

2022 Region 1 Epidemiological Profile: Alcohol

Problem Statement

Alcohol continues to be the most used substance nationally and in Connecticut. Alcohol use prevalence in CT has in fact remained higher than the nation since 2010, and CT has been among the ten states with highest prevalence most/all these years. According to the 2021 National Survey on Drug Use and Health (NSDUH), over half of respondents 12 and older (56.3%) report using alcohol in the past 30 days, making CT the fourth highest state in the US in reported prevalence of alcohol use.¹

Magnitude (prevalence)

Overall, NSDUH shows that the prevalence of alcohol use in Connecticut among the general population has remained relatively stable; the prevalence of past 30-day alcohol use in individuals 12 and older was 59.32% in 2008-2009 and 60.03% in 2018-2019. The prevalence of heavy episodic drinking in Connecticut has also remained stable since 2010, and it has remained consistently higher than the national average.¹

Young adults in Connecticut aged 18-25 have the highest reported prevalence of past 30-day alcohol use (60.5%) and binge alcohol use, followed closely by those age 26 or older. Binge drinking is highest among adults aged 26 or older (51.9%), followed by young adults aged 18 to 25 (50.1%), and adolescents aged 12 to 17 (7.0%).¹

According to the 2021 Data Haven Community Wellbeing Survey, 79% of CT residents report no alcohol use in the past 30 days. However, 14% of CT residents reported having 1-5 alcoholic drinks in the past 30 days, 3% had 6-10 drinks, and 2% had more than ten drinks. 18% of residents surveyed reported a definite increase in alcohol use in 2020. Within this group, 43% reported that use has increased in themselves and another adult, and 34% reported that use has increased in themselves alone.²

One survey in the Community Health Needs Assessment reported Trumbull residents had a higher percentage of alcohol use in the past 30 days compared to other local towns, with 21% of residents reporting having 1-5 drinks in the past 30 days. This is followed by Stratford (15%), Fairfield (14%), Bridgeport (12%), Greenwich (12%) and Monroe (0%). Most towns that reported past 30-day use, male residents had more alcoholic drinks than female residents. Greenwich was an exception,

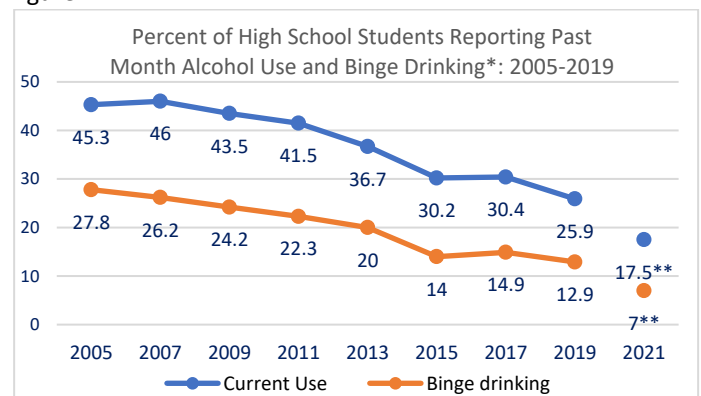
with female residents (15%) reported having more alcoholic drinks than male (8%) residents. It was also reported that in Stratford, 9% of residents had 6-10 drinks in the past 30 days and in Trumbull, 8% of residents reported 6-10 drinks in the past 30 days.³

Even though the NSDUH shows that alcohol use in the general population of CT has remained consistent, underage drinking in Connecticut among 12 to 17-year-olds decreased significantly, from 18.56% in 2008-2009 to 11.24% in 2018-2019.¹

The 2021 Connecticut School Health Survey (CSHS) also reported lower prevalence of past 30-day alcohol use in Connecticut's high school students compared to their national counterparts (18% vs 23%).⁴

The CSHS, CT's Youth Risk Behavior Survey, also shows that the reported prevalence of past month alcohol use and binge drinking among Connecticut high school students has steadily declined since 2005 (Figure 1). In the 2021 CSHS, 17.5% of high school students reported using alcohol in the past month. Of these students, 7.0% of them reported binge drinking* in the past month. However, caution should be taken when comparing the 2021 data to that of previous years because the 2021 CSHS was collected during a different semester than in previous years (Fall vs Spring).⁴

Figure 1.



* The definition for binge drinking was five or more drinks in a row, until 2017 when it became 5 or more for males or 4 or more for females
**Caution should be taken when comparing 2021 data to that of previous years due to differences in methodology in survey collection.

