

A product of the State Epidemiological Outcomes Workgroup (SEOW)

Consumption

According to the 2014-2015 National Survey on Drug Use and Health (NSDUH), less than one percent (0.87%) of Connecticut residents 12 or older have used heroin in the past year, a rate almost three times the national average (0.33%). The highest prevalence is among young adults aged 18-25 years old (1.07%), followed by adults aged 26 or older (0.93%), and then adolescents (0.10%).

According to the 2015 Youth Risk Behavior Surveillance Survey (YRBSS), about 2.2% of high school students in Connecticut reported heroin use in their lifetime, just above the national rate of 2.1%. The YRBSS data show that Hispanics/Latinos reported the highest overall rate (4.3%), which is higher than the prevalence for both black non-Hispanics (1.2%) and white non-Hispanics (1.5%). Three percent of males and 1.1% of females reported ever use of heroin. Use among high school students in general is of particular concern, as youth use is often linked to continued use and substance use disorder in the future.

At-Risk Populations

- People who are addicted to other substances are more likely to meet criteria for heroin use disorder; people who are dependent on alcohol are two times, marijuana three times, cocaine 15 times and prescription drugs 40 times more likely to become addicted to heroin compared to non-users¹.
- Other groups at risk include:
 - Non-Hispanic whites;
 - Males;
 - 18 to 25 year olds;
 - People without insurance or enrolled in Medicaid; and

- People living in large metropolitan areas.²

- According to youth reports, males and Hispanics are at higher risk for using heroin at least once in their lifetime.
- People who are alcohol dependent are two times more likely to be addicted to heroin than non-alcoholics. Those who are addicted to marijuana are three times more likely to develop heroin use disorder and those addicted to cocaine are 15 times more likely to become addicted to heroin.²
- Two-thirds of New England Region respondents in the 2016 DEA Drug Threat Assessment reported high availability of Heroin in the region.³
- Over half of heroin treatment admissions in 2016 were between the ages of 21-35 years old.
- 70% of heroin admissions were male and 72.5% of total admissions were white.⁴

Consequences

- In 2016, heroin was involved in 494 overdose deaths, the highest number since 2012.
- According to the Office of the Connecticut Medical Examiner (OCME), since 2012 there has been a consistent increase in heroin-related deaths reaching the highest rate in 2016 with a death rate of 14.2 per 100,000 population.
- Of all Connecticut treatment admissions in 2016, 36.7% were for heroin as the primary substance.⁴
- The racial/ethnic distribution of primary heroin admissions were 72.5% white, 7.5% Black, and 19.7% were Hispanic or Latino.⁴
- Those injecting opioids are at higher risk of overdose.⁵
- A small, but not insignificant number of heroin users are controlled prescription drug (CPD)

¹ NSDUH (2011-2013), CDC

² Centers for Disease Control, Vital Signs, July 2015

³ DEA 2016 Drug Threat Assessment Summary

⁴ Treatment Episode Data Set, CT

<https://www.dasis.samhsa.gov/webt/quicklink/CT15.htm>

⁵ CT Opioid Response Initiative

users who began using heroin as a cheaper alternative to the high price of illicit CPDs or when they were unable to obtain prescription drugs.⁶

- It is estimated that about 23% of individuals who use heroin become dependent⁷.
 - People who inject drugs are at risk for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infection through the sharing of needles and drug-preparation equipment.⁸
 - The municipalities in Connecticut with the most resident deaths due to heroin overdose in 2015 were Waterbury with 38, Hartford with 37, and New Britain with 31.
 - Heroin is a highly addictive drug and its abuse has multiple medical and social consequences including increased risk for HIV/AIDS, property crime, unemployment, disruptions in family environments, and homelessness.
 - Chronic heroin use can lead to serious medical consequences such as fatal overdose, scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses and other soft-tissue infections, and liver or kidney disease. Poor health conditions and depressed respiration from heroin use can cause lung complications, including various types of pneumonia and tuberculosis.
 - Long-term effects of heroin use can also include arthritis and other rheumatologic problems and infection of blood borne pathogens such as HIV/AIDS and hepatitis B and C (which are contracted by sharing and reusing syringes and other injection paraphernalia). It is estimated that injection drug use has been a factor in one-third of all HIV and more than half of all hepatitis C cases in the United States.
- Heroin use by a pregnant woman can result in a miscarriage or premature delivery, as well as neonatal abstinence syndrome (NAS). Heroin exposure in utero can increase a newborns' risk of sudden infant death syndrome (SIDS).
 - Three-quarters (72.2%) of New England Region respondents in the DEA 2016 Drug Threat Report reported that heroin contributes most to property crime.
 - Nearly one-third (31.6%) of DEA respondents also reported heroin as the top contributing drug for violent crime.

Selected Indicators

- NSDUH
- Connecticut School Health Survey (YRBSS)
- Heroin Treatment Admissions (TEDS)
- HIV, Hepatitis, and STI Rates
- Property Crimes
- Violent Crimes
- Emergency Room Visits Involving Heroin Overdoses
- Heroin Overdose Deaths
- Neo-natal Abstinence Syndrome (NAS) Rates
- Drug Arrests
- DEA Information on Purity, Seizures, etc.
- School Attendance Rates
- School Suspensions/Expulsions

⁶ <https://www.dea.gov/resource-center/2016%20NDTA%20Summary.pdf>

⁷ NIDA, Drug Facts-Heroin, October 2014

⁸ <https://www.cdc.gov/hepatitis/populations/idu.htm>