



Capital Area Substance Abuse Council (CASAC)

Epidemiologic Profile of Substance Use, Suicide & Problem Gambling

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Abbreviations

CASAC	Capital Area Substance Abuse Council
CDC	Centers for Disease Control
CNAW	Community Needs Assessment Workgroup
COPD	Chronic Obstructive Pulmonary Disease
CT	Connecticut
DAWN	Drug Abuse Warning Network
DESPP	Department of Emergency Services and Public Protection
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health
DUI	Driving Under the Influence
HIV	Human Immunodeficiency Virus
LPC	Local Prevention Council
MVA	Motor Vehicle Accident
NHTSA	National Highway Transportation Safety Administration
NIDA	National Institute on Drug Abuse
NSDUH	National Survey of Drug Use and Health
RAC	Regional Action Council
SAMHSA	Substance Abuse and Mental Health Service Administration
SDE	State Department of Education
SEOW	State Epidemiologic and Outcomes Workgroup
SPF	Strategic Prevention Framework
US	United States
YPLL	Years of Potential Life Lost
YRBSS	Youth Risk Behavior Surveillance System

Executive Summary

In response to a request from the Connecticut Department of Mental Health and Addiction Services (DMHAS) for a data driven analysis on the impact of the eight priority issues in Sub-Region 4-B, The Capital Area Substance Abuse Council (CASAC), developed the following profile and priorities with assistance from community members. The profile describes the consumption patterns and consequences of substance abuse and establishes priorities to reduce substance abuse and mental health issues in the sub-region. The profile will be used as a building block for sub-regional processes that will include capacity and readiness building; strategic planning; implementation of evidence based programs, practices and strategies; and evaluation of efforts to reduce substance abuse and mental health issues

Using the data found within this report, our Community Needs Assessment Workgroup met and added their field experiences with these eight areas of abuse. They then prioritized the areas for their magnitude and impact in the sub-region, as well as the sub-regions' readiness/capacity to change the magnitude of use and impact of these areas within the sub-region.

As a result of the ranking process, alcohol and tobacco were identified as the 2 top priorities in the sub-region with total scores of 4.8 and 4.5 out of 5.0, respectively. Marijuana and Problem Gambling were tied for third with scores of 4.1 out of 5.0.

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Introduction

Purpose of the profile

Capital Area Substance Abuse Council (CASAC) is one of 13 Regional Action Councils (RAC) that support prevention, health promotion and recovery services in Connecticut. CASAC serves Sub-Region 4B which includes the following 16 communities: Avon, Bloomfield, Canton, East Granby, Farmington, Granby, Hartford, Hartland, Newington, Rocky Hill, Simsbury, Suffield, West Hartford, Wethersfield, Windsor and Windsor Locks. Since 2004, the Connecticut Department of Mental Health and Addiction Services (DMHAS) has participated in the United States Substance Abuse and Mental Health Service Administration's (SAMHSA) Strategic Prevention Framework (SPF) at the State, Sub-Regional, and community levels. The SPF is a five-step, data-driven process known to promote youth development and prevent problem behaviors across the life span.

The purpose of this profile is to 1) describe the burden of 8 statewide priority issues in Sub-Region 4B, 2) to prioritize prevention needs within the sub-region, and 3) evaluate the capacity of the sub-region to address those needs. The 8 statewide priority issues included in this profile are as follows: alcohol use and its consequences, tobacco use and its consequences, prescription drug use and its consequences, marijuana use and its consequences, heroin use and its consequences, cocaine use and its consequences, problem gambling and its consequences and suicide and its consequences. The profile will be used to support state and community-level data driven processes, including readiness assessment and capacity building, strategic planning, implementation of evidence-based programs and strategies, and evaluation of those programs and strategies.

Description of the RAC region

According to estimates in the 2008-2010 American Community Survey prepared by the US Census Bureau in 2011, Sub-Region 4B includes a total of 438,530 individuals. This corresponds to about 12.3% of the population of the State of Connecticut. Individual community populations range from about 2,100 in Hartland to about 125,000 in Hartford. Within Sub-Region 4B, 16.9% of residents describe themselves as Hispanic compared to a statewide average of 13.4% and 59.5% of residents describe themselves as White, non-hispanic compared to a statewide average of 71.2%. The median household income for the sub-region (\$39,780) is below the state average of \$43,324. The percentage of residents within the sub-region living below the poverty level (12.7%) is above the state average of 9.2%. However, these last two regional rates are driven by the rate in a single community within the Sub-Region. That is the city of Hartford in which 32% of the population lives below the poverty line and the median household income is \$25,137.

Sources of data

The data used to compile this report have been drawn from a variety of sources including the following:

- **Youth Surveys:** Conducted by local prevention coalitions and school districts in the sub-region in order to ascertain prevalence, attitudes, behaviors and perceptions among youth with regard to substance use and related behaviors.
- **National and State Surveys:** Including National Survey of Drug Use and Health, Youth Risk Behavior Surveillance System and the Connecticut School Health Survey
- **Secondary Data:** Including arrests, motor vehicle accidents and fatalities, treatment admissions, school suspensions and expulsions compiled by DMHAS and the State Epidemiologic and Outcomes Workgroup (SEOW) from state and federal sources.
- **Community Needs Assessment Workgroups (CNAW):** participants reviewed compiled data, provided ranking input and also provided anecdotal information and feedback about priority issues from a local perspective.

Strengths and limitations of the profile

This profile attempts to summarize data collected at the National, State and local level. Although the data are believed to be reliable and valid, due to space limitations, it is neither practical nor possible to include all available data. Also, for some relevant indicators compiled at the State level (such as treatment admissions related to heroin and cocaine) current data are not available. Only five individual communities within Sub-Region 4B completed youth surveys in the past couple of years. Although local prevalence data has been included from these surveys, they are not considered representative of the entire sub-region.

Methods

Development of this profile was a multi-step process. First, available data relevant to the 8 statewide priorities were compiled, tabulated and summarized. Next, a Community Needs Assessment Workgroup (CNAW) was convened with the purpose of reviewing the profile for each of the statewide priorities and for ranking their importance within the Sub-Region. In developing their rankings, CNAW members were asked to consider not only magnitude of the issue but also the impacts or consequences associated with that priority as well and the changeability of that priority.

Summary

In Sub-Region 4B, the priority ranking process was a multi-step process. First, data related to the eight priority issues identified by the Connecticut Department of Mental Health and Addiction Services was gathered from a variety of sources including national and state survey websites, the Connecticut Department of Mental Health and Addiction Services, the State Epidemiologic and Outcomes Workgroup, and Local Prevention Councils and schools. A data analyst then reviewed, summarized and graphed those data in order to create this Epidemiologic Profile of Substance Use, Problem Gambling and Suicide for Sub-Region 4B. This Profile was distributed by email to the members of the Sub-Region 4B Community Needs Assessment Workgroup (CNAW). Membership in the workgroup included prevention partners from throughout the sub-region. Each member reviewed the data and ranked each of the priority issues in terms of magnitude, impact and changeability. Members had the option of completing the ranking on their own and submitting their results by email or attending one of two meetings during which they could discuss and ask questions about the data. Members assigned a rank of 1 to 5 (1=lowest, 5=highest) for each of three factors (magnitude, impact and changeability) as they related to each of eight priority issues (alcohol, tobacco, prescription drugs, marijuana, heroin, cocaine, problem gambling and suicide).

For each priority issue, an "average ranking" was calculated for magnitude, impact and changeability using the mean of all of the individual rankings from CNAW members for that priority and factor. For each priority, an average score was done for magnitude, impact and changeability and then the three were averaged to provide a "total score" for that priority factor. These "average rankings" and "total scores" are shown in the matrix on page 7. The priority issues were then ranked from low to high using the "total scores". The maximum possible "total score" for a priority issue is 5 and the lowest possible score is 1

As a result of the ranking process, alcohol and tobacco were identified as the 2 top priorities in the sub-region with total scores of 4.8 and 4.5 out of 5.0, respectively. Marijuana and Problem Gambling were tied for third with scores of 4.1 out of 5.0.

CNAW members also provided valuable feedback about local capacity related to each priority issue. They were asked about local awareness about the issue, local willingness to address the issue and the presence of resources to address the issue. Results of the CNAW are presented in the conclusion of the report.

