

2020 Region 1 Epidemiological Profile: Alcohol

Problem Statement

Alcohol is the most commonly used substance nationally and in Connecticut. According to the 2018-2019 National Household Survey of Drug Use and Health (NSDUH), Connecticut has the 5th highest prevalence of current alcohol use (60.0%) compared to other states in the U.S., higher than the national prevalence (50.9%)¹. The current data provided pre-dates the COVID-19 pandemic and, therefore, trends outlined in this profile may be subject to change.

Magnitude (prevalence)

Overall, NSDUH shows that the rate of alcohol use in Connecticut has remained relatively stable; the prevalence of current alcohol use in individuals 12 and older was 59.3% in 2008-2009 and 60.0% in 2018-2019. However, consistent with the national trend, underage drinking in Connecticut among 12 to 17-year-olds decreased significantly, from 18.6% in 2008-2009 to 11.2% in 2018-2019.

Young adults in Connecticut ages 18-25 have the highest rate of reported past month alcohol use (65.6%), followed closely by those aged 26 or older (64.6%).

The prevalence of binge drinking in Connecticut has remained relatively stable since 2010, and it has remained consistently higher than the national average. Binge drinking is highest among young adults (47.6%), followed by adults ages 26 or older (27.5%), and youth ages 12-17 (5.4%).¹

NSDUH Substate Estimates:

Percent Reporting Past Month Binge Drinking, ages 12+

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	28.6	30.6	28.6	29.1	27.8	27.6

2019 Connecticut School Health Survey (YRBS):

25.9% of high school students reported using alcohol in the past month and almost half of them (12.9%) reported binge drinking** in the past month².

**Four or more drinks of alcohol in a row for females, five for males.

The 2014-2018 NSDUH data for the Southwest Connecticut region indicates the rate of past month alcohol usage for ages 12 and older has also remained stable, at 62 percent, which is higher than most regions and the state.

Binge drinking was reported by 3% of Stamford-area adults, 5% of Bridgeport-area adults, 6% of Norwalk-area adults, and 11% of Greenwich-area adults (2018 DataHaven surveys). According to 2016-2018 NSDUH data, 31% of SW CT residents ages 12 and older reported binge drinking, which is higher than the state (29%) and all other regions.

Adults: In 2018, alcohol use rates within SW CT ranged from 24% in Greater Bridgeport to 28% in Greater Stamford and Norwalk to 31% in Greater Greenwich, according to DataHaven surveys. 8% to 10% of adults within the region reported feeling a need to cut down on drinking/drugs in the past 12 months.

Youth: A review of local youth surveys conducted in SW CT during 2018-19 found that between 21% and 50% of high school students reported past 30-day alcohol consumption, with rates increasing by grade. Where racial data was available, Whites reported drinking more than Hispanics or Blacks.

In 2018-19 local school surveys reported:

- One town reported that 14% of middle school students had used alcohol in the past 30 days.
- In one local suburb, the alcohol use rate had declined from a high of 41% several years earlier to 21%.
- A suburb town reported 13% of high school students binge drinking in one youth survey.

¹ NSDUH (2017-2018)

² DPH, 2019 Connecticut School Health Survey



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- Students in a local city reported the most common place to drink alcohol is at their home (67%), or their friend's home (62%).

Perception of Harm:

- High school students' perception of harm from alcohol ranged from 74%-82% according to local surveys. Perception of harm from binge drinking, however, was lower (38% according to one local youth survey).
- Adult perception that young people will abuse drugs or alcohol varies significantly: Greenwich area, 18%; Norwalk area, 20%; Stamford area, 22%; and Bridgeport area, 41%.⁹
- Key informants in the 2020 Community Readiness Survey (CRS) for SW CT identified alcohol as the problem substance of greatest community concern for young adults ages 18 to 25 and adults 26 and older.
- A national study by Kaiser Foundation published in Feb 2021 reported that 13% of adults said they had started or increased their use of substances during the pandemic.
- In focus groups in SW CT in Nov/Dec 2020, some adults report drinking more heavily and more frequently during the pandemic.
- Focus groups with youth during fall 2020 found that they report drinking on Zoom with friends as a way of socializing.