Among individuals 12 years and older, those reporting alcohol use disorder (AUD) in the past year were stable from 2016 to 2019, at about 6%. However, the 2020 NSDUH data indicates a nearly two-fold increase in reported AUD for this age group (11.4%).

*In 2020-21 a review of local youth surveys reported:*⁵

- Between 10% and 41% of middle and high school students

¹ National Survey on Drug Use and Health (NSDUH), 2020

² Data Haven Community Wellbeing Survey, 2021

³ Community Health Needs Assessment, 2022

⁴ DPH, 2021 Connecticut School Health Survey (CSHS/YRBS)



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reported past 30-day alcohol consumption, with rates increasing by grade.

- *25% of high schoolers had used alcohol in the past month. In another local youth survey, 10% of high school students reported drinking 4 or more drinks in less than 2 hours in the past 30 days.*
- *One town reported that 60% of their 12th grade students had used alcohol in the past 30 days.*
- *In one suburban town, the alcohol use rate had increased from 3% in 2017 to 10% in 2021.*
- *In one suburban town, 27.61% of high school students reported binge drinking 5 or more times in the past 30 days.*
- *Students in a local city reported the most access to alcohol is at home (60%) or at their friends' home (57%).*

Perception of Harm:

- *High school students' perception of harm from alcohol ranged from 76%-88% according to local surveys. In one town, 36% of high schoolers reported usually having 3 alcoholic drinks when they drink.⁵*
- *One local town reported 15% of high schoolers drinking alcohol in the past 30 days. 93% of the students reported that their parents feel that alcohol use is wrong. This shows a strong correlation between youth alcohol use and parental disapproval.⁵*
- **Key informants in the 2022 Community Readiness Survey (CRS) for SW CT identified alcohol as the problem substance of greatest community concern for adults ages 26 and older.⁶**
- **According to key informant interviews, there was a higher utilization of alcohol delivery services during and after the pandemic. There have been reports of youth obtaining alcohol through these deliveries due to differences or lack in ID'ing. There has been an increase in parent/caregivers hosting parties and serving alcoholic beverages to underage youth. In some local towns, parents/caregivers are consuming alcohol on school property during youth school and athletic activities, normalizing the behavior.**

⁵ SW CT Local Youth Surveys

⁶ Community Readiness Survey Report, 2022



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Risk Factors and Subpopulations at Risk

- Young people who drink are more likely than adults to report being binge drinkers.⁷
- Misuse of alcohol at an early age can develop into later alcohol dependency.⁷
- Men are more likely than women to be heavy drinkers.⁸
- 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.⁹
- Individuals with mental health disorders are about four times more likely to be heavy alcohol users.¹⁰ One SW CT urban city found that out of students who reported feeling sad or hopeless almost every day for the past 12 months, 18.1% reported using alcohol in the past 30 days. These findings reflect the high correlation between substance misuse and mental health symptoms.⁵
- Native Americans are at especially high risk of alcohol-related traffic accidents, DUI and premature deaths associated with alcohol misuse.¹¹
- While Hispanics have higher rates of abstinence from alcohol, those who do drink often have higher rates of binge drinking.¹²
- In many local youth surveys, White individuals reported higher rates of drinking than Hispanic or Black individuals.⁵
- Through key informant focus groups, a strong correlation between alcohol misuse and problem gambling was seen.
- In Southwest Connecticut (SW CT), adults, ages 18-34, were most likely to have 1-5 alcoholic drinks in the past 30 days. This is followed by individuals who are between the ages of 35-49.
- 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.¹³
- The 2021 CSHS also shows that high school females were more likely than males to report past month drinking (29.2% and 14.2%, respectively) and binge drinking (8.5% vs 5.6%). Non-Hispanic whites had the highest prevalence of past month drinking (22.4%) and binge drinking (10.3%). Hispanic and Black students' reported prevalence of past month (13.7% and 12.1% respectively) and binge drinking (4.0% and 3.5%, respectively) were similar between the two groups.⁴
- Young adults in CT ages 18-25 have the highest rate of reported past month alcohol use (60.5%), followed closely by those aged 26 or older (60.98%).¹

Burden (consequences)

- Immediate adverse effects of alcohol can include: impaired judgment, reduced reaction time, slurred speech, and loss of balance and motor skills.⁷
- When consumed rapidly and in large amounts, alcohol can also result in coma and death.⁷
- Alcohol use can increase risk of death when used with other substances, i.e.,