CNAW Priority Ranking Matrix - Aggregate Scores

SCALE: 1=Lowest 2=Low 3=Medium 4=High 5=Highest

PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	TOTAL
Alcohol	4.8	5.0	4.6	4.8
Tobacco	4.7	4.8	4.0	4.5
Marijuana	4.0	4.6	3.7	4.1
Prescription Drug Misuse	4.1	3.8	4.0	3.9
Heroin	4.3	4.5	3.8	3.8
Cocaine	3.6	3.0	3.1	3.1
Problem Gambling	4.2	4.6	3.7	4.1
Suicide	3.9	4.7	3.2	3.9

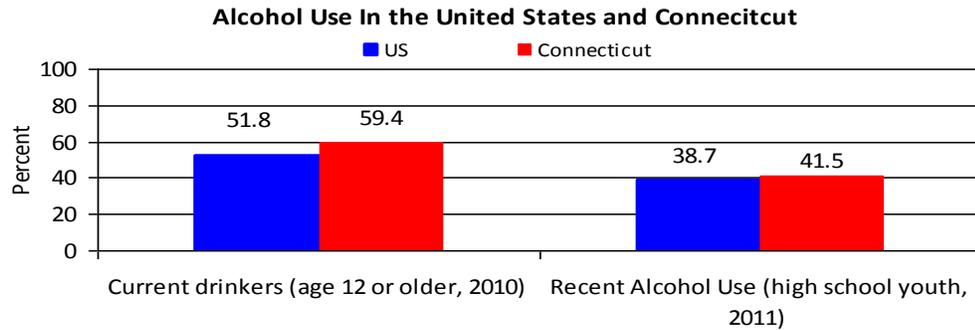
Body

Alcohol

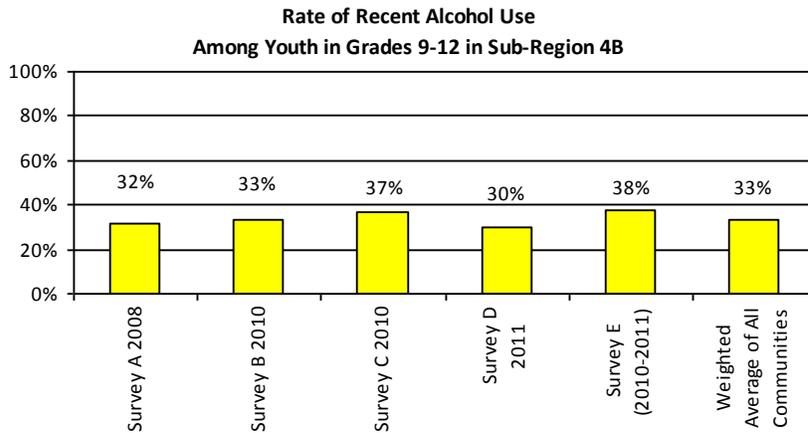
Magnitude

Alcohol is the most widely used and abused substance in the United States. Data from current surveys suggest that alcohol use rates in Connecticut are higher than national averages. According to the National Survey of Drug Use and Health (NSDUH), 51.8% of all Americans and 59.4% of Connecticut residents aged 12 or older reported being current drinkers in 2010. According to the Youth Risk Behavior Surveillance System (YRBSS), the rate of recent alcohol

use among Connecticut high school youth (41.5%) was higher than the national average (38.7%) in 2011.



Source: National Survey of Drug Use and Health (2010), Youth Risk Behavior Surveillance System (2011)



In the last couple of years, five communities in Sub-Region 4B have conducted surveys to determine local alcohol use rates among youth. The rates of recent use in these five individual communities are generally similar to each other and are lower than the US and Connecticut averages from 2011 reported above.

Source: Local Youth Surveys

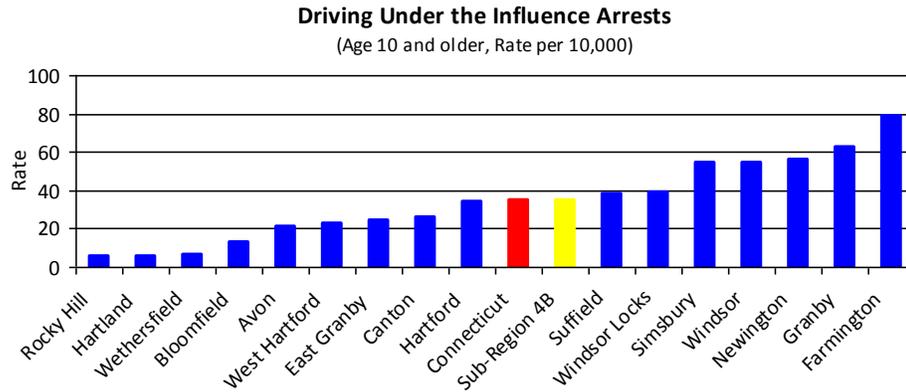
Impact

The consequences and impacts of alcohol use, abuse and dependence include increased crime, long and short term negative health effects and unintentional injury and death. According to the US Centers for Disease Control (CDC):

- Excessive alcohol use is the 3rd leading lifestyle-related cause of death in the US.
 - Excessive alcohol use is responsible for 2.3 million years of potential life lost (YPLL) annually.
 - The economic costs of excessive alcohol consumption in 2006 were estimated at \$223.5 billion.
- In Sub-Region 4B:
- In 2010, the rate of liquor law arrests age 10 and older (2.4 per 10,000) was the fifth lowest among all Regional Action Councils (RACs) and was below the state average of 3.9 per 10,000 (CT Department of Emergency Services and Public Protection, DESPP).
 - For the 2010-2011 school year, the rate of alcohol-related suspensions and expulsions (6.5 per 10,000) was lower than the state average of 9.3 per 10,000 (CT State Department of Education, CT SDE).
 - From 2007-2009, six individual communities had crude alcohol-induced death rates above the state average of 6.1 per 100,000 (range 6.8 - 9.6; CT Department of Public Health, DPH).

Sub-Region 4B Epidemiologic Profile 2012

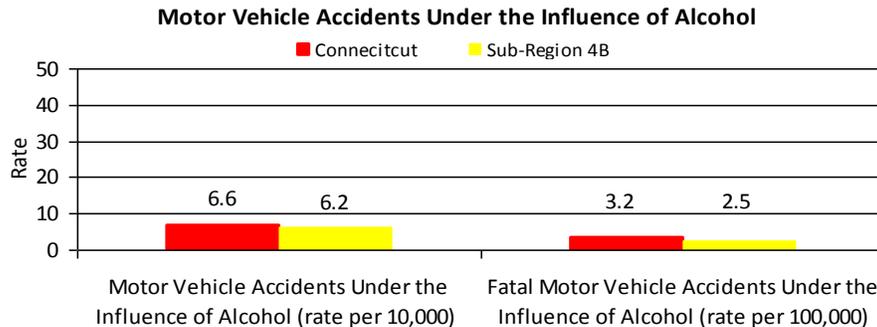
- In 2010, the rate of driving under the influence (DUI) arrests for individuals 10 and older (34.9 per 1,000) was the sixth highest among all RACs and was similar to the state average (34.8 per 10,000; CT DESPP).



Seven individual communities had rates above the state average.

Source: CT Department of Emergency Services and Public Protection (2010)

- In 2010, the rate of motor vehicle accidents (MVA) under the influence of alcohol (6.2 per 10,000) was similar to the average for Connecticut (6.6 per 10,000; National Highway Transportation Safety Administration, NHTSA).
- In 2010, the rate of *fatal* motor vehicle accidents under the influence of alcohol (2.5 per 100,000) was the lower than the state average (3.2 per 100,000; NHTSA). The rate for the Sub-Region was driven by rates in 3 individual communities all of which were above the state average (range 4.9-10.6). The rates in the remaining 13 communities were 0.0.



