

NECASA

**Epidemiologic Profile of
Substance Use, Suicide & Problem Gambling**

December 2012

Contributors

Northeast Communities Against Substance Abuse, Inc. would like to thank all of the prevention community of northeastern Connecticut for their help in providing services and data which are reflected in this report. The following individuals attended the Community Needs Assessment workgroup held on Monday, December 17, 2012 to rank prevention priorities.

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Abbreviations:

NECASA- Northeast Communities Against Substance Abuse

DMHAS- Department of Mental Health and Addiction Services

CSAP- Center for Substance Abuse Prevention

RAC- Regional Action Council

CNAW- Community Needs Assessment Workgroup

Executive Summary

Northeast Communities Against Substance Abuse (NECASA) is one of thirteen entities contracted by the Connecticut Department of Mental Health and Addiction Services to serve as sub-regional planning and action councils. The principal mission of NECASA is to reduce the incidence and prevalence of substance abuse in the towns of Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Lebanon, Mansfield, Plainfield, Pomfret, Scotland, Sterling, Thompson, Union, Willington, Windham and Woodstock. The following epidemiological report is completed every two years as part of the Connecticut Department of Mental Health and Addiction Services prevention priority planning process. Details on the findings of the report are highlighted in the summary section. For further information, contact Bob Brex, Executive Director of NECASA at 860-779-9253 or at necasa@snet.net.

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Introduction

Purpose of the profile

The purpose of the Sub-regional Prevention Epidemiologic Profile is to describe 1) the extent of substance abuse, problem gambling, and suicide within in the sub-region; 2) the status of resources to address such problems; (3) gaps in the prevention, health promotion, and treatment service continuum; and (4) solutions, strategies, and changes to the community environment that will reduce substance abuse, problem gambling, and suicide.

Regional Action Councils, together with their Community Needs Assessment Workgroups, use the profile to rank prevention and health promotion priorities among populations who need services within the sub-region. The Department of Mental Health and Addiction Services uses the profiles in its Statewide Priority Report. Other planning groups may use the profile to help develop a comprehensive strategic plan; set priorities among populations who need services; provide a basis for determining or projecting future needs; increase general community awareness; disseminate data for providers; apply for, and receive, funding; respond to public needs (e.g., educators, funding agencies, media, policymakers); or modify the composition of planning or advisory group membership to reflect the demographics in the service area.

Description of the RAC region

Population of NECASA region		
Area	Total Population 2010, Number	Total Population 2010, Percent
Connecticut	3,574,097	100.0
Eastern	443,841	12.4
NECASA	177,094	5.0
Ashford	4,317	0.1
Brooklyn	8,210	0.2
Canterbury	5,132	0.1
Chaplin	2,305	0.1
Columbia	5,485	0.2
Coventry	12,435	0.3
Eastford	1,749	0.0
Hampton	1,863	0.1
Killingly	17,370	0.5
Lebanon	7,308	0.2
Mansfield	26,543	0.7
Plainfield	15,405	0.4
Pomfret	4,247	0.1
Putnam	9,584	0.3
Scotland	1,726	0.0
Sterling	3,830	0.1
Thompson	9,458	0.3
Union	854	0.0
Willington	6,041	0.2
Windham	25,268	0.7
Woodstock	7,964	0.2

Source: 2008-2010 American Community Survey
 Connecticut Estimates, prepared by the U.S. Census
 Bureau, 2011.

Northeastern Connecticut is a primarily rural region with twenty-one towns including many with populations of less than 5,000 people. The

town populations range from the highest, Mansfield, which is the home of the main campus of the University of Connecticut, with a population of 26, 543 to the lowest, the Town of Union, primarily a state park area (Bigelow Hollow State Park), with a population of 854.

Age Categories for NECASA Region (Percent)					
Area	Age 0-9	Age 10 to 17	Age 18 to 24	Age 25 to 59	Age 60 & older
Connecticut	11.9	13.7	9.2	48.1	19.9
Eastern CT	11.0	14.2	13.0	47.2	19.0
NECASA	10.4	15.9	17.5	45.4	17.2
Ashford	10.9	13.4	9.4	52.3	17.1
Brooklyn	11.2	12.8	9.3	50.8	19.6
Canterbury	10.5	14.0	7.7	51.6	18.9
Chaplin	10.2	11.8	7.1	53.1	18.7
Columbia	9.9	13.5	6.0	49.6	22.7
Coventry	11.5	13.9	7.7	52.1	16.9
Eastford	10.6	12.5	7.1	49.9	22.1
Hampton	9.4	12.2	4.8	51.5	22.6
Killingly	12.0	12.7	8.1	50.0	19.5

Lebanon	11.4	14.9	5.9	51.4	18.0
Mansfield	4.6	25.9	57.8	25.1	10.5
Plainfield	12.4	14.2	7.4	50.2	17.6
Pomfret	11.3	16.1	5.4	50.5	17.8
Putnam	11.7	12.9	8.3	48.7	20.9
Scotland	10.7	14.3	8.2	49.6	19.9
Sterling	13.5	14.4	7.8	54.3	12.8
Thompson	10.5	13.8	6.5	50.5	20.3
Union	11.0	10.7	4.4	48.1	26.0
Willington	8.6	11.8	19.7	46.3	16.4
Windham	12.1	16.9	22.2	41.3	16.2
Woodstock	10.5	14.7	6.9	50.7	19.9
Source: 2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011.					

The age distribution within the NECASA region ranges from a high of 45.4% in the 25-59 age group, to a low of 10.4% in the 0-9 age group.

Educational Attainment for NECASA Region (Percent)				
	High school graduate (includes equivalency), Percent	Some college, no degree, Percent	Bachelor's degree, Percent	Graduate or professional degree, Percent
Connecticut	28.6	17.3	19.9	15.3
Eastern	32.00	19.13	15.96	15.96
NECASA	32.89	18.32	14.83	14.83
Ashford	31.2	20.3	19.8	35.3
Brooklyn	37.8	14.8	14.3	35.3
Canterbury	39.8	19.3	14.7	35.3
Chaplin	39.7	16.9	17.5	35.3

Columbia	28.2	18.8	18.6	35.3
Coventry	28.5	21.4	21.5	35.3
Eastford	26.9	18.6	20.8	35.3
Hampton	26.6	17.8	20.9	35.3
Killingly	39.5	17.2	12	35.3
Lebanon	33.3	20.8	14	35.3
Mansfield	18.7	14.5	19.4	35.3
Plainfield	41.5	20.6	7.7	35.3
Pomfret	30.4	19.3	15.4	35.3
Putnam	36.6	26.8	10.5	35.3
Scotland	40	22.1	15.8	35.3
Sterling	43.1	18.9	11.3	35.3
Thompson	40.3	19.3	11.7	35.3
Union	41	19.5	20.3	35.3
Willington	24.8	14.8	20.3	35.3
Windham	35.6	15.9	10.9	35.3
Woodstock	29.4	21.4	19.5	35.3

Source: 2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011.

In the NECASA region, The level of educational attainment ranges from the highest group, High School graduates, and 32.89% to the lowest groups Bachelor’s degree and Graduate or Professional degree both at 14.83%.

Poverty Statistics for the NECASA region		
Area	Below Poverty Level, Total Population, Percent	Median Earnings, Past 12 Months, 25 years and over with earnings, Dollars
Connecticut	9.2	\$43,324
Eastern	9.1	\$21,455
NECASA	11.6	\$32,372
Ashford	4.0	\$43,032
Brooklyn	9.4	\$35,947
Canterbury	2.1	\$42,993
Chaplin	3.5	\$36,536
Columbia	3.2	\$53,673
Coventry	4.6	\$46,424
Eastford	5.2	\$44,250
Hampton	3.7	\$43,125
Killingly	10.3	\$35,931
Lebanon	3.1	\$47,679
Mansfield	18.0	\$44,194

Plainfield	9.4	\$34,212
Pomfret	6.0	\$41,846
Putnam	13.7	\$36,143
Scotland	1.2	\$41,707
Sterling	16.0	\$41,055
Thompson	9.6	\$36,690
Union	2.0	\$41,726
Willington	16.4	\$44,060
Windham	22.8	\$30,518
Woodstock	5.1	\$45,985
Source: 2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011		

The NECASA region has a poverty rate above state average, 11.6% for the region as compared to 9.2% for the State of Connecticut. The median income for the region is lower than the State of Connecticut, the state median income is \$43,234 and the NECASA region is \$32,372.

Racial and ethnic breakdown for NECASA region (Percent)							
	Hispanic	White	Black	American Indian	Asian	Pacific Islander	Multi-racial
Connecticut	13.4	71.2	9.4	0.2	3.8	0.0	1.7
Eastern CT	8.3	81.0	4.1	0.6	3.4	0.0	2.4
NECASA	7.8	85.8	2.0	0.3	2.2	0.0	1.6
Ashford	3.5	92.1	1.0	0.3	1.3	0.0	1.7
Brooklyn	4.0	90.7	2.8	0.3	1.0	0.0	1.1
Canterbury	1.8	94.4	1.0	0.4	0.7	0.0	1.7
Chaplin	4.8	92.1	1.1	0.1	0.1	0.0	1.6
Columbia	2.9	94.8	0.6	0.1	0.7	0.0	0.8
Coventry	2.6	93.9	0.9	0.2	0.8	0.0	1.4
Eastford	2.6	94.3	0.2	0.3	1.0	0.0	1.6
Hampton	2.5	94.6	0.2	0.4	0.8	0.0	1.6
Killingly	3.0	91.3	1.4	0.4	1.8	0.0	2.0
Lebanon	2.7	94.1	0.9	0.5	0.5	0.0	1.1
Mansfield	6.0	78.3	5.0	0.1	8.3	0.0	2.0

Plainfield	4.2	90.8	1.0	0.6	1.0	0.1	2.1
Pomfret	1.9	94.1	0.6	0.1	1.6	0.0	1.5
Putnam	2.9	92.2	1.2	0.6	1.0	0.0	1.9
Scotland	3.4	94.3	0.6	0.2	0.3	0.0	1.2
Sterling	1.4	95.2	0.5	0.8	0.8	0.0	1.3
Thompson	1.8	95.1	0.5	0.3	0.7	0.0	1.4
Union	3.7	92.5	0.4	0.4	0.5	0.0	2.6
Willington	3.4	91.1	0.7	0.3	3.3	0.0	1.2
Windham	34.2	58.3	3.9	0.3	1.4	0.0	1.8
Woodstock	1.5	96.2	0.4	0.2	0.7	0.0	0.8
Source: 2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011.							

The NECASA region has a racial and ethnic breakdown which ranges from the highest, White, 85.8% to the lowest, Pacific Islander, 0.0%.

SOURCES OF DATA

Census Data

Definitions

Age: The age of the person in complete years at the time of census interview.

Sex: Individuals mark either “male” or “female” to indicate their biological sex.

Race: The racial classifications used by the Census Bureau adhere to standards issued by the federal Office of Management and Budget. OMB requires five minimum categories (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race and that respondents should be offered the option of selecting one or more races. If an individual did not provide a race response, the race or races of the householder or other household members were imputed using specific rules of precedence of household relationship.

