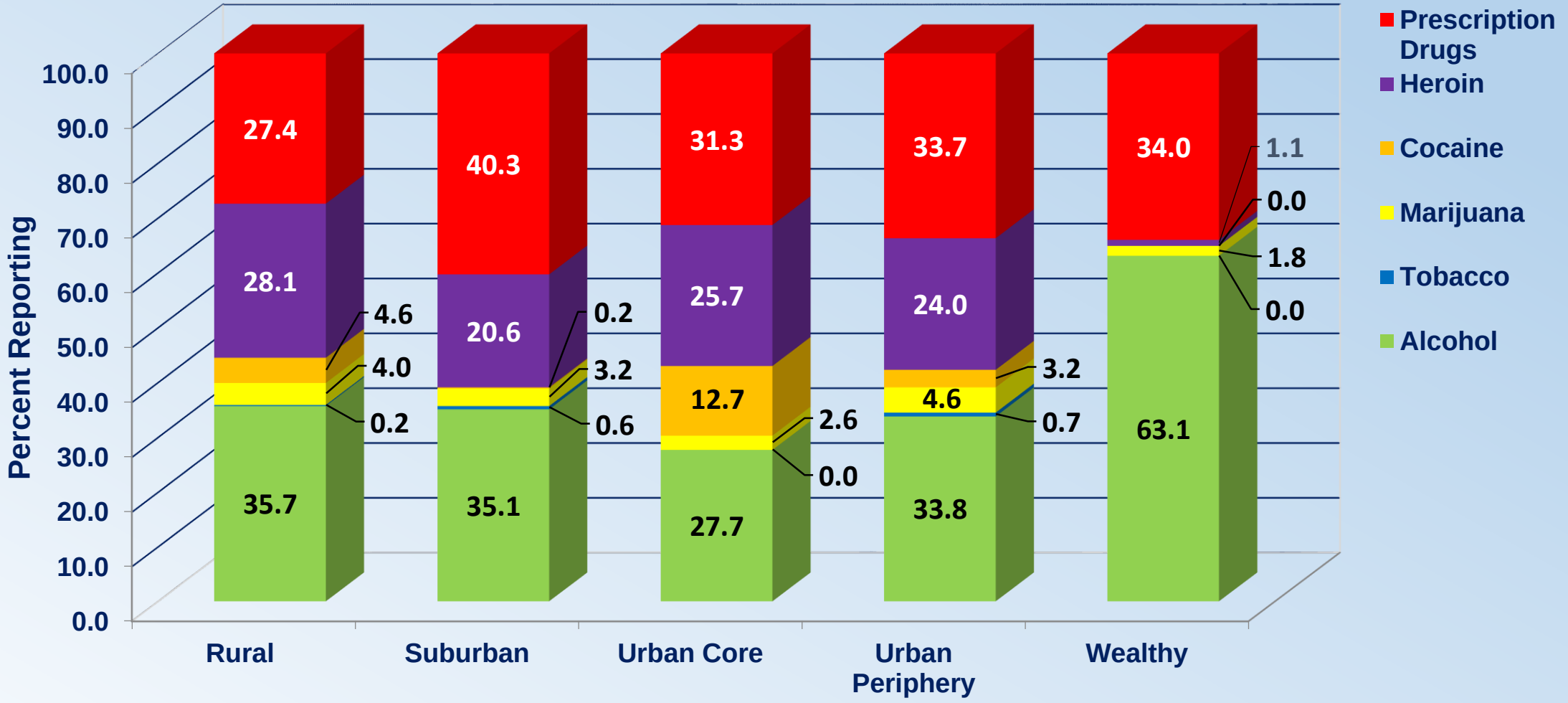

Problem Substances of Greatest Concern According to Key Informants in Each Community Type for 66+ Year-olds: 2018 Connecticut Community Readiness Survey

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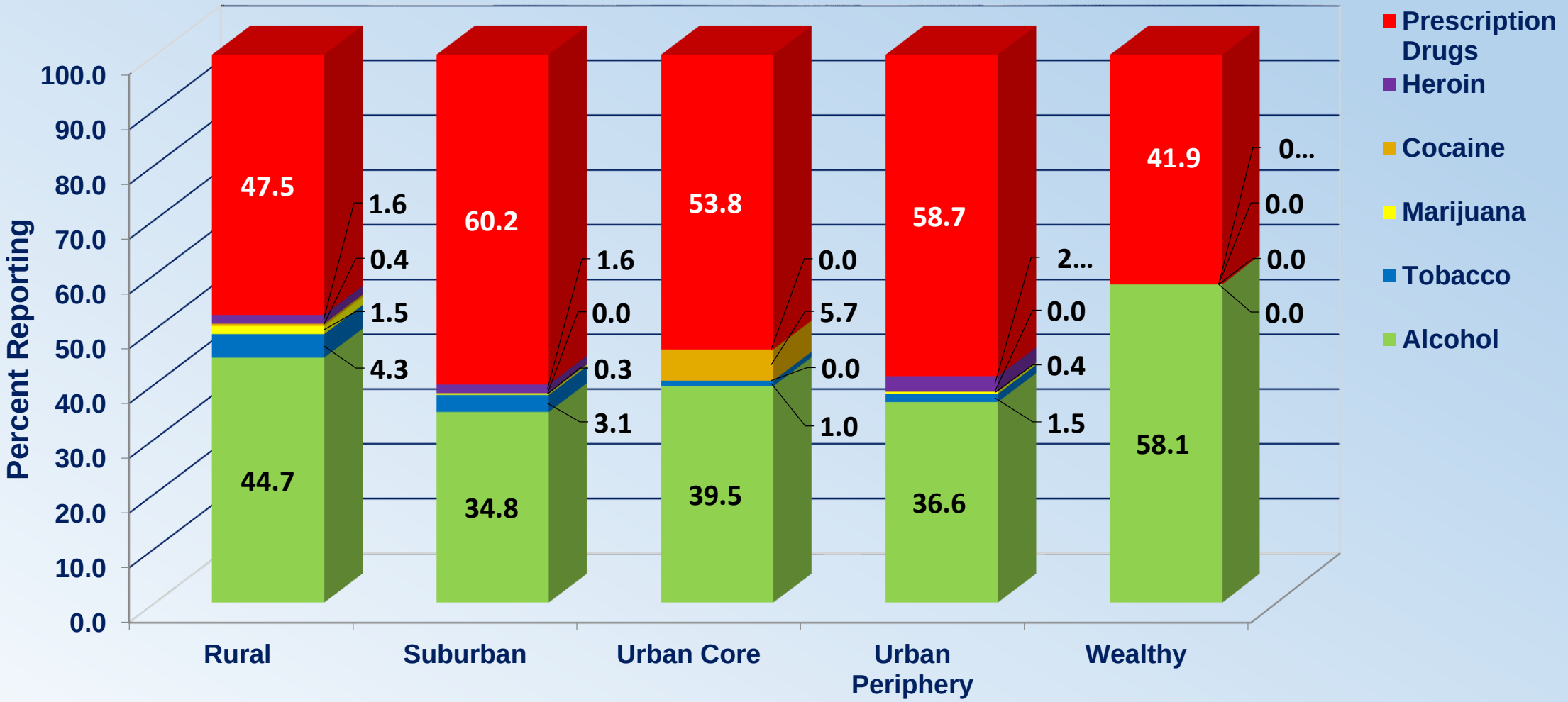

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Thank you!

Jane A. Ungemack, DrPH

ungemack@uchc.edu

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