- Individuals with mental health disorders are about four times more likely to be heavy alcohol users.⁵
- Native Americans are at especially high risk of alcohol-related traffic accidents, DUI and premature deaths associated with alcohol misuse.⁶
- While Hispanics or Blacks have higher rates of abstinence from alcohol, those who do drink often have higher rates of binge drinking.⁷
- In 2019, 68.2% of alcohol admissions were male, and 59.6% were non-Hispanic White.⁷
- Among youth, risk factors include:
 - Academic and/or other behavioral health problems in school;
 - Alcohol-using peers;
 - Lack of parental supervision;
 - Poor parent-child communication;
 - Parental modeling of alcohol use;
 - Anxiety or depression;
 - Child abuse or neglect;
 - Poverty;
 - Social norms that encourage or tolerate underage drinking.⁸

Percent Reporting Perception of Great Risk from Having 5+ Drinks of an Alcoholic Beverage Once or Twice a Week, ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	43.9	44.6	42.6	39.8	45.3	27.6

The 2019 Connecticut School Health Survey shows high school females were more likely than males to report drinking (29.2% and 22.8%, respectively) and binge drinking (14.4% vs 11.5%). Non-Hispanic white and Hispanic students had the highest prevalence of past month drinking (29.6% and 26.0%, respectively) and binge drinking (15.8% and 12.8%, respectively).²

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Risk Factors and Subpopulations at Risk

- Young people who drink are more likely than adults to report being binge drinkers.³
- Men are more likely than women to be heavy drinkers.³
- Women are more likely than men to develop alcoholic hepatitis and cirrhosis and are at increased risk for damage to the heart muscle and brain with excessive alcohol use.⁴

³ CDC (2016), Excessive alcohol use and risks to men's health

⁴ CDC (2016), Alcohol and public health

⁵ NIDA (2014), Severe mental illness tied to higher rates of substance use

⁶ NIAAA, Minority Health and Health Disparities

⁷CT DMHAS 2019 Treatment Admissions

⁸ National Research Council and Institute of Medicine

⁹DataHaven Surveys, 2018



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Burden (consequences)

- Immediate adverse effects of alcohol can include: impaired judgment, reduced reaction time, slurred speech, and loss of balance and motor skills.⁴
- When consumed rapidly and in large amounts, alcohol can also result in coma and death.⁴
- Alcohol use can increase risk of death when used with other substances, i.e., prescription medication like benzodiazepines and opioids. In 2019, alcohol was listed as a contributing cause of death for almost 3 in 10 (29%) of 1200 fatal overdoses which occurred in Connecticut.
- Approximately 88,000 deaths each year in the U.S. are attributed to alcohol misuse.⁹
- In 2017, Connecticut ranked as the highest state in the country for the percent of alcohol-impaired driving fatalities compared to total driving fatalities (43%), versus the United States overall (29%).¹⁰
- Excessive drinking has numerous chronic and acute health effects, including: liver cirrhosis, pancreatitis, various cancers, cardiomyopathy, stroke, high blood pressure, and psychological disorders as well as increased risks for lower respiratory infections such as tuberculosis.¹¹
- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, and interpersonal violence.⁴
- Drinking during pregnancy can lead to a variety of developmental, cognitive and behavioral problems in the child (Fetal Alcohol Spectrum Disorders).¹¹
- Older adults aged 65+ who drink are at increased risk of health problems associated with lower tolerance for alcohol, existence of chronic health problems (i.e., diabetes, high blood pressure, congestive heart failure, and liver problems) and interactions with medications (e.g., aspirin, acetaminophen, cough syrup, sleeping pills, pain medication, and medication for anxiety or depression).¹²
- Initiation of alcohol use at young ages has been linked to increased likelihood of AUD later in life.¹³
- Of all 2019 Connecticut treatment admissions, 38.2% identified alcohol as the primary drug at admission.⁸

- In 2019 there were 249 alcohol impaired driving fatalities in CT; which is a 21.7% decrease from 2018.
- In 2019, Connecticut saw a decrease in alcohol usage for youths. However, emerging 2020 data which takes the COVID pandemic into consideration may reveal a change in this trend.