Hispanic or Latino Origin: Hispanics or Latinos who identify with the terms “Hispanic,” “Latino,” or “Spanish” are those who classify themselves in one of the specific Hispanic, Latino, or Spanish categories listed on the questionnaire (“Mexican,” “Puerto Rican,” or “Cuban”) as well as those who indicate that they are “another Hispanic, Latino, or Spanish origin.” People who do not identify with one of the specific origins listed on the questionnaire but indicate that they are “another Hispanic, Latino, or Spanish origin” are those whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Educational Attainment: Respondents are classified according to the highest degree or the highest level of school completed. Educational attainment data are needed for use in assessing the socioeconomic condition of the U.S. population. Government agencies also require these data for funding allocations and program planning and implementation. These data are needed to determine the extent of illiteracy rates of citizens in language minorities in order to meet statutory requirements under the Voting Rights Act. Based on data about educational attainment, school districts are allocated funds to provide classes in basic skills to adults who have not completed high school.

Median Age: The median age is the age that divides the population into two equal-size groups. Half of the population is older than the median age and half is younger. Median age is based on a standard distribution of the population by single years of age and is shown to the nearest tenth of a year.

Poverty Status: To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered “below the poverty level,” together with every member of his or her family. If a person is not living with anyone related by birth, marriage, or adoption, then the person's own income is compared with his

or her poverty threshold. The total number of people below the poverty level is the sum of people in families and the number of unrelated individuals with incomes in the last 12 months below the poverty threshold.

Source

2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011.

Arrests for Driving Under the Influence

Definition

Arrests recorded for driving or operating any motor vehicle or common carrier while drunk or under the influence of liquor or narcotics.

Source

Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit, Middletown CT

Strengths

Driving under the influence (DUI) is a direct consequence of alcohol or drug misuse. These data are derived from Uniform Crime Reports, which are set up with numerous internal crosschecks to achieve reporting accuracy.

Limitations

Because a person arrested in one town may live in another, this indicator may not reflect actual DUI arrests for the residents of a given town. Arrest data from Connecticut state universities, casinos, and other municipal and state law enforcement agencies who participate in the Connecticut UCR System were included in the city and town totals until 2007. As a result, the numbers of arrests before 2007 may be higher than those published in the official UCR.

Arrests for Liquor Law Violations

Definition

Arrests recorded for possession of alcohol by minor, sale or provision of alcohol to minors, or fake/false identification. Does not include public drunkenness, driving under the influence or administrative actions taken by the Department of Consumer Protection Liquor Control Commission against liquor permittees.

Source

Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit, Middletown CT

Strengths

Liquor law violations are a direct consequence of alcohol misuse. These data are derived from Uniform Crime Reports, which are set up with numerous internal crosschecks to achieve reporting accuracy.

Limitations

Because a person arrested in one town may live in another, this indicator may not reflect actual DUI arrests for the residents of a given town. Arrest data from Connecticut state universities, casinos, and other municipal and state law enforcement agencies who participate in the Connecticut UCR System were included in the city and town totals until 2007. As a result, the numbers of arrests before 2007 may be higher than those published in the official UCR.

Arrests for Drug Law Violations**Definition**

Arrests related to narcotic drugs, such as unlawful possession, sale, use, growing and manufacturing of narcotic drugs.

Source

Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit, Middletown CT

Strengths

Narcotic drug law violations are a direct consequence of drug use. These data are derived from Uniform Crime Reports, which are set up with numerous internal crosschecks to achieve reporting accuracy.

Limitations

Because a person arrested in one town may live in another, this indicator may not reflect actual DUI arrests for the residents of a given town. Arrest data from Connecticut state universities, casinos, and other municipal and state law enforcement agencies who participate in the Connecticut UCR System were included in the city and town totals until 2007. As a result, the numbers of arrests before 2007 may be higher than those published in the official UCR.

Alcohol-Involved Motor Vehicle Accidents**Definition:**

Alcohol-involved motor vehicle accidents.

Source:

Connecticut Department of Transportation Traffic Accident Viewing System.

Newington CT

Strengths:

Alcohol motor vehicle involved accidents are a direct consequence of alcohol misuse. The information is routinely collected as part of the Department of Transportation's Traffic Accident Viewing System.

Limitations:

The rates may underestimate the actual occurrence due to underreporting. A person

involved in an accident in particular town may not reside in that town.

Fatal Motor Vehicle Accidents while Under the Influence of Alcohol or Drugs

Definition

Motor vehicle accidents in which at least one person died for which at least one driver, pedestrian, or cyclist had consumed alcohol (Blood Alcohol Concentration >0.00) or was reported to be under the influence of drugs.

Source

National Highway Traffic Safety Administration (NHTSA), Fatal Accident Reporting System (FARS)

Strengths

Alcohol/drug involved motor vehicle involved accidents are a direct consequence of alcohol/drug misuse. Data on fatal traffic crashes have been systematically collected by NHTSA for many years in Connecticut making geographic comparisons possible.

Limitations

Alcohol Test Result statistical data obtained from this database should be interpreted with caution. Alcohol Test Results included in this database are actual state-reported data. Estimates obtained by use of this query system may differ from NHTSA's published reports. NHTSA's published estimates are based on data from the Fatality Analysis Reporting System (FARS). Unfortunately, known BAC test results are not available for all drivers and non-occupants involved in fatal crashes. "Property Damage Only" accidents, which occurred on locally maintained roadways from 01/01/2007 to the present, are included in the DOT accident file; prior to that date, they were not included in the file. The rates may underestimate the actual occurrence due to underreporting, and also a person involved in an accident in particular town may not reside in that town.

Motor Vehicle Accident Fatalities while Under the Influence of Alcohol or Drugs

Definition

Total fatalities in motor vehicle accidents in which at least one person died for which at least one driver, pedestrian, or cyclist had consumed alcohol (Blood Alcohol Concentration >0.00) or was reported to be under the influence of drugs.

Source

National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS)

Strengths

Alcohol/drug involved motor vehicle involved accidents are a direct consequence of alcohol/drug misuse. Data on fatal traffic crashes have been systematically collected by NHTSA for many years in Connecticut making geographic comparisons possible.

Limitations

This indicator may be unstable for less populated areas that have low numbers of annual fatal crashes. While considerable effort has been made to obtain the BAC values for all drivers involved in fatal crashes, these data are not complete. Therefore, NHTSA estimates driver BAC for cases missing data.

Lung Cancer Deaths**Definition**

Deaths recorded with International Statistical Classification of Diseases (ICD)-10 codes C34 as the underlying cause of death.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

Eighty to 90% of all lung cancer is attributable to cigarette smoking. Data on lung cancer deaths are readily available for many years.

Limitations

Death from lung cancer reflects long-term, chronic cigarette smoking, and lung cancer has a long latency period. Therefore, it may be many years before changes in smoking affect population mortality. The stability of this indicator is directly related to the size of the population in which these deaths occur and may be unstable for less populated states or when used for demographic subgroups. There also is variability in the procedures used within and across each state to determine cause of death.

Alcohol Attributable Chronic Liver Disease and Cirrhosis Deaths**Definition**

Deaths recorded with International Statistical Classification of Diseases (ICD)-10 codes K70, K73, or K74 as the underlying cause of death.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

Long term, heavy alcohol consumption is the leading cause of chronic liver disease, in particular cirrhosis, one of the 12 leading causes of death. According to the Centers for Disease Control and Prevention Alcohol-Related Disease Impact (ARDI) website, from 2001 to 2005, 40% of deaths from cirrhosis in Connecticut attributable to alcohol use. This indicator is available over several years at the state and town level.

Limitations:

This indicator is only based on deaths; cases of cirrhosis morbidity are not reflected in this indicator. Alcohol-related cirrhosis may have a long latency; there may be a lag of several years between changes in behavior and population mortality. The stability of this indicator is directly related to the size of the population in which these deaths occur. Therefore, this indicator may be unstable for less populated states and counties that have low numbers of annual deaths, especially when used for demographic subgroups.

Alcohol Attributable Suicides**Definition**

Deaths recorded with International Statistical Classification of Diseases (ICD)-10 codes X60-X84, Y87.0 as the underlying cause of death.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

According to the Centers for Disease Control and Prevention Alcohol-Related Disease Impact (ARDI) website, from 2001 to 2005, 23% of suicides in Connecticut were attributable to alcohol use. This indicator is available over several years at the state and town level.

Limitations:

The stability of this indicator is directly related to the size of the population in which these deaths occur. This indicator may be unstable for areas or subgroups that have small population sizes. Indicators based on rare events, such as suicide, are best used at the state or regional levels.

Alcohol Attributable Homicides**Definition**

Deaths recorded with International Statistical Classification of Diseases (ICD)-10 codes X85-Y09 and Y87.1 as the underlying cause of death. Homicide includes injuries inflicted by others that result in death.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

According to the Centers for Disease Control and Prevention Alcohol-Related Disease Impact (ARDI) website, from 2001 to 2005, 47% of homicides in Connecticut attributable to alcohol use. This indicator is available over several years at the state and town level.

Limitations:

The stability of this indicator is directly related to the size of the population in which these deaths occur. This indicator may be unstable for areas or subgroups that have small population sizes. Indicators based on rare events, such as homicide, are best used at the state or regional levels.

Alcohol-induced Death**Definition**

Alcohol-induced deaths include alcohol-induced pseudo-Cushing's syndrome; mental and behavioral disorders due to alcohol use; degeneration of nervous system due to alcohol; alcoholic polyneuropathy; alcoholic myopathy; alcoholic cardiomyopathy; alcoholic gastritis; alcoholic liver disease; alcohol-induced acute pancreatitis; alcohol-induced chronic pancreatitis; finding of alcohol in blood; accidental poisoning by and exposure to alcohol; intentional self-poisoning by and exposure to alcohol; and poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

These deaths are a direct consequence of alcohol misuse.

Limitations

The stability of this indicator is directly related to the size of the population in which these deaths occur. This indicator may be unstable for areas or subgroups that have small population sizes.

Drug-induced Death**Definition**

Drug-induced deaths include all deaths for which drugs is the underlying cause, including deaths attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use. A drug includes illicit or street drugs (e.g., heroin or cocaine), as well as legal prescription drugs and over-the-counter drugs; alcohol is not included. The majority of deaths are unintentional drug poisoning deaths, with suicidal drug poisoning and drug poisoning of undetermined intent comprising the majority of the remainder. Adverse effects from drugs taken as directed and infections resulting from drug use are not included. In 2007, drug-induced deaths were more common than alcohol-induced or firearm-related deaths in the United States.

Source

Connecticut Department of Public Health Mortality Statistics,
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>

Strengths

These deaths are a direct consequence of drug misuse.

Limitations

The stability of this indicator is directly related to the size of the population in which these deaths occur. This indicator may be unstable for areas or subgroups that have small population sizes.

Alcohol and Other Drug Related School Suspension or Expulsion**Definition**

A sanction determined the school administration due to violation of a publicized policy; or serious disruption of the educational process; or endangerment to persons or property.

Source

Connecticut State Department of Education disciplinary offense records

Strengths

Students who use alcohol, tobacco or other drugs at an early age and use substances frequently are more likely than other students to continue to face suspension or expulsion. These data are based on uniform definitions applied to all schools in the state and, therefore, have comparative values.

Limitations

The definition for counting drug or alcohol disciplinary offense is uniformly defined statewide. However, the specific data collection requirements have changed in recent years. Therefore, these data are not necessarily comparable across years. The data should be used with discretion.

Overall school attendance in past year**Definition**

Overall school attendance is the number of students attending public school each day of the school year, divided by the number of days school was in session during the school year.

Source

Connecticut State Department of Education. School attendance records

Strengths

Researchers have found that truancy itself seems to contribute to or at least correlate with a diverse array of problems among young people. Studies have established lack of

commitment to school and truancy as risk factors for substance abuse, teen pregnancy, delinquent behavior, and school dropout.