Source: National Highway Traffic Safety Administration(2010)

Capacity

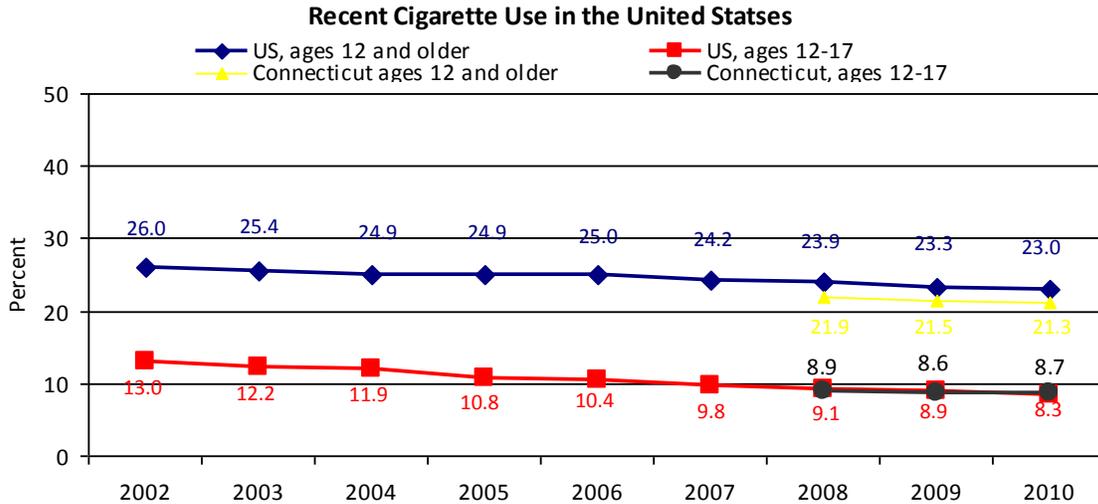
According to the 2012 Connecticut Community Readiness Assessment for Substance Abuse Prevention, the overall readiness for Substance Abuse Prevention in Sub-Region 4B is 5.51. This means that the sub-region is somewhere between planning focused on practical ideas (5.0) and having sufficient information to justify as substance abuse prevention program (6.0). The statewide average level of readiness is 5.08. Among the Sub-Region 4B residents who participated in the assessment, the largest numbers of individuals in all age groups regard alcohol as a "significant problem". Overall, participants feel that the residents of Sub-Region 4B are neutral (average rating = 2.5, 2=somewhat disagree, 3= somewhat agree) with regard to being concerned about preventing alcohol abuse. Respondents feel that a lack of volunteers, limited financial resources, lack of community buy-in about substance abuse and the perception that substance abuse is a personal problem are the largest barriers to substance abuse prevention activities within the sub-region. Key informants feel that the community is most ready to 1) raise community awareness and 2) identify community resources for substance abuse prevention. Overall, key informants feel that most community residents "somewhat agree" that 1) teens can drink if not driving.

Currently, the majority of local prevention resources are focused on alcohol prevention among youth. Specific activities include those aimed at raising awareness among youth and adults, information dissemination and hosting of alcohol free alternative activities.

Tobacco

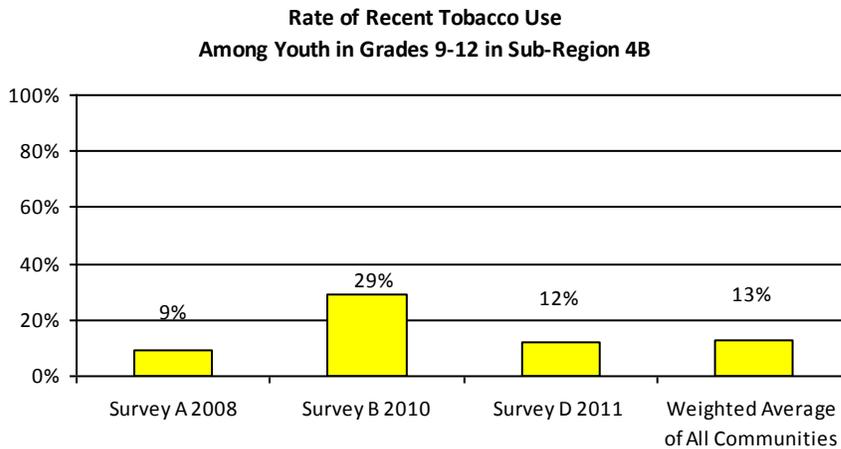
Magnitude

After alcohol, tobacco is the second most commonly used substance in the United States. According to the National Survey of Drug Use and Health (NSDUH), the percentage of Americans aged 12 or older reporting recent cigarette use declined from 26.0% in 2002 to 23.0% in 2010. Since 2008, the rates of recent **cigarette** use in Connecticut tend to be similar to or lower than the national rates.



Source: National Survey of Drug Use and Health

In the last couple of years, three communities in the sub-region have conducted surveys to determine local



Source: Local Youth Surveys

tobacco use rates among youth. Individual community rates of recent tobacco use range from 9% to 29%. Although most tobacco use is cigarette use, caution should be used when comparing rates. The local data in the figure include any **tobacco** use while the US and Connecticut data above include **cigarette** use only. In a 2010, a fourth survey asked about **cigarette** use, the rate of recent cigarette use among youth in grades 9-12 in that community was 14%.

Impact

According to the US Surgeon General, of every three young smokers, one will quit and one will die of tobacco related causes. Nearly all tobacco use begins in childhood and adolescence. In fact, 80% of adult cigarette smokers who smoke daily, report that they started smoking by the age of 18.

The US Centers for Disease Control report the following:

- Each year in the United States, adverse health effects from cigarette smoking account for an estimated 443,000 deaths.
- More deaths are caused each year by tobacco use than by HIV (human immunodeficiency virus), illegal drug use, motor vehicle injuries, suicides and murders combined.

Sub-Region 4B Epidemiologic Profile 2012

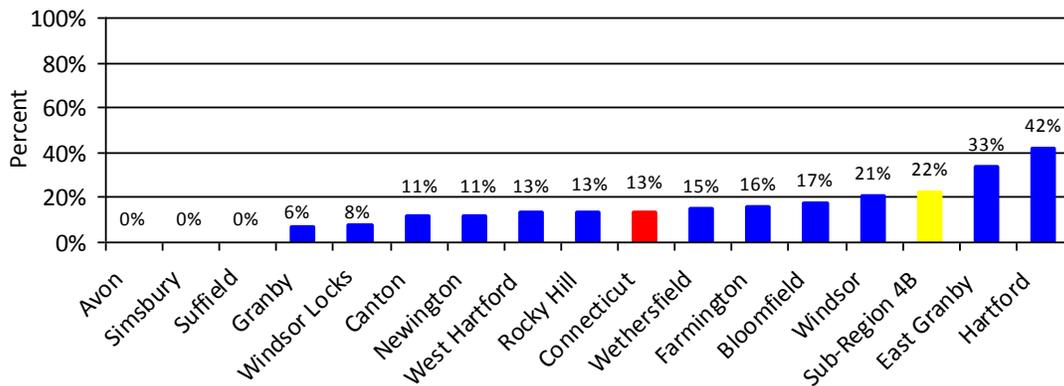
- Smoking causes an estimated 90% of all lung cancer deaths among men and 80% of all lung cancer deaths among women.
- Compared to nonsmokers, smokers are at increased risk of coronary heart disease, stroke, lung cancer and COPD.

In Sub-Region 4B

- The rate of tobacco related suspensions and expulsions (8.2 per 10,000 students) in 2010-2011 were lower than the state average of 21.0 per 10,000 students (CT State Department of Education, SDE).
- Overall, 20% of suspensions and expulsions in the Sub-Region were tobacco related compared to 37% in Connecticut (CT SDE).
- Nine of sixteen communities had crude lung cancer death rates above the state average of 49.9 per 100,000 in 2007-2009 (CT Department of Public Health, DPH).
- In 2008-2010, the percentage of tobacco retailers who were non-compliant (21.8%) was above the state average of 13.3% (CT Department of Mental Health and Addiction Services, DMHAS).
- Six individual communities in Sub-Region 4B had non-compliance rates above the state average. Those rates ranged from 14.7% to 41.6%. (Data not available for the community of Hartland, no inspections performed)

Percent of Tobacco Retailers Non-Compliant

(2008-2010)



Source: CT Department of Mental Health and Addiction Services

Capacity

According to the 2012 Connecticut Community Readiness Assessment for Substance Abuse Prevention, the overall readiness for Substance Abuse Prevention in Sub-Region 4B is 5.51. This means that the sub-region is somewhere between planning focused on practical ideas (5.0) and having sufficient information to justify as substance abuse prevention program (6.0). The statewide average level of readiness is 5.08. Respondents feel that a lack of volunteers, limited financial resources, lack of community buy-in about substance abuse and the perception that substance abuse is a personal problem are the largest barriers to substance abuse prevention activities within the sub-region. Key informants feel that the community is most ready to 1) raise community awareness and 2) identify community resources for substance abuse prevention.

