

SAAC

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

December 2012

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Abbreviations Used

- CMHA = Community Mental Health Affiliates
- CNAW = Community Needs Assessment
- DEA = Drug Enforcement Agency
- DFC = Drug Free Community
- DMHAS = Department of Mental Health and Addiction Services
- ERASE = East of the River Action for Substance Abuse Elimination
- GPIY = Governor's Prevention Initiative for Youth
- NSDUH = National Survey on Drug Use and Health
- RAC = Regional Action Council
- SAAC = Substance Abuse Action Council

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Introduction

The Substance Abuse Action Council (SAAC), a division of Community Mental Health Affiliates, Inc. (CMHA) is the designated Regional Action Council for CT Sub-region 4-C and has prepared this report at the request of the CT Department on Mental Health and Addiction Services (DMHAS). The report examines data available on alcohol, tobacco, marijuana, non-medical use of pain relievers, cocaine, heroin, Problem Gambling and Suicide as a basis for sub-regional analysis and planning.

Purpose

The purpose of the process and the Sub-regional Prevention Priority Report is to describe 1) the burden of alcohol and substance abuse, the percentage of the population not accessing services for mental illness, and suicide in the sub-region, 2) prioritized prevention needs, and 3) the capacity of the sub-regions' communities to address those needs. It is based on data-driven analyses of issues in the sub-region, with assistance from key community members.

The report and accompanying data will be used as a building block for state and community-level processes, including capacity and readiness building, strategic planning, implementation of evidence-based programs and strategies, and evaluation of efforts to reduce substance abuse and promote mental health. In addition, the data will form the core of the data repository. In this role, SAAC will take every opportunity to publicize the availability of town level data on various indicators, engage other organizations in gathering and sharing data, and will "push" data on various indicators to the community via brief reports in newsletters, on websites, etc. While this report profiles 8 substances or issues prioritized in statewide prevention work, a lack of data and resources related to suicide and problem gambling limit this writer's ability to fully assess the needs of the region. The Community Needs Assessment ranking was completed in collaboration with SAAC's prevention and treatment committees which are comprised of school officials, program coordinators at SAAC area youth service bureaus, university officials, representatives of local clergy and prevention professionals representing treatment providers.

Demographic Profile Of The Sub-Region

CT Sub-region 4-C encompasses the towns of Barkhamsted, Berlin, Bristol, Burlington, Colebrook, Harwinton, New Britain, New Hartford, Norfolk, Plainville, Plymouth, Southington, Torrington, and Winchester. The communities range in population from the urban city of New Britain (73,206) to the rural community of Colebrook (1,485). The sub-region is made up of urban, suburban and rural communities. The median individual incomes in Torrington, Winchester and New Britain (\$34,777, \$36,250, and \$32,123 respectively) are below the CT average, while the communities of Burlington, Berlin, and Southington (\$60,697, \$51,997 and \$48,209 respectively) are well above the state average of \$43,324. The racial composition is predominately white with 78.8% in the SAAC Region. The one exception is the city of New Britain that has the greatest diversity in the sub-region with 47.7% white, 36.8% Hispanic, and 10.9% African American.

It should be noted that 71.4% percent of the population are in the 21 and older age range which is consistent with the statewide demographic profile. The region is evenly split between males and females at 48.7% and 51.3%. The median age for males in Region 4 is 55.3 years and the median age for females 43.9 years. This is slightly higher than the median age across the state which is measured at 38.5 years for males, 41.3 years for females.

Region 4 is above average for high school and some college education when benchmarked against the statewide average. The high school graduation rate in the SAAC region is 34.4% compared to the state average of 28.6%. The SAAC region is below the state average for bachelors' degree at 15.5% while the state average is approximately 20%.

Sources Of Data

Data for this report was derived from a variety of resources including:

- School Survey data for the SAAC region, completed by John Daviau, Evaluator for the Substance Abuse Action Council
- The 2008-2010 National Survey on Drug Use and Health
- SAMHSA, Office of Applied Studies
- National Survey on Drug Use and Health, 2006, 2007, and 2008
- The Connecticut Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program
- Connecticut State Department of Education 2007-08, 2008-09, 2009-10, and 2010-11 school year data files

- Connecticut Department of Public Health Mortality Statistics- (<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388138>, Accessed 10/1/2012)
- The Fatality Analysis Reporting System
- National Highway Traffic Safety Administration
- Connecticut Department of Emergency Services and Public Protection Uniform Crime Reporting Program
- 2008-2010 American Community Survey Connecticut Estimates, prepared by the U.S. Census Bureau, 2011.

Methods And Process Used For Identifying Sub-Regional Priorities

Data used in the preparation of this report was accessed from a number of sources including the CT State Epidemiological Workgroup (SEOW) as well as local and national sources. Where appropriate, sources of the data have been provided with the various tables in this report. The data was then used to produce sub-regional epidemiological profiles describing magnitude, impact and changeability.