Limitations

This indicator is an indirect measure of substance abuse and its consequences.

Tobacco Retailer Violation

Definition

Tobacco retailers who sold tobacco to minors working undercover for the CT DMHAS Tobacco Prevention and Enforcement Program.

Data Source

Connecticut Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program

Strengths

Tobacco use by minors is a consequence of access to tobacco products. The Synar Amendment requires states and U.S. jurisdictions to have laws and enforcement programs for prohibiting the sale and distribution of tobacco to persons under 18. As a result, over the last 14 years, data reported by states and the District of Columbia has indicated a clear downward trend towards reducing tobacco sales to minors. Data on retailer violations have been systematically collected by DMHAS for many years.

Limitations

This indicator may be unstable for areas or subgroups that have small population sizes, which are not routinely subject to inspections by DMHAS.

NECASA School Survey Data

NECASA conducted student self-reporting surveys from 2008-2012. The surveys were conducted in 6th through 11th grades in various districts.

Data Source

NECASA

Strengths

This data is local.

Limitations

The data is limited to four different towns that allowed NECASA to conduct the surveys.

Strengths and limitations of the profile

NECASA and its CNAW were limited by the data available to discuss and rank the issues facing the region. While a plethora of data was available for alcohol, and a satisfactory amount of data was available for tobacco and marijuana, data for the other areas was limited. While national data and data for Eastern Connecticut (National Household Survey) were

provided, it does not give a complete picture of the issues facing the northeast corner of the state.

In addition, due to the small populations of some of the towns in the region, rates and percentages can be misleading.

Methods

NECASA convened its CNAW on December 17, 2012 to review data and information from national, state and local sources. Certain local level data were not available that would have assisted us in our process. Community readiness data was helpful in determining changeability for substance abuse, but offered less insight into the changeability for problem gambling and suicide. Using the Priority Rating Matrix provided by DMHAS, each CNAW member scored each problem on a scale of one to five (low to high priority) using the following criteria: 1) Magnitude (burden and breadth of problem, number of people affected; number affected is sufficient to assess statistically significant change over time); 2) Impact (depth of problem across dimensions, health, economic, criminal justice costs); 3) Changeability (the indicator is amenable to change; resources and evidence-based strategies are available to affect change in the indicator). NECASA then added the scores to determine the priority ranking for each problem. It should be noted that the priority ranking process was influenced by those CNAW members in attendance.

One important facet about changeability is community readiness. In 2012, DMHAS, in partnership with the RACs, the CT Center for Prevention, Wellness, and Recovery, and UConn Health Center Department of Community Medicine researchers, conducted the third biannual statewide Community Readiness Assessment for Substance Use Prevention to measure local substance abuse prevention and mental health promotion. The survey, which is distributed to key informants in each CT town, assesses 1) awareness – knowledge and perception of substance use prevention; 2) interest – community support for prevention; 3) capacity – availability and effectiveness of resources; 4) willingness/motivation – perceived barriers and assets for prevention; and 5) perceived substance use problems at the community level and across the lifespan. The survey also serves to identify training and technical assistance needs at the local level; provides a method for ongoing needs assessment purposes; and inform substance abuse prevention planning at state and regional levels. Findings from the 2010 Community Readiness Assessment are discussed throughout this report.

Summary

Priority Ranking

Description of Priority Problem: Alcohol

Magnitude

Alcohol was considered the most prevalent problem in the region by the NECASA CNAW, and this has not changed since the 2008 or the 2010 sub-regional data profile.

Impact

Alcohol was seen by the Community Needs Assessment Workgroup as having the greatest impact on the community. It is hoped with some new resources that more efforts will be undertaken to address the issue.

Changeability

Community Readiness: Community Readiness to address prevention has not changed a great deal since the 2010 Readiness profile. The CNAW was disappointed that overall the readiness of the region to address the issue was low to medium based on the 2012

Community Readiness Assessment.

Existing prevention resources in the community: NECASA completed its Drug Free Communities Support Grant (CSAP) in 2011 and just completed a four year (2008-2012) STOP Underage Drinking Grant in September of 2012. These grants allowed NECASA to do school surveys, fund school prevention efforts and do Alcohol Compliance checks (evidence-based) throughout the region. In 2006, the Town of Putnam received a Drug Free Communities Support grant with mentoring assistance by NECASA and in 2007; the Town of Windham also with mentoring assistance received a Drug Free Communities Grant as well. The Town of Putnam just received a STOP Underage Drinking Grant in 2012 and will increase alcohol compliance checks and media efforts for the next four years.

Key findings for other problems and sub-groups

Marijuana: Marijuana was ranked the number two issue overall in terms of magnitude and impact. The problem the CNAW recognized was in changeability. The consensus being that the community had a low readiness to change. New state laws decriminalizing small amounts of marijuana as well as allowing the medicinal use of marijuana complicate the readiness to change.

Tobacco: Tobacco was seen as the third highest issue overall. Changeability remains an issue as the CNAW felt that the region only had a medium level of readiness to change.

Prescription Drugs: Prescription Drug misuse and abuse was seen as the fourth highest issue. The limiting issue was again the changeability factor with it only being ranked as low to medium.

Heroin: Heroin was tied for the fifth highest issue. The CNAW recognized that the issue was still prevalent in the urban area of Willimantic (inside the town boundaries of the Town of Windham) but that the willingness to put resources toward the problem has decreased since

major efforts were undertaken approximately eight years ago. Therefore, the changeability factor was low.

Suicide: Suicide was tied for the fifth highest issue. Although the CNAW saw the magnitude of the problem in the region as low, the changeability factor was closer to medium. It is hoped that with new community efforts in terms of prevention planning that the issue will be better addressed.

Cocaine: Cocaine was tied for the seventh highest issue with the CNAW seeing magnitude, impact and changeability as low. Also, very limited data was available on the issue.

Problem Gambling: Problem gambling was seen as having the least magnitude of all the issues in the region. The issue also suffers from very limited data and the state focus on youth gambling which the CNAW did not see as a high magnitude issue.

CNAW Priority Ranking Matrix - Aggregate Scores

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

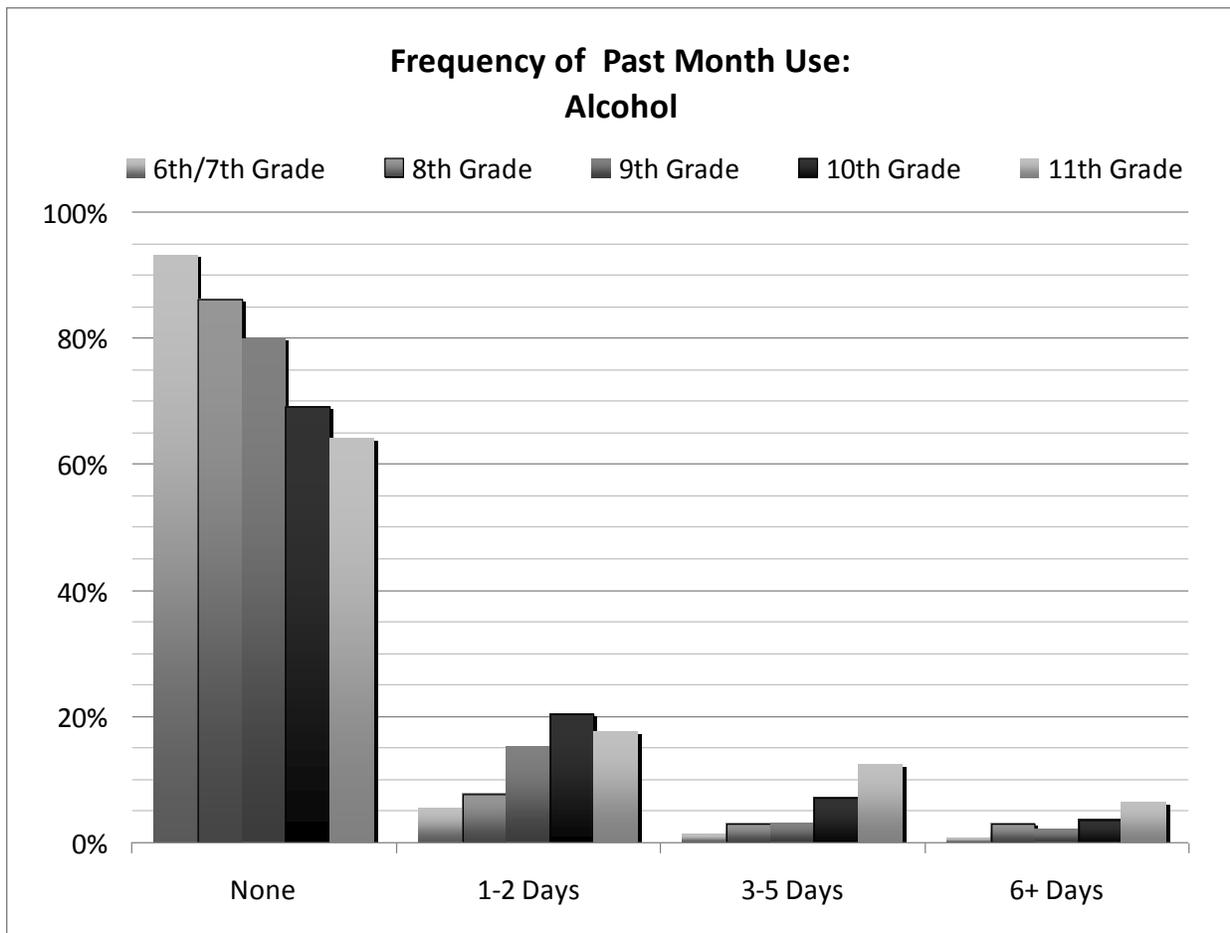
PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	TOTAL
Alcohol	5	4.71	3	12.71
Tobacco	3.14	3	3	9.14
Marijuana	3.86	3.14	2.57	9.57
Prescription Drug Misuse	3	3.14	2.57	8.71
Heroin	2.43	2.43	2.28	7.14
Cocaine	1.86	2	2	5.86
Problem Gambling	1.57	2.29	2	5.86
Suicide	2.14	2.43	2.57	7.14