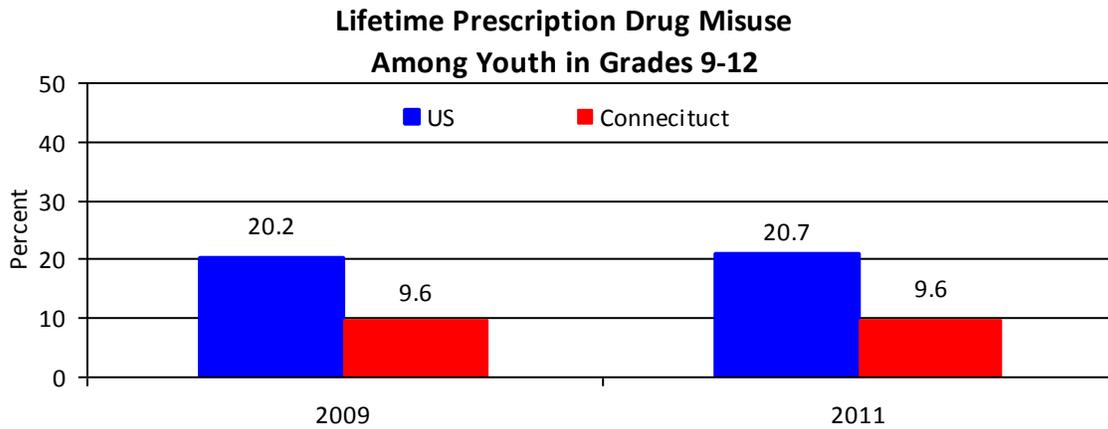
In recent years, several Local Prevention Councils have coordinated several events designed to raise awareness and promote understanding about the dangers of tobacco use.

Over 120 youth in CASAC's region received implementation of the STEP (Statewide Tobacco Education Program) between 2011 and 2012. Among those served were the towns of Windsor and Suffield and the City of Hartford.

Prescription Drugs

Magnitude

The US Centers for Disease control reports that prescription drug abuse is the fastest growing drug problem in the United States. Many individuals who misuse prescription drugs mistakenly believe that these substances are safer than illicit drugs because they are prescribed by healthcare professionals. According to the National Institute on Drug Abuse, data from several national surveys suggest that prescription medications, including those used to treat pain, attention deficit disorders and anxiety are being abused at a rate second only to marijuana among illicit drug users. According to data from the Youth Risk Behavior Surveillance System (YRBSS), lifetime prescription drug misuse among high school youth was relatively constant in the United States between 2009 and 2011. Rates were 20.2% and 20.7% in 2009 and 2011, respectively. According to the CT School Health Survey, the rate in Connecticut was also constant during that time (9.6% in both years).



Source: Youth Risk Behavior Surveillance System, CT School Health Survey

Since 2008, in Sub-Region4B three communities have conducted local school surveys which included questions about prescription drug misuse. In 2010, 8.1% of youth in grades 9-12 in one community reported having misused *a prescription drug* in the past month. In 2011, 6.2% of youth in grades 9-12 in a second community reported having misused *prescription pain medications* in the past month. In 2011-2012, 5% of youth surveyed in grades 9-12 in a third community reported having misused *prescription pain medications* in the past month.

Impact

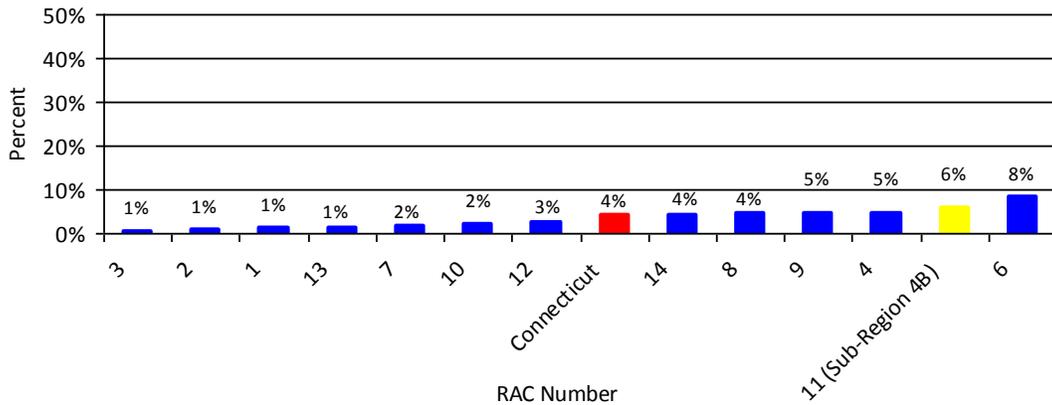
The Drug Abuse Warning Network (DAWN), which monitors emergency department visits across the nation, reported that in 2010 that 1.3 million emergency department visits could be attributed to prescription drug misuse or abuse. Emergency department visits involving misuse or abuse of pharmaceutical products increased 115% between 2004 (626,000 visits) and 2010 (1.3 million visits).

In Sub-Region 4B:

- The rate of pharmaceutical related suspensions and expulsions (2.4 per 10,000 students) in 2010-2011 was higher than the state average of 2.0 per 10,000 students (CT State Department of Education, SDE).
- Overall, 6% of suspensions and expulsions in the Sub-Region were pharmaceutical related compared to 4% in Connecticut (CT SDE). This was the second highest percentage in the state.

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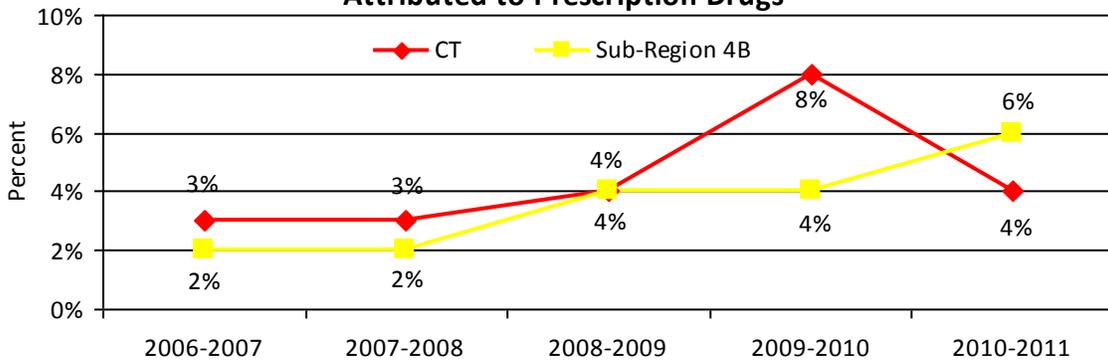
Percent of All Suspensions and Expulsions That Were Prescription Drug Related (2010-2011)



Source: CT State Department of Education

- The percentage of suspensions and expulsions attributed to prescription drugs has generally been increasing in Connecticut and within Sub-Region 4B since the 2006-2007 school year.

Timecourse of Percentage of All Suspensions and Expulsions Attributed to Prescription Drugs



Source: CT State Department of Education

Capacity

According to the 2012 Connecticut Community Readiness Assessment for Substance Abuse Prevention, the overall readiness for Substance Abuse Prevention in Sub-Region 4B is 5.51. This means that the Sub-Region is somewhere between planning focused on practical ideas (5.0) and having sufficient information to justify as substance abuse prevention program (6.0). The statewide average level of readiness is 5.08. Respondents feel that a lack of volunteers, limited financial resources, lack of community buy-in about substance abuse and the perception that substance abuse is a personal problem are the largest barriers to substance abuse prevention activities within the sub-region. Key informants feel that the community is most ready to 1) raise community awareness and 2) identify community resources for substance abuse prevention. Key informants perceive that most community residents disagree (score 1.82, 1= strongly disagree, 2=somewhat disagree) that drinking while taking prescription medications is risky. This may be reflective of a lack of understanding about the potential dangers of the misuse of prescription medications.

Though it does not appear to be a high priority throughout the sub-region in the past couple of years, some Local Prevention Councils have been working to raise awareness about the dangers of prescription drug misuse.