Capacity and Service System Strengths

⁷ CDC (2022), Alcohol and Public Health

⁸ CDC (2022), Excessive Alcohol Use is a Risk to Men's Health

⁹ CDC (2022), Excessive Alcohol Use is a Risk to Women's Health

¹⁰ NIDA (2014), Severe Mental Illness Tied to Higher Rates of Substance Use

¹¹ NIAAA (2014), Focus On: Ethnicity & the Social and Health Harms from Drinking

¹² NIAAA (2021), Alcohol and the Hispanic Community

¹³ SAMHSA (2019), Risk and Protective Factors



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prescription medication like benzodiazepines and opioids.¹⁴

- In CT, the number of unintentional drug overdose deaths involving alcohol increased in 2021 to 5078 deaths compared to 474 in 2020 and 404 deaths in 2019.¹⁵
- 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.¹⁶
- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, and interpersonal violence.⁷
- Drinking during pregnancy can lead to a variety of developmental, cognitive, and behavioral problems in the child (Fetal Alcohol Spectrum Disorders).¹⁶
- Older adults, 65+, who drink are at increased risk of health problems associated with lower tolerance for alcohol, existence of chronic health problems and interactions with medications.¹⁷
- In 2021, 50.1% of adult DMHAS treatment admissions in SW CT reported alcohol use. This decreased in 2022 to 40.5%. For young adults, 40.8% of treatment admissions reported alcohol use. This increased in 2020 to 42.2%.¹⁸
- In SW CT during 2021 and 2022 alcohol remains the primary drug of use for adults in DMHAS treatment admissions. For young adults, alcohol was the second primary drug of use in 2021 (32%) but then became the primary drug of use in 2022 (42.2%).¹⁸

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

	2016-2018	2018-2019	2020
CT	5.7	5.6	11.2

2021 Data Haven Community DataHaven Community Wellbeing Survey: Percent Reporting Past Month Binge Drinking²

	CT	Wealthy	Suburban	Rural	Urban Periphery	Urban Core
2021	19	20	18	19	20	17

Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention⁶

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	5.37	5.14	5.55	5.21	5.59	5.25
2022	5.31	5.72	5.36	4.89	5.25	5.12

SW CT shows higher rates of readiness in 2022 compared to all regions and the state average.⁶ This shows an increase in readiness from 2020, due to a high recognition of substance misuse problems and planning for prevention.

Prevention:

- *Local Prevention Councils (LPC) and federally funded community coalitions provide education about alcohol to youth and adults, often in collaboration with groups such as Mothers Against Drunk Driving (MADD) and Students Against Destructive Decisions (SADD). These prevention and intervention efforts include awareness campaigns, retailer educations, compliance checks, social hosting law education and post-prom events; encouraging the use of Uber, Lyft, and Safe Rides to prevent driving under the influence.*
- *Many LPCs have supplied and encouraged local alcohol retailers to provide liquor stickers, a prevention method for underage use.*

¹⁴ CDC (2022), Alcohol and Other Substance Use

¹⁵ CT Department of Public Health

¹⁶ WHO (2018), Global Status Report on Alcohol and Health

¹⁷ NIAAA (2017), Older Adults

¹⁸ CT DMHAS Treatment Admissions



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- *Many local coalitions have partnered with local law enforcement to conduct compliance checks for retailers and continue to do so.*
- *Throughout SW CT, pediatricians, clinicians, family physicians, and counselors are trained in Screening, Brief Intervention and Referral to Treatment (SBIRT) and 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.*

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 Recovery Center at Greenwich Hospital, and Silver Hill Hospital.

Recovery: There are several sober homes in the region. There are many 12-step meetings (AA, AlAnon) including some in Spanish, for teens, and for medical practitioners. 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. There are a wide array of free support groups available to SW CT.

¹National Survey on Drug Use and Health (NSDUH), 2020

²Data Haven Community Wellbeing Survey, 2021

³Community Health Needs Assessment, 2022

⁴DPH, 2021 Connecticut School Health Survey (CSHS/YRBS)

⁵SW CT Local Youth Surveys

⁶Community Readiness Survey Report, 2022

⁷CDC (2022), Alcohol and Public Health

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¹⁷NIAAA (2017), Older Adults

¹⁸CT DMHAS Treatment Admissions