Alcohol

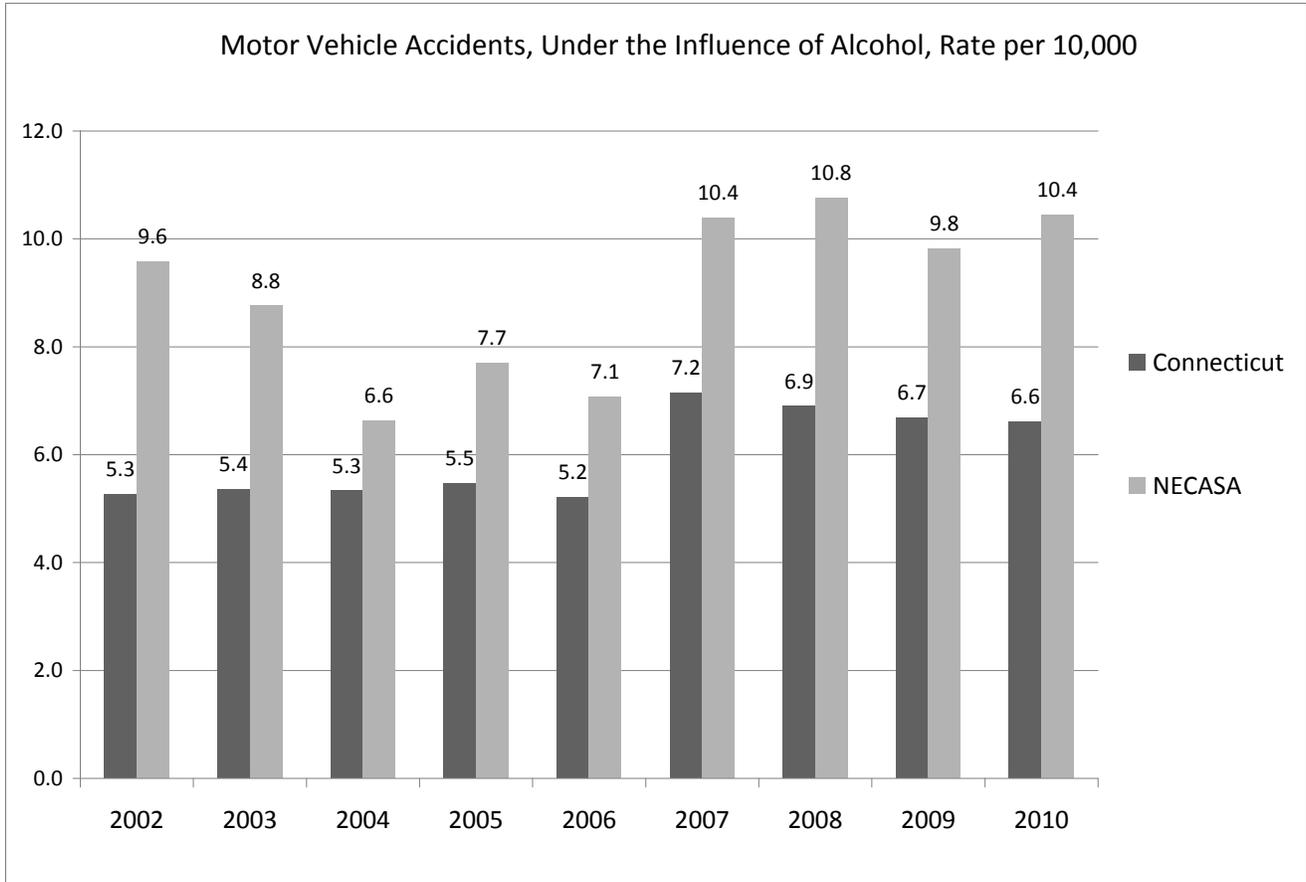
Alcohol was ranked the issue with the highest magnitude in the region. It received a magnitude ranking of 5 from the NECASA CNAW, which was the highest possible. Alcohol was also considered to have the highest impact on the region and was tied for the highest potential for changeability.

The following chart represents use by students in grades 6-11 based on thirty days prior to the survey administration. No use goes from a high of 93% in the 6th and 7th grade to a low of 63% in 11th grade.

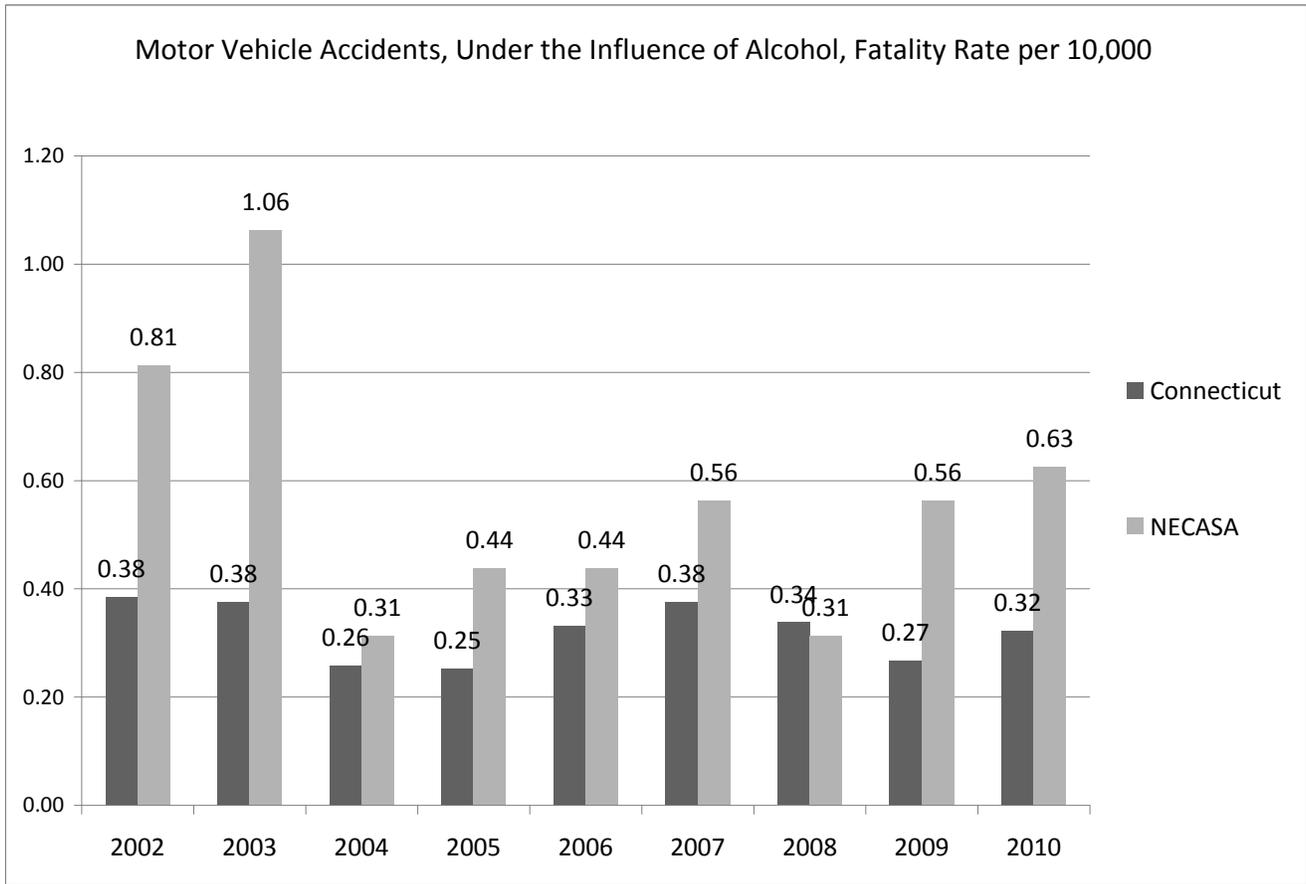
- One to two day use goes from a high of 21% in 10th grade to a low of 5% in 6th and 7th grade.
- Three to five day use goes from a high of 12% in 11th grade to a low of 2% in 6th and 7th grade.
- Six days or more use goes from a high of 6% in 11th grade to a low of 1% in 6th and 7th grade.