Marijuana

Magnitude

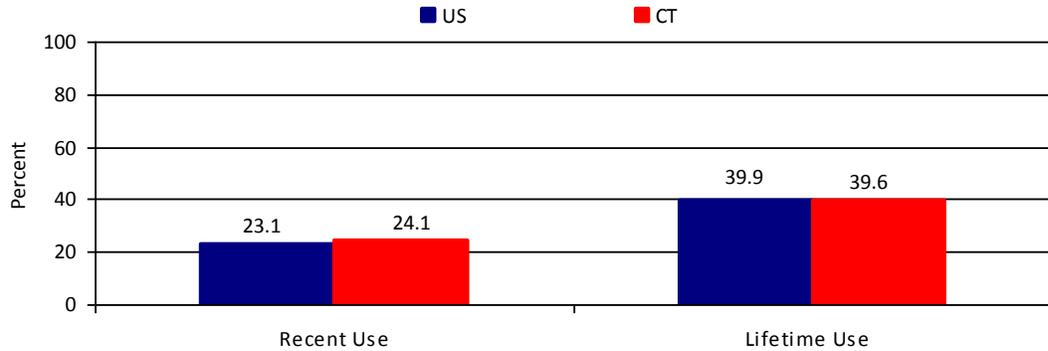
Marijuana is the most commonly abused illicit drug in the United States. According to the National Survey of Drug Use and Health (NSDUH), in 2010 there were 2.4 million Americans aged 12 or older who used marijuana for the first time in the past 12 months. That corresponds to about 6,600 new users every day. This estimate was similar to the estimates from 2008 and 2009 but higher than the estimates for 2002-2007. Among all youth ages 12-17, an estimated 5.2% had used marijuana for the first time in the past year. This rate was similar to the rate in 2009 (5.4%).

According to the YRBSS, after increasing between 1991 and 1999, the national rates for lifetime and recent marijuana use among high school youth declined

between 1999

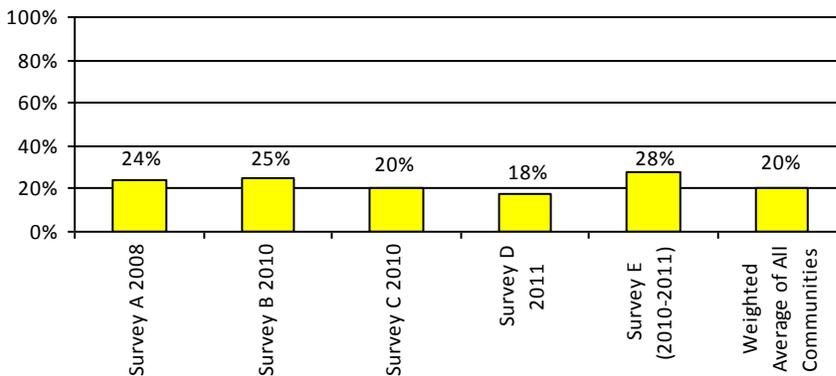
and 2009 (lifetime: 47.2% to 36.8%; recent: 26.7% to 20.8%). However, both rates increased in 2011 (39.9% - lifetime, 23.1% - recent). In 2011, the rates of lifetime (39.6%) and recent (24.1%) marijuana use among CT high school youth were similar to the national averages

Marijuana Use Among High School Youth (2011)



Source: Youth Risk Behavior Surveillance System

Rate of Recent Marijuana Use Among Youth in Grades 9-12 in Sub-Region 4B



In the last couple of years, five communities have conducted surveys to determine local recent marijuana use rates among youth. The rates of recent marijuana use reported in the individual communities are similar to US and Connecticut averages from 2011 presented above.

Source: Local Youth Surveys

Impact

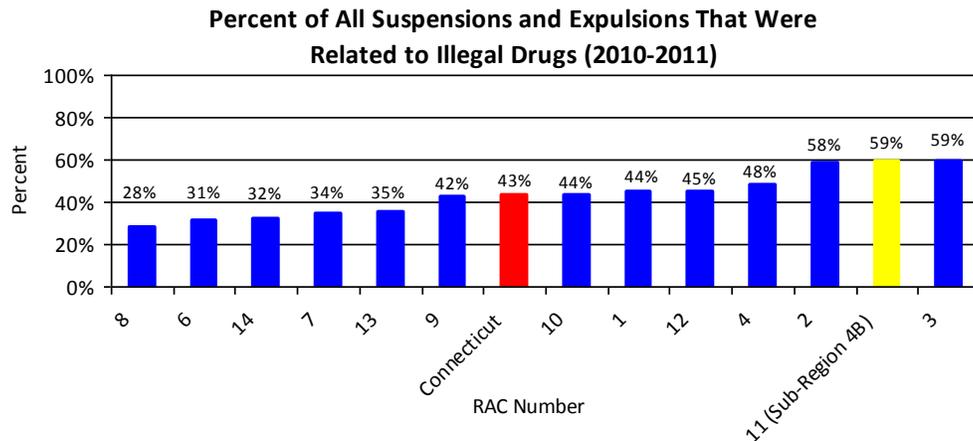
The short term effects of marijuana intoxication include distorted perceptions, impaired coordination, difficulty with thinking, problem solving, learning and memory (National Institute on Drug Abuse, NIDA). A meta-analysis of 48 studies found that marijuana use was associated with reduced educational attainment (lower grades and chances of graduation). In another study, heavy marijuana users had lower college completion rates and were more likely to have an annual household income of less than \$30,000. Heavy users also reported negative impacts of marijuana use on physical and mental health, cognitive abilities, social life and career status. Other studies have linked marijuana use with increased absenteeism, tardiness, accidents, workers' compensation claims and job

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turnover. Studies have also shown an association between chronic marijuana use and increased rates of anxiety, depression and schizophrenia but it is not clear at this time if marijuana use actually causes mental health problems, makes them worse or is indicative of attempts at self-medication and management of existing symptoms. According to the University of Washington Alcohol and Drug Abuse Institute, driving under the influence of marijuana increases the risk of motor vehicle crashes by a factor of 2 or 3.

In Sub-Region 4B:

- In 2009, one community had a rate of marijuana dependence treatment admissions (18.8 per 10,000) that was higher than the state average of 11.3 per 10,000 (CT Department of Mental Health and Addiction Services, DMHAS).
- Specific data regarding marijuana related school suspensions and expulsions are not available. However, because marijuana is the most commonly abused illicit drug, it might be assumed that marijuana use contributes to a large percentage of the illegal drug related school suspensions and expulsions each year. The rate of illegal drug related suspensions and expulsions (24.4 per 10,000 students) in the sub-region in 2010-2011 was similar to the state average of 24.1 per 10,000 students (CT State Department of Education, SDE). Rates in nine individual school districts that serve Sub-Region 4B were above the state average (range 26.7 to 147.1).
- Overall, 59% of suspensions and expulsions in the sub-region were related to illegal drugs compared to 43% in Connecticut (CT SDE). This was the highest percentage among all of the RACs in Connecticut.



Source: CT State Department of Education

- In 2010, the rate of fatal motor vehicle accidents under the influence of drugs (1.6 per 100,000) was the same as the state average of 1.6 per 100,000 (National Highway Transportation Safety Administration). The rate in 12 individual communities was 0. The rates in the remaining 4 communities (Hartford, Windsor, Farmington and Canton) were all above the state average (range 2.5 to 11.3)

Capacity

According to the 2012 Connecticut Community Readiness Assessment for Substance Abuse Prevention, the overall readiness for Substance Abuse Prevention in Sub-Region 4B is 5.51. This means that the Sub-Region is somewhere between planning focused on practical ideas (5.0) and having sufficient information to justify as substance abuse prevention program (6.0). The statewide average level of readiness is 5.08. Respondents feel that a lack of volunteers, limited financial resources, lack of community buy-in about substance abuse and the perception that substance abuse is a personal problem are the largest barriers to substance abuse prevention activities within the sub-region. Key informants feel that the community is most ready to 1) raise community awareness and 2) identify community resources for substance abuse prevention. Key informants perceive that most community residents are neutral (average score =2.52, 2= somewhat disagree, 3=somewhat agree) with regard to the following statement: "Occasional use of marijuana is not harmful".

Most local prevention activities do not specifically focus on the prevention of marijuana use. However, prevention of marijuana use is a component of the many alcohol and drug use prevention programs and activities which are conducted throughout the sub-region every year.

