

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

### Consumption

Use of cocaine, a nervous system stimulant, has risen in Connecticut in recent years. Data from the 2014-2015 National Survey of Drug Use and Health (NSDUH) estimated that 74,000 Connecticut residents age 12 or older used cocaine in the last year, approximately an 11% increase over the prior year. The trend in this state is counter to the national trend. While the prevalence of cocaine usage increased overall in Connecticut from 2.01% in 2008-2009 to 2.43% in 2014-2015, nationwide there was a statistically significant decrease in cocaine use from 2.01% to 1.76%. Cocaine use includes any form of cocaine, such as powder, crack, or freebase.

The rate of increase in cocaine use in Connecticut has been particularly high among young adults. The 2015 NSDUH estimate found that 7.6% of young adults' ages 18-25 used cocaine in the past year compared to 5% in this age group nationally. The prevalence of cocaine use among the state's young adults is up 49% since its lowest rate, 5.1%, in 2009-2010. Use of this drug has also increased equivalently among adults ages 26 or older, but at a much lower overall level (1.2% in 2009-2010 to 1.8% in 2014-2015). However, use of cocaine has remained at consistently low levels among adolescents (currently, 0.7%).

According to the 2015 Youth Risk Behavior Surveillance Survey (YRBSS) data, 4.6% of high school students in Connecticut reported using some form of cocaine in their lifetime. Males (6.1%) reported significantly higher rates than females (2.6%). The prevalence of cocaine use was highest among 12<sup>th</sup> graders (6.7%). Nearly one in ten males (9.9%) in the 12<sup>th</sup> grade reported use of cocaine in their lifetime. There were disparities across race/ethnic groups in reported cocaine use; Hispanics/Latinos students reported the highest rates (6.5%), followed by Blacks (4.9%) and Whites (3.9%).

### At-Risk Populations

Cocaine use has been associated with the following risk factors:

- Persons ages 18 to 25 are twice as likely as other adults to use cocaine<sup>1</sup>
- Males are more likely to use cocaine than females<sup>1</sup>
- Prior misuse of other illicit substances, such as marijuana and heroin
- African Americans are overrepresented in the Connecticut substance abuse treatment system
- Availability of cocaine
- Drug-using peers
- Academic failure.

### Consequences

- Accidental overdose, especially in the presence of alcohol or other drugs.<sup>2</sup>
- The number of deaths from cocaine overdose has increased nationally between 2012 and 2015, with 6,800 deaths in 2015, the second highest number of deaths since 1999.
- According to the Office of the Chief Medical Examiner (OCME), Connecticut experienced 274 accidental deaths in which cocaine was involved in 2016. The number of cocaine-involved deaths in 2016 represented a 35% increase from 2015 (177 deaths).
- Short-term effects of cocaine use include:
  - Irritability
  - Paranoia and unreasonable distrust of others
  - Hypersensitivity to sight, sound and touch
  - Extreme happiness and energy.<sup>2</sup>
- Nausea, tachycardia (fast heart beat), tremors and muscle twitches, and restlessness<sup>2</sup>
- Large amounts of cocaine can lead to bizarre, unpredictable and violent behavior.<sup>2</sup>
- Longer term effects of cocaine use include:
  - Loss of appetite that could ultimately lead to malnourishment

<sup>1</sup> <https://www.samhsa.gov/atod/stimulants>

<sup>2</sup> <https://www.drugabuse.gov/publications/drugfacts/cocaine>

- Movement disorders that could ultimately become as severe as Parkinson's
- Injection cocaine use increases risk of HIV and hepatitis C
- Bowel decay from reduced blood flow
- Loss of sense of smell
- Problems with swallowing.<sup>2</sup>
- Cocaine users who smoke or inject the drug have increased risk of drug dependence than those who use intranasally.<sup>3</sup>
- According to treatment admissions data from 2016, Connecticut saw 4,221 admissions for cocaine as the primary substance, which made up 6.2% of all admissions. The majority of cocaine-related admissions (2,447) were for smoking the drug.<sup>4</sup>
- More than half (56.7%) of admissions for smoked cocaine were male.<sup>4</sup>
- Among admissions for smoked cocaine, the modal age was 46-50 (17.8%), while among those who used other routes of use, the mode was ages 26-30 (16.4%).<sup>4</sup>
- For smoked cocaine admissions, the race/ethnic distribution was 47.4% white, 32.7% black and 15% Hispanic.<sup>4</sup>

## Selected Indicators

- NSDUH
- Connecticut School Health Survey (YRBSS)
- Number of Cocaine-involved Deaths (OCME)
- Cocaine Treatment Admissions (TEDS)
- Violent Crimes (UCR)
- Drug Arrests
- Homicide Rate

<sup>3</sup> [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(11\)61138-0.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(11)61138-0.pdf)

<sup>4</sup> <https://www.dasis.samhsa.gov/webt/quicklink/CT16.htm>