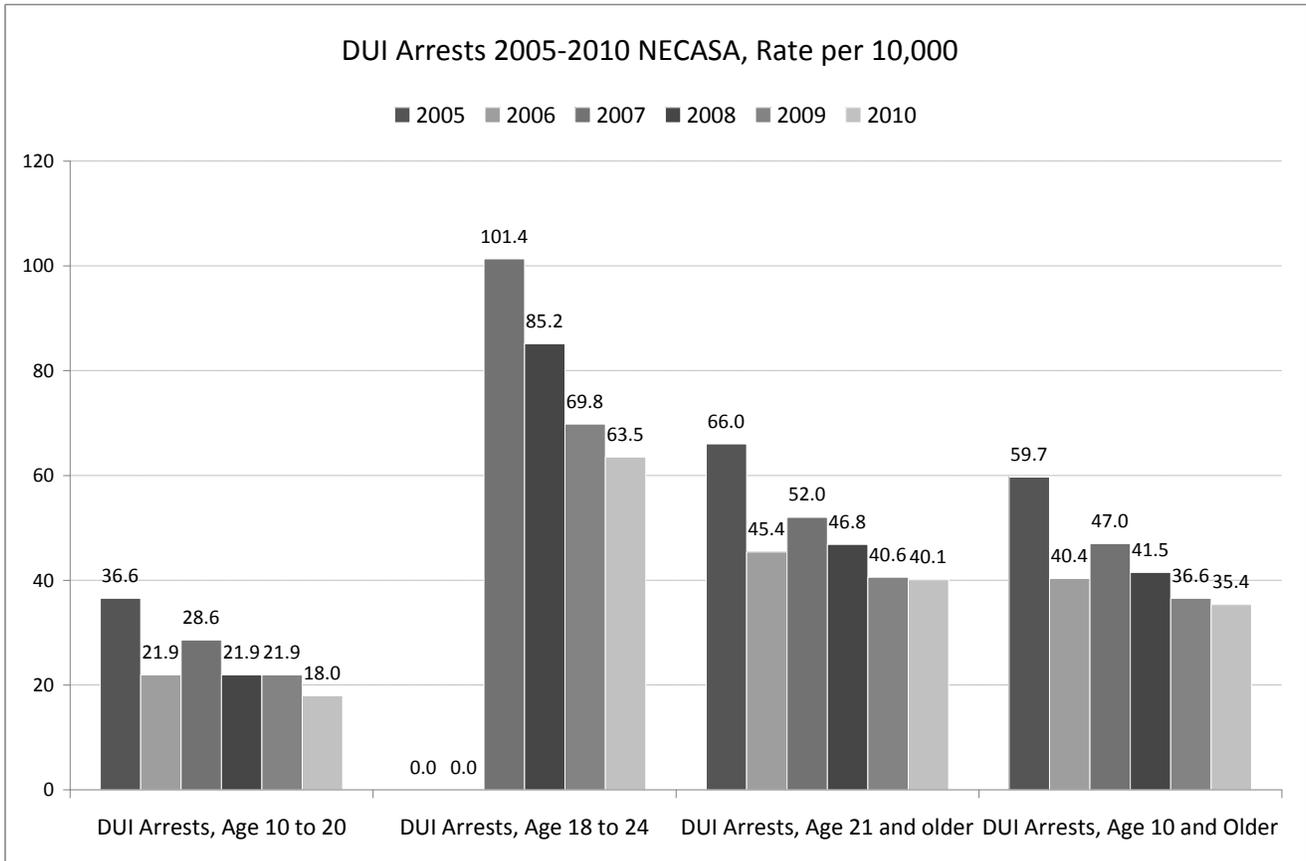
Source: NECASA School Survey



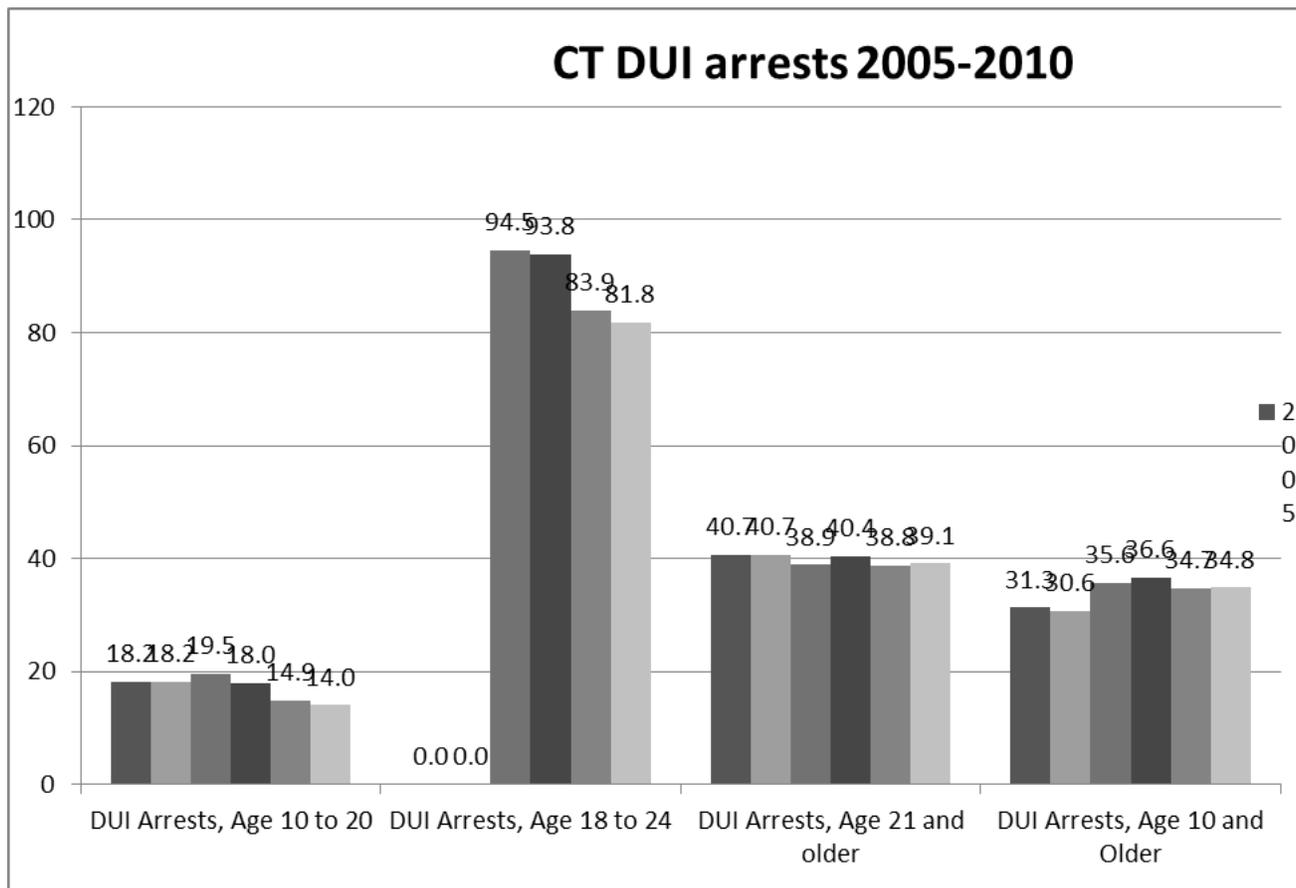
The NECASA region is above the state average for every year since 2002. It should be noted that two different interstate highways cut through the region. The NECASA region rates go from a high of 10.8 in 2008 to a low of 6.6 in 2004.



The NECASA region is above state average for every year since 2002 except for 2008. The Motor Vehicle Accident fatality rates for the NECASA region range from a high of 1.06 in 2003 to a low of .31 in both 2004 and 2008.



The NECASA regions DUI arrests have declined in the 18 to 24 age group from a high of 101.4 in 2005 to a low of 63.5 in 2010. Age 21 and older DUI arrests have declined from a high of 66.0 in 2005 to a low of 40.1 in 2010. However, NECASA continues to have higher rates in the 21 and older age group than the State of Connecticut.



Connecticut DUI rates have declined in the age 18 to 24 group from a high of 94.5 in 2007 to a low of 81.8 in 2010, and in the age 21 and older group declined from a high of 40.7 in 2007 to a low of 39.1 in 2010.

Product of Alcohol Related, Percent	School Year				
Area/District Name	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
NECASA	12.1%	22.3%	15.4%	25.5%	11.5%
Connecticut	21.2%	19.6%	18.6%	20.6%	16.6%
Ashford School District	0.0%	0.0%	0.0%	0.0%	0.0%
Brooklyn School District	0.0%	0.0%	0.0%	0.0%	0.0%
Canterbury School District	0.0%	0.0%	0.0%	0.0%	0.0%
Chaplin School District	0.0%	0.0%	0.0%	0.0%	0.0%
Columbia School District	0.0%	0.0%	0.0%	0.0%	0.0%
Connecticut Technical High School System	15.8%	38.9%	18.2%	23.1%	28.6%
Coventry School District	24.0%	6.3%	5.0%	4.5%	20.0%
Eastern				19.0%	
Eastern Connecticut Regional Educational Service Center	0.0%	0.0%	0.0%	0.0%	0.0%
Eastford School District	0.0%	0.0%	0.0%	0.0%	0.0%
Hampton School District	0.0%	0.0%	0.0%	0.0%	0.0%
Killingly School District	10.0%	36.8%	0.0%	59.1%	4.4%

Lebanon School District	37.5%	0.0%	14.3%	25.0%	11.1%
Mansfield School District	0.0%	100.0%	0.0%	0.0%	0.0%
Plainfield School District	8.7%	6.5%	0.0%	0.0%	0.0%
Pomfret School District	0.0%	0.0%	0.0%	0.0%	0.0%
Putnam School District	2.0%	18.5%	22.2%	33.3%	0.0%
Regional School District 11	10.0%	0.0%	0.0%	33.3%	0.0%
Regional School District 19	21.7%	33.3%	29.7%	10.0%	37.5%
Scotland School District	0.0%	0.0%	0.0%	0.0%	0.0%
Sterling School District	0.0%	0.0%	0.0%	0.0%	0.0%
Thompson School District	0.0%	0.0%	8.3%	0.0%	13.3%
Union School District	0.0%	0.0%	0.0%	0.0%	0.0%
Willington School District	0.0%	0.0%	100.0%	0.0%	0.0%
Windham School District	8.7%	31.4%	22.5%	36.0%	25.0%
Woodstock Academy	15.8%	46.7%	7.1%	33.3%	0.0%
Woodstock School District	0.0%	0.0%	0.0%	0.0%	0.0%

The above chart is school alcohol related suspensions and expulsions (combined) for the school years 2006-2011. The percentages above represent the amount of suspensions and expulsions that can be attributed to alcohol in that school year.

Alcohol-induced Death, Crude Rate per 100,000

	1999-2001	2002-2004	2005-2007	2007-2009
Connecticut	5.1	5.3	5.3	6.1
Ashford	8.1	0.0	0.0	8.1
Brooklyn	0.0	0.0	13.9	13.9
Canterbury	0.0	0.0	7.1	7.1
Chaplin	0.0	0.0	0.0	0.0
Columbia	0.0	6.7	0.0	0.0
Coventry	2.9	2.9	2.9	11.6
Eastford	0.0	0.0	20.6	0.0
Hampton	0.0	0.0	0.0	0.0
Killingly	4.0	10.1	2.0	6.1
Lebanon	4.8	0.0	4.8	0.0
Mansfield	3.2	0.0	3.2	4.8
Plainfield	2.3	4.5	4.5	2.3
Pomfret	8.8	0.0	8.8	0.0
Putnam	18.5	14.8	7.4	11.1
Scotland	0.0	0.0	21.4	21.4
Sterling	0.0	0.0	0.0	10.7
Thompson	3.8	0.0	3.8	7.5
Union	0.0	0.0	0.0	0.0
Willington	0.0	5.6	0.0	5.6
Windham	5.8	13.1	7.3	13.1
Woodstock	0.0	9.2	0.0	4.6

Alcohol induced deaths in the NECASA region ranged from a high of 21.4% in Scotland in 2005-2007 to a low of 0.0 % in multiple towns in multiple years. Please note that due to the small populations of the towns several incidents can impact the percentages.

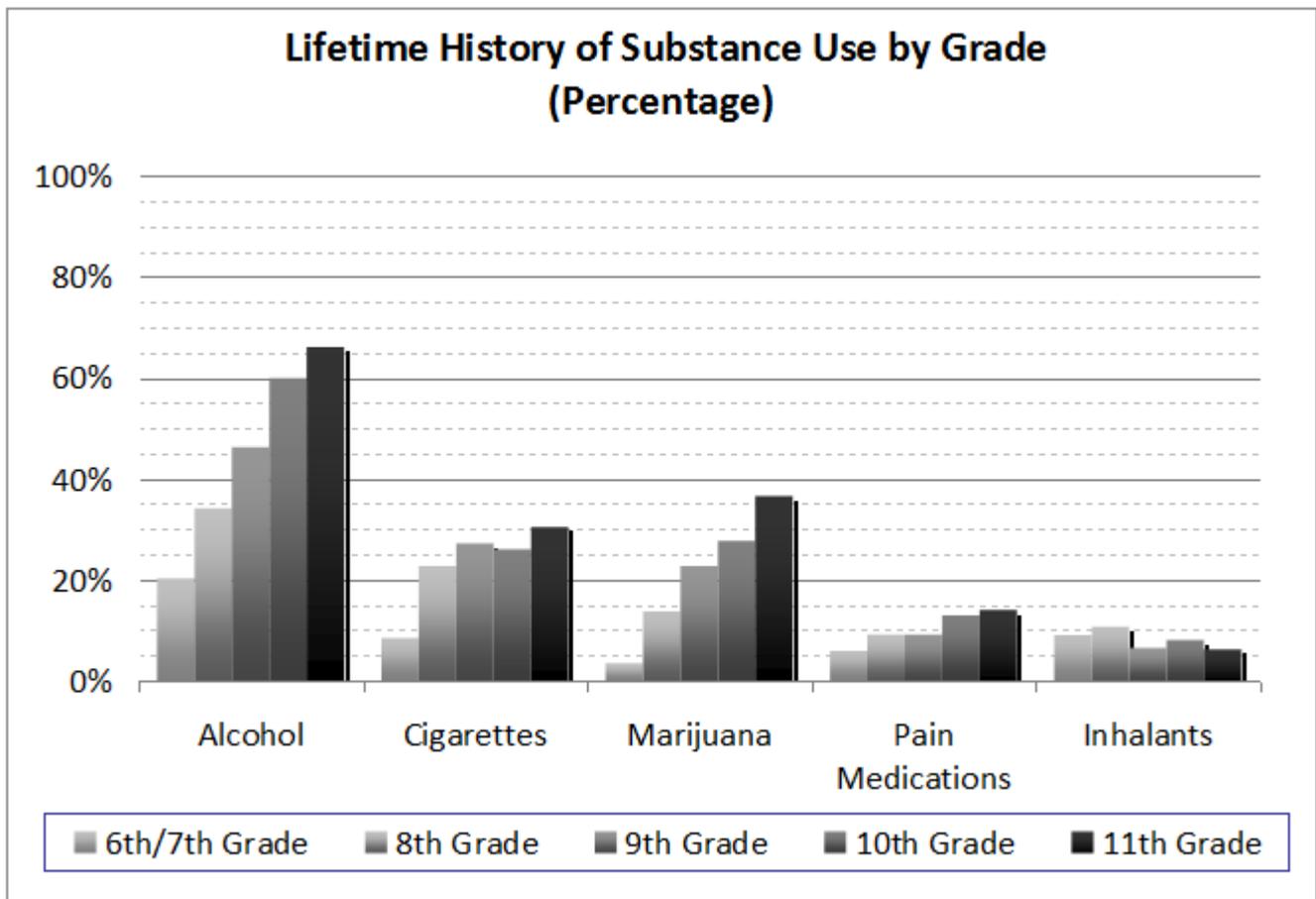
Additional data from the National Household Survey (NSDUH) was reviewed by the CNAW. The data is limited to Eastern Connecticut and in some cases had low precision so an estimate was not given. The data is from the 2008, 2009, and 2010 NSDUH reports. The CNAW reviewed data on alcohol use in the past month9 high of 60.48 in 18and older age group to low of 15.65 in 12-17 year old age

group), Binge alcohol use in the past month(high of 26.72 in 18 and older age group to low of 10.31 in 12-17 year old age group), Perceptions of great risk in having five or more drinks of an alcohol beverage once or twice a week⁹(high of 38.14 in 26 and older age group to low of 27.96 in 18-25 year old age group), alcohol dependence or abuse in the past year(high of 20.29 in 18-25 year old age group to low of 5.48 in 12-17 year old age group) and Alcohol dependence in the past year(High of 6.94 in 18-25 year old age group to low of 2.02 in 12-17 year old age group). This data was used as a supplement to the local data.