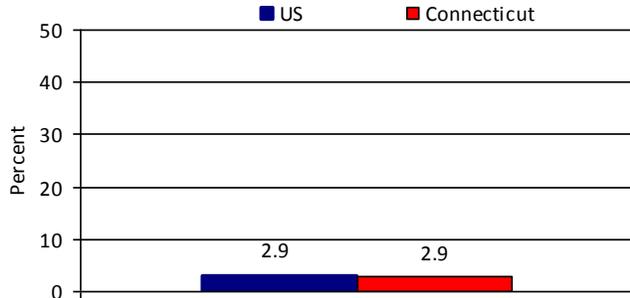
Heroin

Magnitude

According to the National Survey of Drug Use and Health (NSDUH), in 2010, 140,000 people ages 12 or older had used heroin for the first time in the past 12 months. This number is similar to but lower than the number in 2009 (180,000) and similar to but higher than those from between 2002 to 2008 which ranged from 91,000 to 118,000 per year.

Nationwide, 2.9% of high school youth report ever having used heroin in their lifetime. This rate remained steady from 1999-2011 (Youth Risk Behavior Surveillance System, YRBSS). In 2011, the rate of lifetime heroin use among CT high school youth was also 2.9%.

Lifetime Heroin Use Among High School Youth (2011)



Source: Youth Risk Behavior Surveillance System

Recent Heroin Use Rates Among Youth in Grades 9-12 in Sub-Region 4B



Source: Local Youth Surveys

In the last couple of years, four communities in Sub-Region 4B have conducted surveys to determine local **recent** heroin use rates among youth. Direct comparison of local **recent** use rates with CT and US **lifetime** use rates is not possible but these local rates suggest that youth in these communities are experimenting with heroin use. In at least one community, the **recent** use rate is similar to the US and CT average **lifetime** use rate in 2011.

Impact

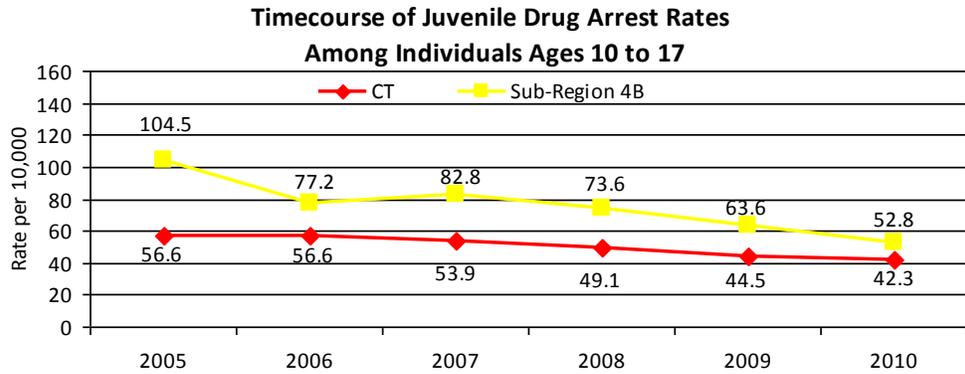
For many, heroin addiction is a lifelong battle characterized by repeated cycles of drug use and abstinence. Users are at increased risk for crime, incarceration, health problems and death. In one 33-year long longitudinal NIDA (National Institute on Drug Abuse)-supported study conducted at University of California at Los Angeles, the death rate among a group of heroin addicts was 50-100 times the rate in the general population (*NIDA NOTES*, Vol. 16, No. 4, *October*, 2001). Heroin use is associated with serious health consequences including collapsed veins, bacterial infections, viral infections (including HIV Hepatitis), liver and kidney disease, spontaneous abortion, depressed breathing and fatal overdose (NIDA). Regular users often have difficulty concentrating and staying awake. The need to obtain heroin and get high can lead to lateness, absenteeism, poor performance and possible job loss. When finances are insufficient to support the addict's need, family stability and housing can be threatened and the need to resort to criminal activity to support the addiction may arise.

In Sub-Region 4B

- In 2010, the rate of fatal motor vehicle accidents under the influence of drugs (1.6 per 100,000) was the same as the state average of 1.6 per 100,000 (National Highway Transportation Safety Administration). The rate in 12 individual communities was 0. The rates in the remaining 4 communities (Hartford, Windsor, Farmington and Canton) were all above the state average (range 2.5 to 11.3)

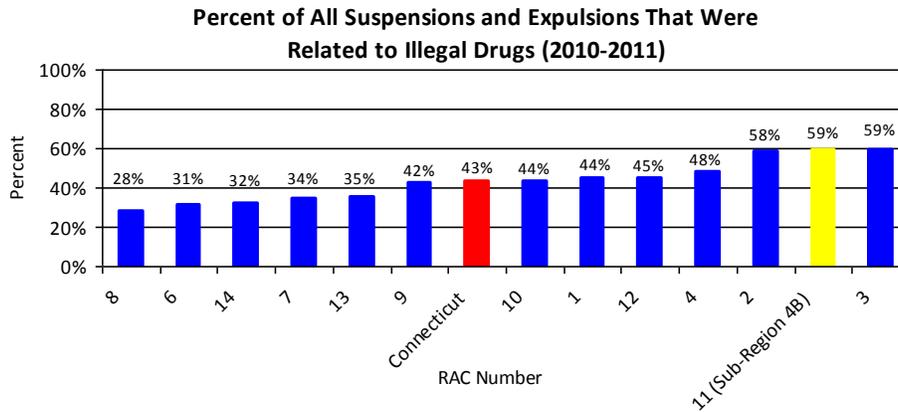
Sub-Region 4B Epidemiologic Profile 2012

- In 2010, the rate of drug arrests among individuals ages 10 to 17 (52.8 per 10,000) was higher than the state average (42.3 per 10,000). This rate was the second highest among all RACs. The rates in five individual communities were above the state average (range 47.8 to 116.2, CT Department of Emergency Services and Public Protection, DESPP).
- Since 2005, the rates of juvenile drug arrests have been declining in both Connecticut and Sub-Region 4B. However, the rate in Sub-Region 4B has been consistently above the state average (CT Department of Emergency Services and Public Protection, DESPP).



Source: CT Department of Emergency Services and Public Protection

- The rate of illegal drug related suspensions and expulsions (24.4 per 10,000 students) in the sub-region in 2010-2011 was similar to the state average of 24.1 per 10,000 students (CT State Department of Education, SDE). Rates in nine individual school districts that serve Sub-Region 4B were above the state average (range 26.7 to 147.1).
- Overall, 59% of suspensions and expulsions in the Sub-Region were related to illegal drugs compared to 43% in Connecticut (CT SDE). This was the highest percentage among all of the RACs in Connecticut.



Source: CT State Department of Education

Capacity

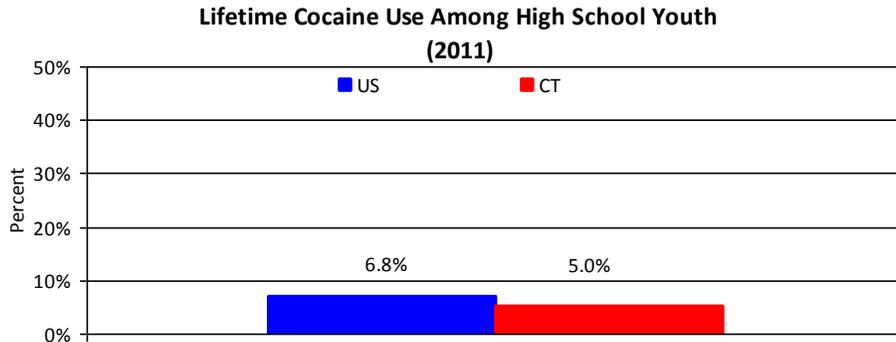
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Prevention of illicit drug use does not generally receive a lot of attention in the sub-region. It may be incorporated into general prevention programming but often takes a back seat to activities focused on prevention of alcohol and tobacco use. Additional local data regarding the prevalence and impact of illicit drug use would be useful in informing future prevention activities.