Percent Reporting Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year, ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	5.7	5.9	5.7	6.2	5.5	5.5

Community Wellbeing Survey: Percent Reporting Past Month Binge Drinking

	CT	Wealthy	Suburban	Rural	Urban Periphery	Urban Core
2018	28	28	27	27	29	27

Capacity and Service System Strengths

Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2018	5.26	5.90	5.25	4.35	5.19	4.94
2020	5.37	5.14	5.55	5.21	5.59	5.25

The Southwest region of Connecticut reported high rates of readiness in 2018, 5.90, which is higher than the state or any other region. This rate corresponds with stage 5 “planning for substance misuse prevention and focus on practical details, including seeking prevention funds” and closely approaching stage 6, “has enough information to justify substance misuse prevention”. Additionally, key informants’ assessment of readiness dropped to 5.14 in 2020, possibly due to a higher standard for readiness, based on increased prevention knowledge.

⁹ NIAAA, Alcohol Facts and Statistics

¹⁰ NHTSA (2018), [Alcohol-Impaired Driving](#)

¹¹ WHO (2018), Global status report on alcohol and health—2018

¹² NIAAA (2008), Older Adults

¹³ NIAAA (2006), Alcohol Alert No. 67, Underage drinking



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Prevention:

- Local Prevention Councils (LPC) provide education about alcohol to youth and parents, often in collaboration with groups such as MADD and SADD. Several LPCs have created alcohol awareness campaigns. Darien, which has significantly higher rates of teen drinking compared with the country, is in their 5th year of a high-profile “06820” campaign to educate parents about the impact of alcohol on the teen brain, the importance of parent-child dialogue, social hosting laws that hold adults legally responsible for drinking that occurs under their roof, etc. LPCs and other community partners sponsor post-prom events and encourage the use of Uber, Lyft, and Safe Rides to prevent driving under the influence.
- Fairfield, who received the CT Strategic Prevention Framework (CSC) grant 6 years ago has been able to change perception of harm and decrease use within their town specific initiatives.
- Throughout SW CT, pediatricians, clinicians, family physicians, and counselors are trained in Screening, Brief Intervention and Referral to Treatment (SBIRT) and also Adolescent SBIRT. Colleges, hospitals, and social services agencies also use an integrated Mental Wellness Screening tool for “check-up from the neck up” screenings during Wellness Month and beyond.
- Older adults and others at risk are educated about the dangers of mixing alcohol and medications through the state’s Change the Script campaign.
- Due to Covid-19 several LPCs came together and created the Let’s #mentionprevention campaign which is a campaign to assist retailers and guardians to keep alcohol out of the hands of minors.

Recovery Center at Greenwich Hospital, and Silver Hill Hospital.

Recovery: There are several sober homes in the region, although costs can be prohibitive and they are not regulated. There are many 12-step meetings (AA, AlAnon) including some in Spanish, for teens, and for medical practitioners that are now also being offered virtually due to COVID-19. There are also a variety of support options such as the CT Community for Addiction Recovery (CCAR) in Bridgeport, which offers a free weekly Telephone Recovery Support program; LifeRing; SMART Recovery; LIFTT Confidential; Refuge Recovery; and Women for Sobriety.

Enforcement: Alcohol compliance checks are intended to be conducted every six months; however, some town departments report a lack of capacity to train and deploy youth for sting operations. Police departments continue to educate officers on how to strategically disperse parties. Since the pandemic, checks have not been conducted due to closures and social distancing.

Treatment: Treatment for alcohol and other addiction disorders is available through local provider agencies and hospitals, including specialized programs such as Mountainside Treatment Center, the Addiction