Marijuana

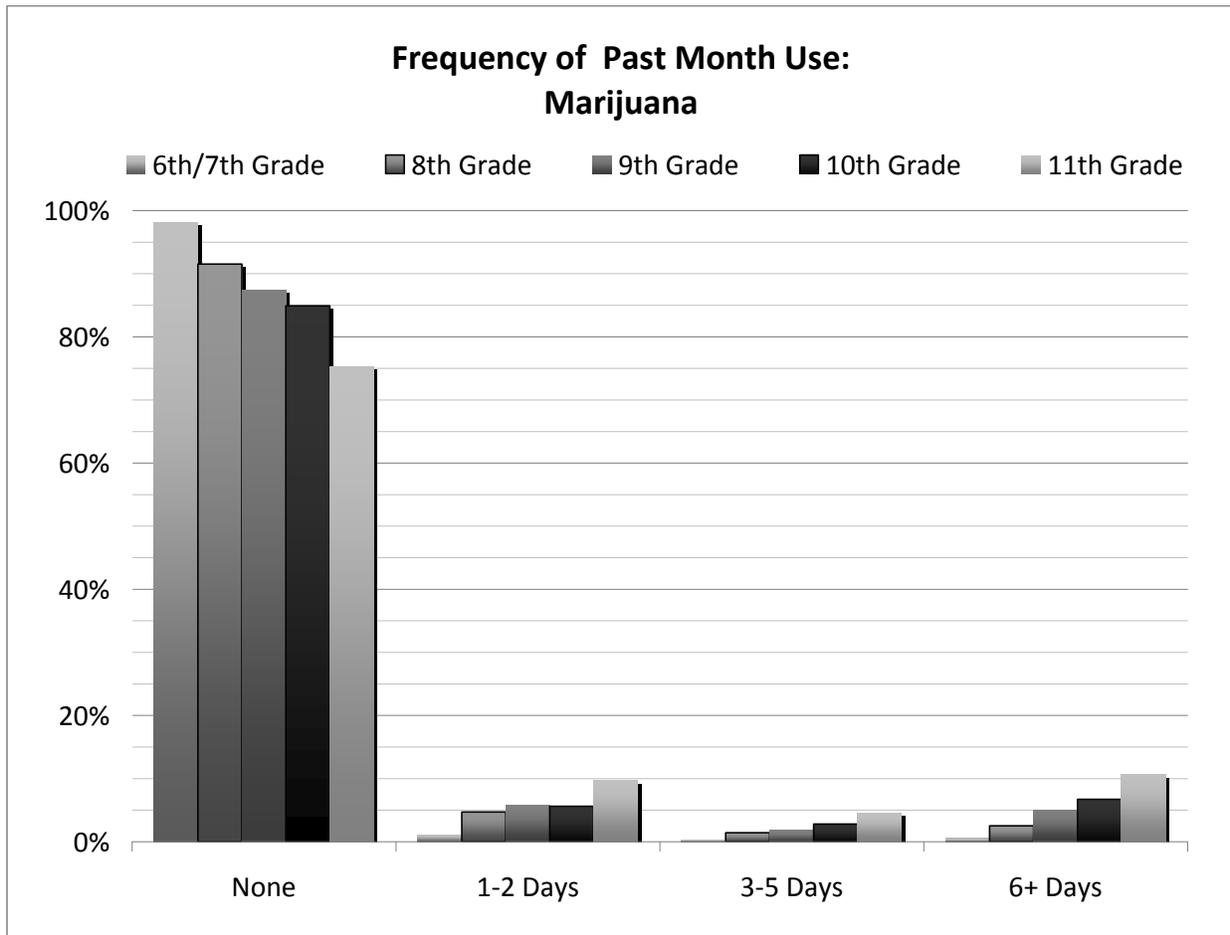
The NECASA CNAW ranked Marijuana as the second highest issue facing Northeastern Connecticut.

The magnitude of the issue was ranked as 3.86 out of 5, with impact being 3.14 out of 5. The changeability was 2.57 out of 5 in recognition a community which is split on enforcement of marijuana laws and the decriminalization of small amounts of marijuana and the recent passing of a medical marijuana law in Connecticut.



Source: NECASA School Surveys

NECASA's school surveys indicate that Marijuana use begins to increase as students enter high school. This slide is provided in the Marijuana section because it shows that Marijuana has been used more than tobacco by the 10th and 11th grades.



Source: NECASA School Surveys

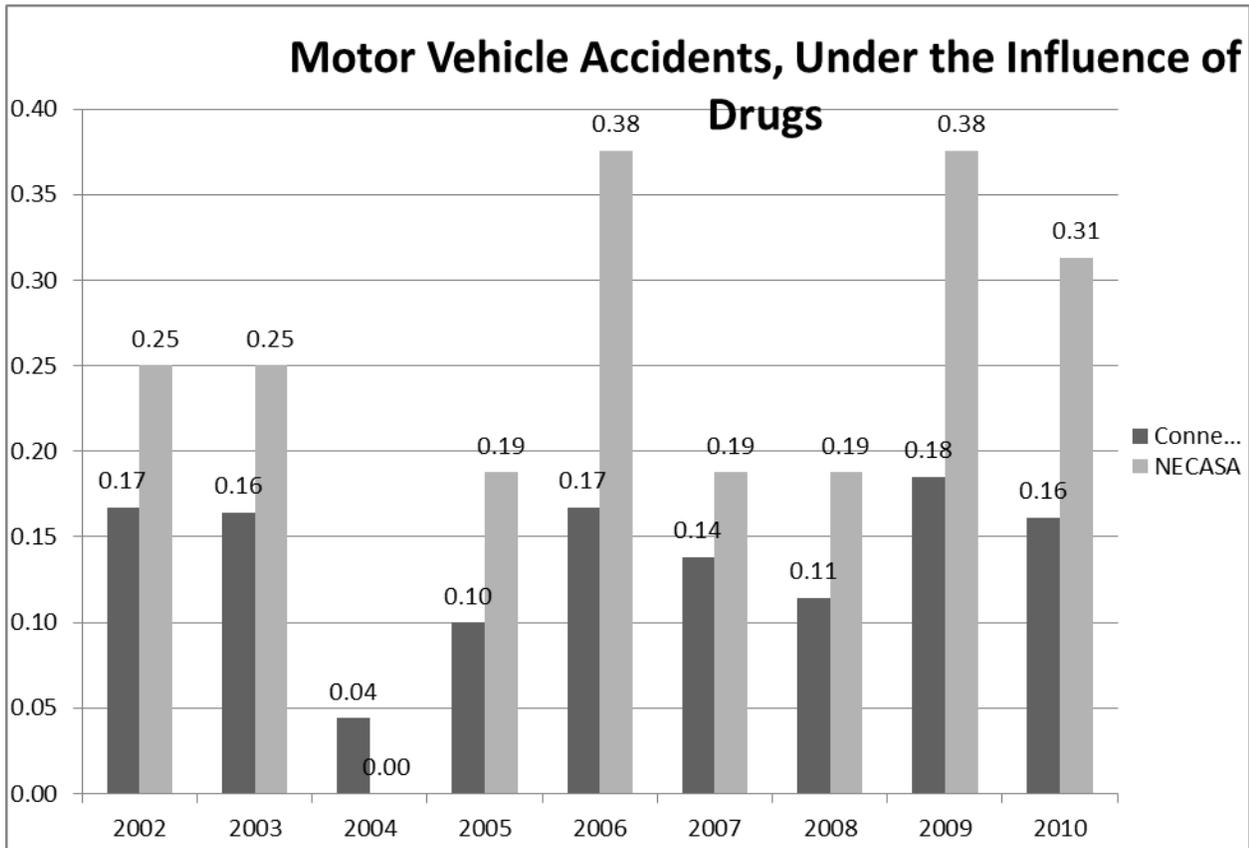
The NECASA school surveys indicate that no use in the past month declines from 97% in 6th and 7th grade to 76% in 11th grade. 1-2 day use in the past month is highest in the 11th grade at 9% and lowest in 6th and 7th grade at 2%. 3-5 day use in the past month is highest in 11th grade at 4% and lowest in 6th and 7th grade at 1%. 6 or more days of use in the last month is highest at 10% in 11th grade and lowest at 1% in 6th and 7th grade.

Average of Illegal Drug Related, Percent	School Year				
	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Area/District Name					
Connecticut	34%	37%	39%	35%	43%
NECASA	36%	33%	39%	37%	28%
Ashford School District	0%	0%	0%	0%	100%
Brooklyn School District	0%	0%	67%	0%	0%
Canterbury School District	0%	0%	0%	0%	0%
Chaplin School District	0%	0%	0%	0%	0%
Columbia School District	0%	0%	0%	0%	0%
Connecticut Technical High School System	47%	61%	41%	46%	43%
Coventry School District	8%	34%	20%	32%	36%
Eastern Connecticut Regional Educational Service Center	0%	0%	100%	0%	0%
Eastford School District	0%	0%	0%	0%	0%
Hampton School District	0%	0%	0%	0%	0%
Killingly School District	80%	32%	24%	14%	1%

Lebanon School District	25%	30%	14%	25%	0%
Mansfield School District	0%	0%	33%	0%	0%
Plainfield School District	61%	39%	42%	67%	36%
Pomfret School District	100%	0%	0%	0%	0%
Putnam School District	16%	11%	33%	17%	67%
Regional School District 11	0%	17%	22%	22%	33%
Regional School District 19	70%	60%	51%	80%	63%
Scotland School District	0%	0%	0%	0%	0%
Sterling School District	0%	0%	0%	0%	0%
Thompson School District	0%	0%	8%	33%	27%
Union School District	0%	0%	0%	0%	0%
Wilmington School District	0%	0%	0%	0%	0%
Windham School District	57%	29%	43%	44%	59%
Woodstock Academy	68%	33%	86%	50%	25%
Woodstock School District	0%	0%	0%	0%	0%

The chart above provides school data on suspensions and expulsions (combined) in the region for the years indicated. The percentages are the percentages of suspensions and expulsions out of the total in those districts for that year. This slide is being used in the marijuana section as NECASA surveys indicate that the marijuana is second only to alcohol in use by school students.