The sub-regional data tables were presented to a Community Needs Assessment Workgroup (CNAW) to conduct a priority ranking process (Tables 1 and 2). CNAW members represented prevention school and treatment providers with experience in sub-region 4c. The CNAW members considered the data and independently scored a matrix on the magnitude (burden and breadth of the problem), the impact (depth of the problem across dimensions) and the changeability (reversibility) of each of the identified priority areas. The group then discussed the findings and added additional data to the sub-regional profiles.

Summary Of Sub-Regional Priority Needs

Based on the current data and the experience of the CNAW members the identified areas of study were ranked according to priority.

Priority Ranking Report Table 1

Substance	Priority Ranking
Alcohol	#1
Marijuana	#2
Prescription Drug Misuse	#3
Heroin	#4
Cocaine	#5
Suicide	#6
Tobacco	#7
Problem Gambling	#8

It is significant to note that the CNAW members felt that they had insufficient data on problem gambling and little personal knowledge of the issue in the sub-region to rank this issue higher. It was also noted that while tobacco use is present in schools, the use of Marijuana is more prevalent on the university campus.

Alcohol exceeded all other topics in magnitude and impact. Tobacco ranked highest in changeability due to the availability of information and educational initiatives. Marijuana was also elevated in priority due to recent changes in laws resulting in increased accessibility of the substance in other states. Due to the recent decriminalization of Marijuana in the state of Connecticut, there is an increased perception in the community that it is safe to use or nearly harmless. Additionally the recent movement in the availability of Marijuana for medical use has created the perception that it is safe because it can be used for medicinal purposes. Reviewers noted that while misuse of prescription drugs exists in the region there is insufficient data at this time to truly illustrate the issue.

Community Readiness Assessment

Information was also gathered in 2012 from the youth demographic through a web-based survey administered as part of the Strategic Prevention Framework initiative of DMHAS. Alcohol was designated as the most significant issue by the group followed by marijuana use and tobacco. In recent school surveys completed in five SAAC towns, youth report easy access to alcohol at 62.3% followed by tobacco at 47.8%, and marijuana at 42%. The group concluded that it would be easier to address the problem of tobacco use due to the availability of information about potential health hazards while the recent changes in marijuana legislation have created obstacles in addressing the issue (School Survey "Close Friends Who Use Alcohol", John Daviau, SAAC Evaluator).

Recent SAAC data around perception of peer disapproval for substance use measures at 62.1% for alcohol, 58.8 percent for marijuana, and 52.4 percent for tobacco use (Regional survey data completed by SAAC evaluator).

Rated highest as perceived barriers to substance abuse prevention in the SAAC sub-region continue to be the lack of financial resources, the view that substance abuse is a personal problem, and the lack of community buy-in about substance abuse. The SAAC coalition agrees that there continues to be a lack of relevant current data to properly address all issues in this report.

The mean regional average for individuals needing but not receiving services for illicit drug and alcohol use are 2.16%, 7.22% relatively. The averages are within 1 point of state and national averages. The regional, national, statewide results of the National Survey of Drug Use and Health are attached to this report.

Sub-region 4C Substance Use Profiles Alcohol

Magnitude

Alcohol is the most commonly used substance nationally and statewide.

As previously reported in 2010, data from the statewide GPIY from 2000 on alcohol use by students indicated that a significant increase in the percentage of students between 8th and 10th grade consumed alcohol in the past 30 days occurs between 8th and 10th grade. At the time of reporting, three towns in the SAAC sub-region were represented. It was significant that two of the three reporting communities were close to the state rate for 7-8th grade but make significant “jumps” in the rate of past 30 day use by the 9-12th grades.

In the much smaller community of Colebrook the rate also increased by a full 10%.

SAAC Data 2010 Table 2

	Grades 7-8	Grades 9-12
CT	24.0	46.2
Berlin	21.5	54.10
Bristol	24.3	55.8
Colebrook	28.0	38.4

The 2010 NSDUH report on 30 day use for students aged 12-25 indicates an overall decrease in use though the regional usage rates are still higher than the state and national rates in all cases. This is indicated in the table below:

Table 3

% Averages	Total U.S	CT	North Central Region
Past Month Use for Ages 12-17	14.41	18.18	17.51
Past Month Use for Ages 18-25	61.22	68.22	68.75
Past Month Use for Ages 26 and Older	54.72	63.29	62.79

Source: NSDUH

Anecdotal data indicates that alcohol use is commonplace in the teen population and a topic of discussion particularly with the high school population. Common perception is that house parties with alcohol are common.