Cocaine

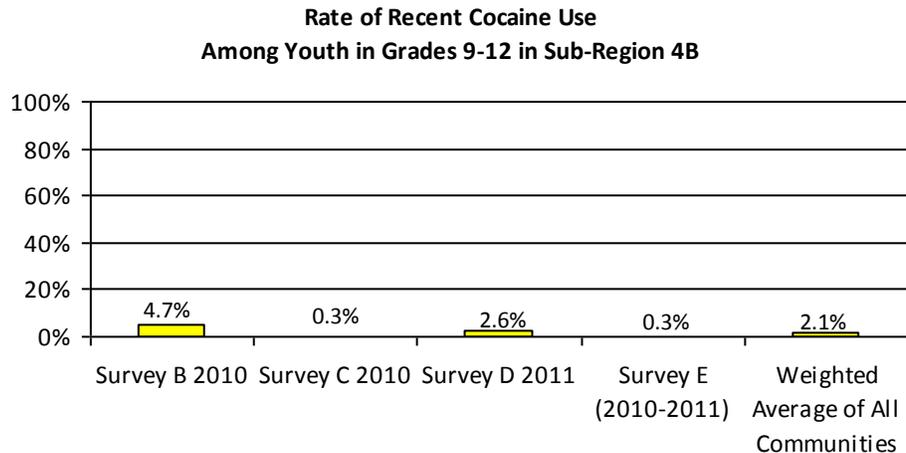
Magnitude

According to National Survey of Drug Use and Health (NSDUH), in 2010, 637,000 people ages 12 or older used cocaine for the first time in the past year. This corresponds to 1,700 new users every day in 2010. The number of new cocaine users declined from 1,000,000 in 2002 to 637,000 in 2010. The number in 2010 was similar to the numbers in 2008 (722,000) and 2009 (617,000). According to data from the 2011 Youth Risk Behavior Surveillance System, 6.8% of high school youth nationwide reported lifetime use of cocaine while 3% reported recent use of cocaine. Among CT high school youth, the rate of lifetime cocaine use (5.0%) was lower than the national average.



Source: Youth Risk Behavior Surveillance System

In the last couple of years, four communities in the sub-region have conducted surveys to determine local **recent** cocaine use rates among youth. Direct comparisons to CT and US data are not possible because local rates are for **recent** use and CT and US rates are for **lifetime** use. However, these data suggest that youth in Sub-Region 4B are experimenting with cocaine.



Source: Local Youth Surveys

Impact

Cocaine can be taken by a variety of routes including by mouth, by snorting and by injection. There is no safe way to use cocaine (National Institute on Drug Abuse, NIDA). Any route of exposure can result in absorption of toxic amounts of cocaine which can lead to cardiovascular and/or cerebrovascular emergencies, seizures and death. Other adverse effects of cocaine use include loss of sense of smell, problems swallowing, irritation of the nasal septum, gangrene of the bowel, infection (bacterial and viral) weight loss and malnourishment. According to the National Survey of Drug Use and Health (NSDUH), in 2010 approximately 1 million people met the criteria for cocaine dependence or abuse in the past 12 months. This number has been declining since 2006 when it was 1.7 million. The Drug Abuse Warning Network (DAWN), which monitors emergency department visits across the nation, reported that in 2010 that there were 488,101 emergency department visits attributed to cocaine abuse.

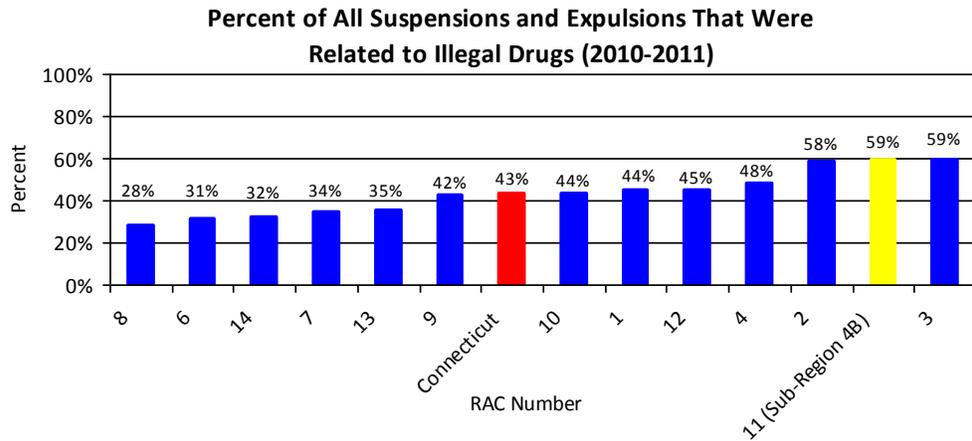
In Sub-Region 4B:

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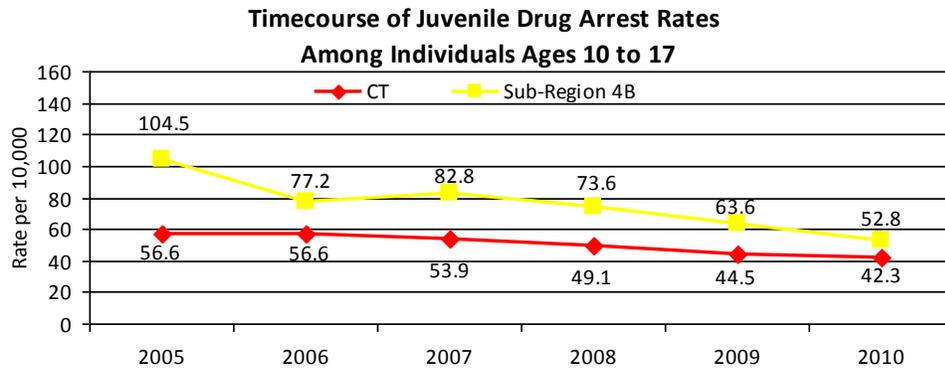
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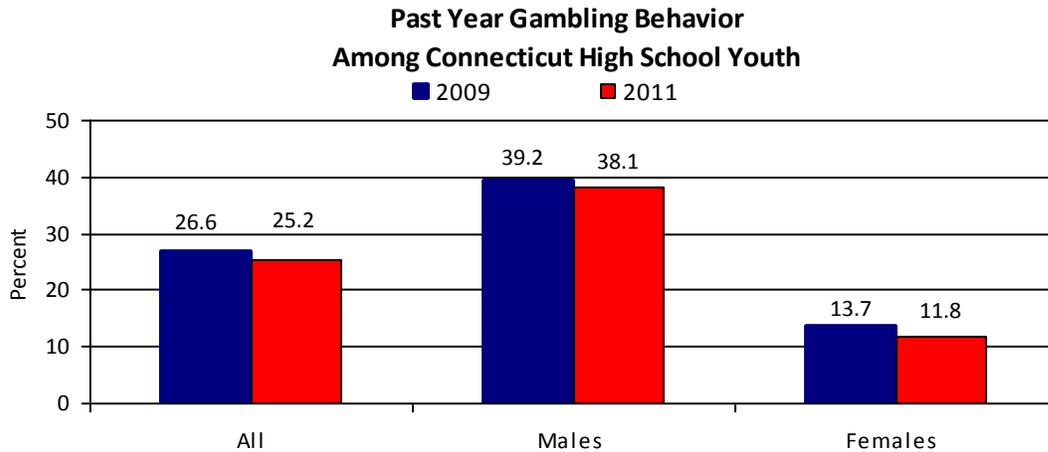
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Problem Gambling

Magnitude

According to the CT Council on Problem Gambling, problem gambling is a disorder or addiction characterized by obsession or loss of control with regard to gambling behavior such that the gambling behavior interferes with the individual's normal activities and responsibilities and negatively impacts personal relationships, finances, school or work performance and health. Pathological gambling is the most severe form of problem gambling. According to the CT School Health survey, in 2011 25.2% of high school students had gambled for money or possessions in the past 12 months compared to 26.6% in 2009. In both years, the rate among males was significantly higher than the rate among females.



Source: CT School Health Survey

Since 2008, in Sub-Region4B two communities have conducted youth surveys which included questions about gambling behavior. In 2008, 20% of youth in grades 9-12 in one community reported having gambled in the past year. In 2010, 42% of youth in grades 9-12 in a second community reported having gambled in their lifetime while 25% reported having gambled in the past month.

Impact

According to the CT Council on Problem Gambling:

- Gambling often occurs in association with psychiatric problems and other addictive behaviors.
- Problems gamblers may resort to crime in order to get more cash. Most of these crimes do not involve violence but some, such as robbery and breaking and entering may result in serious injury.
- 20% of pathological gamblers have attempted suicide.