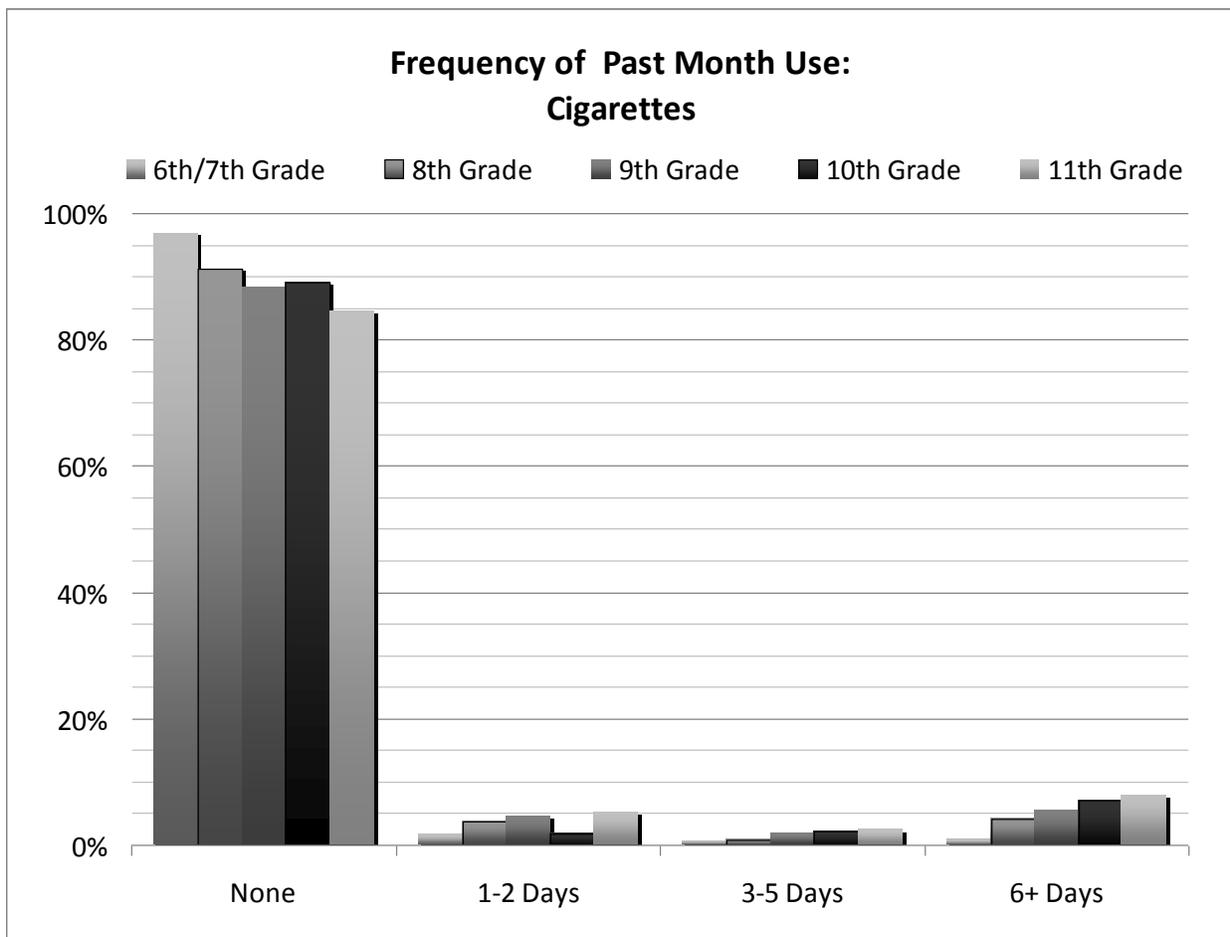
The NECASA CNAW also used National Household Survey Data to supplement local data. In Eastern Connecticut, Marijuana use in the past year ranged from a high of 14.64 in 12-17 year olds to a low of 13.34 in 18 and older groups. Marijuana use in the past month ranged from a high of 9.01 (18 and older) to a low of 8.87(12-17). The perception of great risk in smoking marijuana once a month ranged from a high of 27.60(18 and older) to a low of 26.00 (12-17).



This graph provides data on the accidents caused under the influence of drugs, as marijuana is the highest rated illicit (as of 2010) drug, it is being placed in this section. Connecticut ranges from a high of .18 in 2009 to a low of .04 in 2004. NECSA ranges from a high of .38 in 2006 and 2009 to a low of 0% in 2004.

TOBACCO

Tobacco was the third ranked issue by the NECASA CNAW. Magnitude was 3.14, impact was 3 and changeability was 3. The total was 9.14.



Source: NECASA School Surveys

The NECASA School surveys found that no use ranged from a high of 97% in 6th and 7th grade to a low of 84% in 11th grade. 1-2 day use went from a high of 5% in 11th grade to a low of 2% in 6th and 7th grade. 3-5 day use went from a high of 3% in 10th and 11th grades to a low of 1% in 6th and 7th grade. 6 days or more went from a high of 7% in 11th grade to a low of 2% in 6th and 7th grade.

Average of Tobacco Related, Percent	School Year				
Area/District Name	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Connecticut	42%	41%	39%	36%	37%
NECASA	49%	43%	40%	31%	56%
Ashford School District	0%	0%	0%	0%	0%
Brooklyn School District	100%	0%	33%	100%	100%
Canterbury School District	0%	0%	0%	0%	0%
Chaplin School District	0%	0%	0%	0%	0%
Columbia School District	0%	0%	0%	0%	0%
Connecticut Technical High School System	21%	0%	32%	31%	29%
Coventry School District	64%	56%	75%	64%	44%
Eastern Connecticut Regional Educational Service Center	100%	0%	0%	0%	0%
Eastford School District	0%	0%	0%	0%	0%
Hampton School District	0%	0%	0%	0%	0%
Killingly School District	10%	26%	65%	18%	94%
Lebanon School District	38%	70%	57%	38%	22%
Mansfield School District	0%	0%	67%	0%	0%
Plainfield School District	30%	52%	58%	33%	60%
Pomfret School District	0%	0%	0%	0%	0%
Putnam School District	82%	70%	44%	50%	33%
Regional School District 11	80%	83%	67%	44%	67%
Regional School District 19	4%	0%	8%	10%	0%
Scotland School District	0%	0%	0%	0%	0%
Sterling School District	0%	0%	0%	0%	0%
Thompson School District	100%	100%	75%	11%	40%
Union School District	0%	0%	0%	0%	0%
Willington School District	0%	0%	0%	0%	0%
Windham School District	35%	40%	35%	16%	16%
Woodstock Academy	16%	20%	0%	17%	75%
Woodstock School District	0%	0%	0%	0%	0%

The percentages of tobacco related suspensions and expulsions (combined) per school district. The percentages ranged from a high of 100% in several towns to a low of 0% in many towns. The percentages are the percentages out of the total amount of suspensions and expulsions in that school year.

Area	Tobacco Retailers Non-Compliant, Percent		
	2002-2004	2005-2007	2008-2010
Connecticut	18.9%	14.0%	13.3%
Ashford	0.0%	7.1%	0.0%
Brooklyn	9.5%	15.4%	11.1%
Canterbury	0.0%	0.0%	12.5%
Chaplin	0.0%	25.0%	0.0%
Columbia	0.0%	33.3%	-
Coventry	11.5%	26.1%	8.6%
Eastford	0.0%	0.0%	0.0%
Hampton	-	0.0%	50.0%
Killingly	13.0%	12.7%	0.0%
Lebanon	16.7%	33.3%	28.6%
Mansfield	5.0%	26.2%	18.8%
Plainfield	8.8%	13.4%	11.9%
Pomfret	0.0%	14.3%	0.0%
Putnam	11.4%	9.3%	12.1%
Scotland	0.0%	50.0%	50.0%
Sterling	0.0%	35.7%	66.7%
Thompson	7.1%	9.3%	0.0%
Union	-	-	-
Willington	14.3%	27.3%	33.3%
Windham	15.3%	16.4%	12.2%
Woodstock	0.0%	20.0%	0.0%

Source: DMHAS tobacco compliance unit

Non-compliant tobacco retailers went from a high of 66.7% in Sterling in 2008-2010 to a low of 0.0% in many towns. Due to the small size of towns in the NECASA region the compliance checks may represent a small sample of retailers.

Tobacco related suspensions and expulsions (combined) in the NECASA region went from a high of 56% in 2010-2011 to a low of 31% in 2009-2010. These figures represent the percentage of suspensions out of the total in those districts for that year.

The NECASA CNAW also used the National Household Survey data (NSDUH) to supplement their review of the data. Cigarette use in the past month ranged from high of 25.34 in the 18-25 year old age group to a low of 8.83 in the 12-17 year old age group. Perception of great risk of smoking one or more packs of cigarettes a day went from a high of 72.89 in the 2 and older age group to a low of 64.61 in the 18-25 year old age group.

Prescription Drugs

Prescription drug misuse was the fourth ranked issue by the NECASA CNAW. The magnitude was 3 the impact was 3.14 and the changeability was 2.57. The total was 8.71.

Average of Pharmaceutical Related, Percent	School Year				
Area/District Name	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Connecticut	3%	3%	4%	8%	4%
NECASA	3%	2%	6%	6%	4%
Ashford School District	0%	0%	0%	0%	0%
Brooklyn School District	0%	0%	0%	0%	0%
Canterbury School District	0%	0%	0%	0%	0%
Chaplin School District	0%	0%	0%	0%	0%
Columbia School District	0%	0%	0%	0%	0%
Connecticut Technical High School System	16%	0%	9%	0%	0%
Coventry School District	4%	3%	0%	0%	0%
Eastern Connecticut Regional Educational Service Center	0%	0%	0%	0%	0%
Eastford School District	0%	0%	0%	0%	0%
Hampton School District	0%	0%	0%	0%	0%
Killingly School District	0%	5%	12%	9%	0%
Lebanon School District	0%	0%	14%	13%	67%
Mansfield School District	0%	0%	0%	0%	0%
Plainfield School District	0%	3%	0%	0%	4%
Pomfret School District	0%	0%	0%	0%	0%
Putnam School District	0%	0%	0%	0%	0%
Regional School District 11	10%	0%	11%	0%	0%
Regional School District 19	4%	7%	11%	0%	0%
Scotland School District	0%	0%	0%	0%	0%
Sterling School District	0%	0%	0%	0%	0%
Thompson School District	0%	0%	8%	56%	20%
Union School District	0%	0%	0%	0%	0%
Willington School District	0%	0%	0%	0%	0%
Windham School District	0%	0%	0%	4%	0%
Woodstock Academy	0%	0%	7%	0%	0%
Woodstock School District	0%	0%	0%	0%	0%

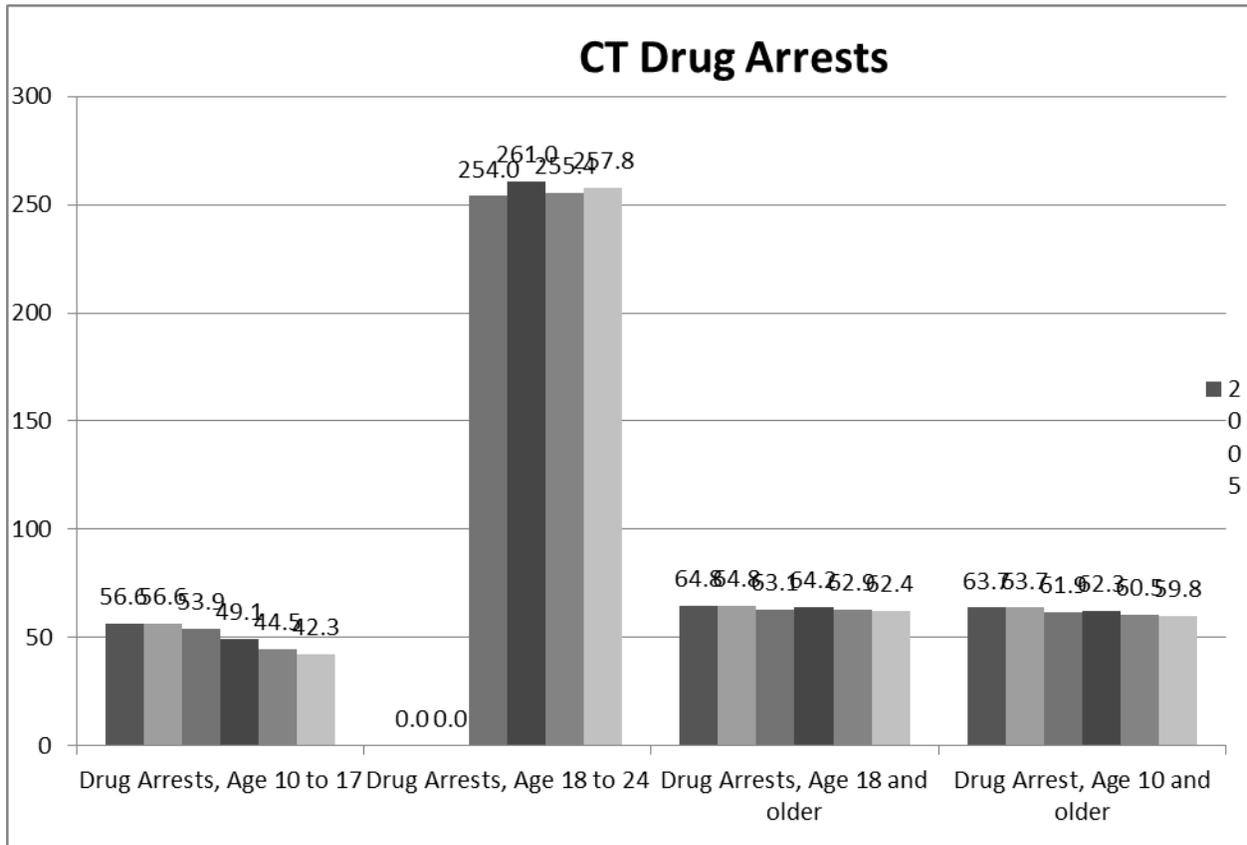
The percentages of pharmaceutical related suspensions and expulsions (combined) by school district ranged from a high of 67% in Mansfield in 2010-2011 to a low of 0% in many towns. The percentages are the percentage of the total amount of suspensions/expulsions in that school year.

The NECASA CNAW looked at the lifetime history of substance use by students. Pain medications had a high of 18% use in 11th grade to a low of 6% in 6th and 7th grade.

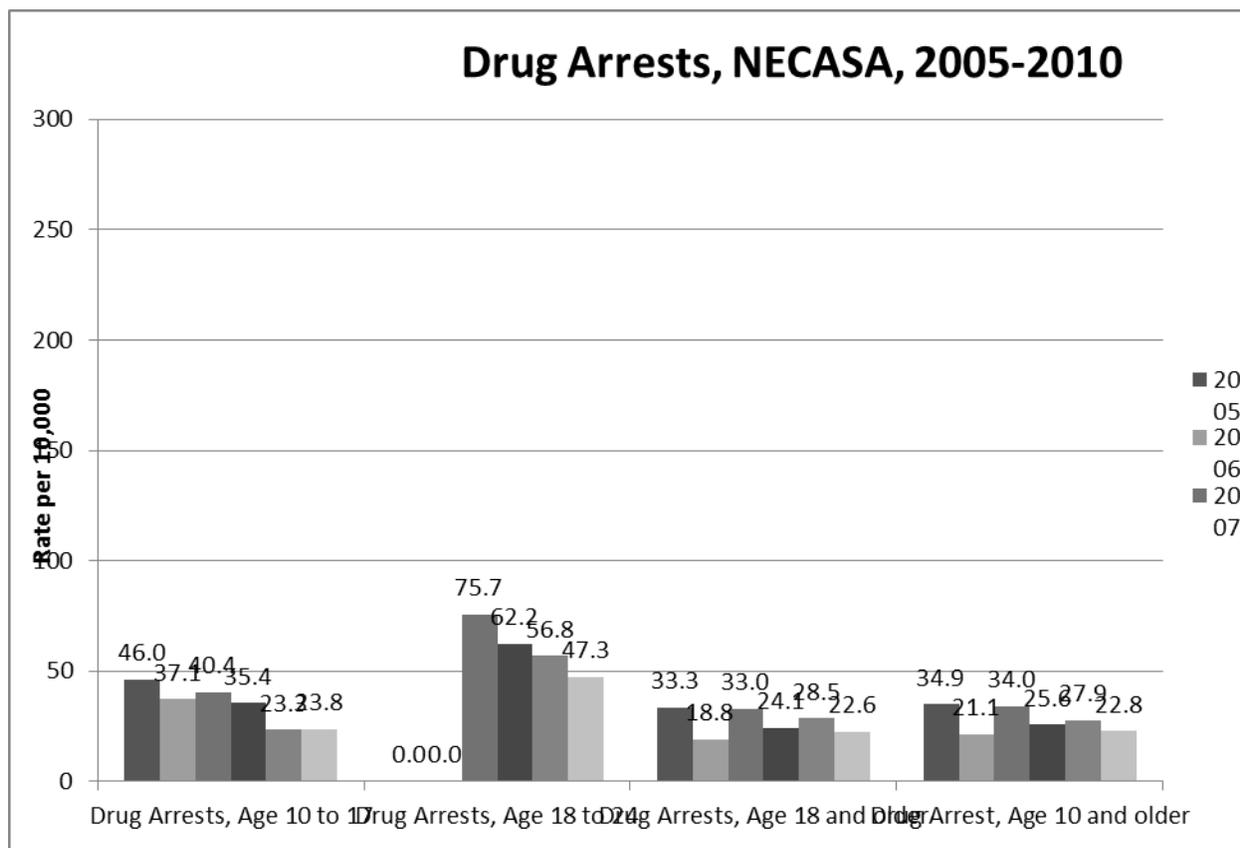
The national Household survey data was used to supplement the local data. Non-Medical use of pain relievers in the past year had a high of 10.32 in the 18-25 year old group to a low of 2.84 in the 26 and older group.

HEROIN

Heroin was ranked tied for fifth by the NECASA CNAW. It had a magnitude of 2.43, an impact of 2.43 and a changeability of 2.28. It is being placed in the fifth position due to a higher magnitude. The total was 7.14.



In Connecticut, drug arrests range from highs in the 18-24 age group to lows in the 12-17 year old age group.



NECASA region drug arrests range from highs in the 18-24 age group to lows in the 10 and older age group. Arrests have declined from a high of 75.7 in 2007 to a low of 47.3 in 2010 in the 18 and older age group.

Drug-induced Death, Crude Rate per 100,000

	1999-2001	2002-2004	2005-2007	2007-2009
Connecticut	9.6	11.4	11.4	11.4
Ashford	0.0	0.0	16.2	24.3
Brooklyn	18.6	9.3	4.6	18.6
Canterbury	14.2	7.1	0.0	14.2
Chaplin	14.8	14.8	14.8	14.8
Columbia	6.7	13.4	13.4	6.7
Coventry	11.6	5.8	5.8	5.8
Eastford	0.0	0.0	0.0	0.0
Hampton	18.9	0.0	0.0	18.9
Killingly	8.1	26.3	16.2	16.2
Lebanon	4.8	4.8	4.8	0.0
Mansfield	3.2	6.4	1.6	0.0
Plainfield	11.4	2.3	2.3	11.4
Pomfret	17.5	8.8	0.0	0.0
Putnam	18.5	11.1	18.5	18.5
Scotland	21.4	0.0	0.0	0.0
Sterling	21.5	10.7	10.7	0.0
Thompson	0.0	3.8	7.5	15.0
Union	0.0	0.0	0.0	0.0

Willington	22.3	11.2	0.0	5.6	Drug induced death rates per town in NECASA region.
Windham	24.8	17.5	11.7	8.8	
Woodstock	4.6	9.2	9.2	4.6	

The NECASA CNAW also reviewed National Household Survey Data to supplement the local data. Illicit Drug use other than marijuana ranged from a high of 7.96 in the 18-25 age group to a low of 2.40 in the 26 and older age group. Illicit Drug dependence in the past year ranged from a high of 4.96 in the 18-25 age group to a low of 1.19 in the 26 and older age group.

SUICIDE

The issue of Suicide tied for fifth in terms of total points allotted by the NECASA CNAW. The magnitude was 2.14, the impact was 2.43 and the changeability was 2.57. The total was 7.14. It was felt that with new training for communities coming to the region in 2013, that changeability was more likely to be positively affected.

AREA	Suicide, Crude Rate per 100,000			
	1999-2001	2002-2004	2005-2007	2007-2009
Connecticut	8.4	7.7	7.7	8.2
Ashford	0.0	0.0	32.5	16.2
Brooklyn	9.3	9.3	4.6	18.6
Canterbury	7.1	21.3	21.3	7.1
Chaplin	29.6	0.0	29.6	14.8
Columbia	0.0	13.4	13.4	6.7
Coventry	5.8	11.6	20.2	5.8
Eastford	0.0	41.2	0.0	41.2
Hampton	37.7	0.0	18.9	37.7
Killingly	12.1	4.0	4.0	14.2
Lebanon	14.4	9.6	9.6	4.8
Mansfield	3.2	3.2	4.8	12.8
Plainfield	9.1	20.5	6.8	2.3
Pomfret	17.5	17.5	8.8	35.0
Putnam	11.1	11.1	11.1	3.7
Scotland	0.0	21.4	0.0	21.4
Sterling	21.5	10.7	10.7	10.7
Thompson	18.8	0.0	3.8	7.5
Union	47.9	0.0	0.0	0.0
Willington	0.0	5.6	16.7	27.9
Windham	7.3	10.2	4.4	4.4
Woodstock	4.6	4.6	9.2	9.2

Suicide rates per 100,000 in Northeastern Connecticut. Again, the small populations in some towns may impact the rates.

Source:

The NECASA CNAW also reviewed National Household Survey (NSDUH) data:

“Had Serious Thoughts of Suicide in the Past Year”: Findings were of low precision in the 12-17 age group so no data was given, the highest group was the 18-25 year olds with 6.73 and the lowest the 26 and older group with 3.95.

COCAINE

Cocaine was ranked tied for 7th in terms of issues in the region. The CNAW ranked the magnitude as 1.86, the impact as 2 and the changeability as 2, for a total of 5.86. Limited data was available and the only specific to the subject was the National Household Survey:

The National Household Survey question reviewed was “Cocaine Use in the Past Year”. Data was low precision in the 12-17 year old age group so no data was given. The data ranged from a high of 4.62 in the 18-25 year old age group to a low of 1.29 in the 26 and older age group.

Cocaine is being placed in the 7th position in this document due to a higher magnitude than problem gambling.

PROBLEM GAMBLING

Problem Gambling was also tied for 7th in terms of regional issues by the NECASA CNAW.

The NECASA CNAW ranked it as a magnitude of 1.57, an impact of 2.29 and a changeability of 2, the total being 5.86. Data was not readily available on the issue. Local data collection has not been funded in 7 years. No National Household Survey Data was available.

The NECASA CNAW felt that the state’s concentration on youth gambling is misdirected as it is more of an adult issue.