Capacity

According to the 2012 Connecticut Community Readiness Assessment for Substance Abuse Prevention, the overall readiness for Substance Abuse Prevention in Sub-Region 4B is 5.51. This means that the sub-region is somewhere between planning focused on practical ideas (5.0) and having sufficient information to justify as substance abuse prevention program (6.0). The statewide average level of readiness is 5.08. Respondents feel that a lack of volunteers, limited financial resources, lack of community buy-in about substance abuse and the perception that substance abuse is a personal problem are the largest barriers to substance abuse prevention activities within the sub-region. Key informants feel that the community is most ready to 1) raise community awareness and 2) identify community resources for substance abuse prevention.

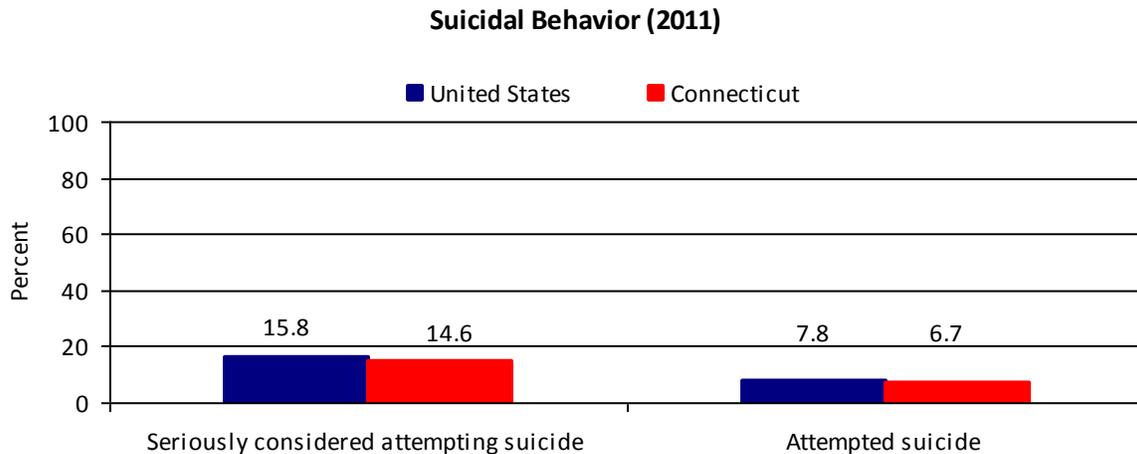
Gambling has not been a high priority in the sub-region. There is a lack of local data regarding local awareness about and the prevalence of gambling behavior in the sub-region.

CASAC incorporates Problem Gambling literature in all our health fair dissemination. CASAC has implemented the DMHAS Financial Literacy Program in Granby, Rocky Hill, Suffield and Windsor where over 50 middle and high school youth have participated.

Suicide

Magnitude

Nationwide, the percentage of high school youth who seriously considered attempting suicide in the past 12 months declined from 29.0% in 1991 to 13.8% in 2009 and increased again to 15.8% in 2011 (Youth Risk Behavior Surveillance System, YRBSS, 2011). The 2011 rate in CT was 14.6%. Between 1991 and 2011, there was an overall significant decrease in the national prevalence of high school youth who had made a suicide plan from 18.6% to 12.8%. However, the prevalence did increase from 10.9% in 2009 to 12.8% in 2011. Nationwide, 7.8% of high school youth had attempted suicide one or more times in the past 12 months. The rate in CT was 6.7%. Overall, the national prevalence of having attempted suicide decreased between 2001 and 2009 from 8.8% to 6.3% and increased from 2009 to 2011 from 6.3% to 7.8%.



Source: Youth Risk Behavior Surveillance System

Impact

According to the US Centers for Disease Control (CDC), suicide is the 10th leading cause of death in the United States. In 2010, more than 38,000 people died by suicide and more than 1 million individuals reported having attempted suicide in the past year. CDC also reports on average a single suicide costs \$1.1 million. One study estimated that approximately 7% of Americans knew someone who died of suicide in the past 12 months. Surviving the loss of a family member or friend to suicide is a risk factor for suicide. In 2011, CDC reported that overall suicide rates tend to rise and fall along with the economy. From 1928-2007, the largest increase in overall suicide rate occurred in the Great Depression. This is important to keep in mind given the current state of the economy.

In Connecticut from 1999 to 2007, suicide was one of the top 5 leading causes of death for 10 to 54 year olds. It was the second leading cause of death for young adults aged 18-24 in college. In Connecticut, there are an average of 308 suicides each year with about 80% occurring in males.

In Sub-Region 4B:

- From 2007-2009, the suicide rate in six individual communities was above the state average of 8.2 per 100,000. In two of those communities, the rate was more than two times the state rate. (CT Department of Public Health, DPH)
- From 2005 to 2012, the overall rate of suicides in Connecticut was 8 per 100,000. The rate in Hartford County, in which Sub-Region 4B is located, was 7.8 per 100,000 (Connecticut Suicide Advisory Board).

Capacity

Suicide is a topic that many continue to be hesitant to address. Awareness about the magnitude and impact of suicide in the sub-region remains low. Attention is episodic and is focused around media coverage of individual incidents. CASAC is the local coordinating RAC for suicide prevention in Region 4; CASAC has conducted several Question, Persuade, Refer (QPR) trainings in an effort to build local capacity for prevention and intervention.

Conclusion

The following comments are the result of the CNAW process and subsequent discussion on the Sub-Regions future priorities. The findings in this report will be a key tool in a developing an agency strategic plan for CASAC and Sub-Region 4B planned for the spring 2013.

Alcohol

CNAW members continue to see alcohol as a significant issue in the sub-region. Overall it is the substance of greatest concern. The CNAW reported that some communities in the sub-region are still experiencing significant problems with underage drinking overall. On the positive side, new hosting laws and “Set the Rules” Campaign have helped to educate and inform parents and high school students of the consequences.

Tobacco

CNAW members report concerns about increasing tobacco use among youth despite the many programs and media campaigns on the subject. Tobacco is rated as the second rates priority issue in the sub-region (compared to XXX 2010) . This higher rating is largely due to increased data from the youth surveys. CNAW members feel that tobacco’s impact across the region and dimensions needs to be closely monitored.

Marijuana

CNAW members report that students continue to tell them that marijuana is easily obtained. Along with alcohol and tobacco it is a primary drug of concern in the sub-region. The student survey data is very clear in the region requiring a focus with CASAC’s programming.

Cocaine

CNAW members were less concerned with cocaine, with the exception of some of the more urban communities who rated the cocaine problem almost on par with alcohol.

Heroin

While CNAW members overall rate heroin lower in the priority ranking matrix, urban CNAW members rate the heroin problem on par with alcohol, but feel the potential for change and readiness levels are lower than for the higher ranked substances. Data and comments from suburban CNAW members suggest that youth are obtaining heroin in the urban setting and returning to their own communities. This might explain the high instances of expulsions/suspensions for illegal drugs in the Sub-Region.

Prescription Drugs

CNAW members report that prescription drug misuse in the Sub-Region has risen to the level of concern seen elsewhere. This is an issue to watch closely, as some CNAW members are hearing about and seeing more use of oxycontin. In some cases, use of oxycontin has led to the use of heroin among youth in the sub-region. Our CNAW rated prescription drug as a concern requiring more programming.

Gambling and Suicide

CNAW members report that gambling and suicide is a growing issue in their communities. Additional local data is needed to help assist in evaluating the effect these two areas are having in their communities. The feeling is both areas are increasing. Problem Gambling is tied with marijuana as the third highest priority issue in the sub-region.

Appendices

Appendix 1: Data Sources

American Community Survey - US Census Bureau

CT Department of Emergency Services and Public Protection

CT Department of Mental Health and Addiction Services

CT Department of Public Health

CT Suicide Advisory Board

Drug Abuse Warning Network

Local Youth Surveys conducted by Granby Youth Services Bureau (2008), Windsor Locks Public Schools (2010), West Hartford Public Schools (2011), Hartford Communities that Care (2011-2012)

National Institute on Drug Abuse

National Survey of Drug Use and Health

National Highway Transportation Safety Administration

Substance Abuse and Mental Health Service Administration

State Department of Education

State Epidemiologic and Outcomes Workgroup

Youth Risk Behavior Surveillance System