Key Informant data indicates “most community residents feel that teens can drink with adult supervision, and teen can drink if not driving,” Though efforts to provide education around the updated Social Hosting laws emphasize parent liability and culpability. SAAC is currently a DFC Grantee and has worked with its towns and RAC’s in its region to decrease underage drinking. Recent school data from surveys conducted in five SAAC towns show that 30 day use rates have decreased from 23.6% in 2009-2011 to 16.7%. Also, the SAAC region is in line with state and national averages (state and national averages (39.38, 40.13 respectively) in its perception around alcoholic use rates. NSDUH survey data around the “Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week in the region are” , by Age Group are 40.96% for ages 12-17 Years old, 31.63% for 18-25 years old and 44.34% for people 26 years and older.

According to NSDUH 2012, binge drinking in the 12-27 year old population is lower the sub-region at 11.36 % than the state average of 12.28% but higher than the US average of 8.59%.

30-day alcohol use rates are also higher in the sub-region at 17.51% versus 14.41% nationwide. This trend is across the life span in the region with usage percentages in all age groups. Previously below national and statewide rates of 43.3% and 45.3% respectively, 30 day usage rates nationally and for the state is approximately 38% and 44% respectively while Sub-region 4C is at 41.72%.

Consequences

The consequences of alcohol dependence include chronic illness, and death and according to DMHAS state data (below), alcohol related deaths have increased incrementally since 1999 while the average of alcohol related deaths in state hover under 6% since 1999.

Table 4

% of all deaths related to alcohol	1999-2001	2002-2004	2005-2007	2007-2009
CT	519	562	562	641
North Central Region	171	186	198	212
SAAC	60	72	67	77

Connecticut DPH Mortality Statistics (DMHAS)

Alcohol dependence or abuse in the last year in the region is lower than state and national averages for underage drinkers (4.71%) but increases substantially for the 18-25 year age group at 17.34% before leveling out around 7.44% for 26 years and older and the group 18 or older.

Similar trends can be seen in data about alcohol users who are in need of treatment but not receiving it. At 4.88%, the North Central region is lower than the state average of 5.12% but higher than the national average of 4.55% for users 12-17 This trend is across the lifespan.

Alcohol related suspensions across the region have remained consistent with some minor fluctuation in the state overall and in the SAAC region as a whole; the trend last year in alcohol related suspensions has dropped approximately 6 % since 2006-2007.

Table 5

% of all suspensions attributed to Alcohol	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
CT	21	20	19	21	17
North Central	18	20	16	16	12
Barkhamsted	0	0	0	0	0
Berlin	33	3	0	6	3
Bristol	15	21	13	25	0
Colebrook	0	0	0	0	0
CT Technical Schools	13	3	6	9	5
Explorations	0	0	0	40	0
New Britain	19	20	6	1	1
New Hartford	0	0	0	0	0
Norfolk	0	0	0	0	0
Plainville	27	20	0	25	0
Plymouth	7	14	32	4	14
Regional School District #7	60	36	38	33	10
Regional School District #10	7	0	8	0	21
Southington	29	19	20	16	18
The Gilbert School	0	0	60	13	13
Torrington	8	15	46	15	16
Winchester	0	0	0	0	0

CT Dept. of Education

Driving Under the Influence and Alcohol Involved Accidents rates for the sub-region indicate are nearly all higher than comparable regional and state rates.

Alcohol dependence or abuse rates for persons ages 12-20 for the sub-region are slightly lower than statewide rates overall, a positive change in reporting.

Table 6

Alcohol Involved Motor Vehicle Accidents:

Rate per 10,000	2005	2006	2007	2008	2009	2010
CT	5.5	5.2	7.2	6.9	6.7	6.6
SAAC Region	5.8	6.9	10.1	10.6	7.3	8.9
Barkhamsted	11.4	11.4	5.7	2.9	22.9	34.3
Berlin	16.5	5.5	12.1	12.1	11.5	13.2
Bristol	7.2	6.7	11.3	13.7	7.2	9.2
Burlington	4.9	11.0	8.6	6.1	3.7	3.7
Colebrook	13.6	0	0	6.8	13.6	6.8
Harwinton	9.5	5.7	1.9	13.3	17.0	13.3
New Britain	4.2	5.7	8.0	6.7	6.3	6.4
New Hartford	9.9	3.3	9.9	9.9	3.3	11.5
Norfolk	12.0	6.0	0	18.1	24.1	18.1
Plainville	9.2	8.7	11.5	16.7	9.8	9.8
Plymouth	4.3	6.0	5.2	6.9	4.3	3.4
Southington	3.3	7.4	8.1	9.1	11.1	16.4
Torrington	4.8	7.7	11.1	9.1	1.7	7.4
Winchester	7.5	12.2	15.9	11.3	9.4	0.9

Source: FARS. NHTSA

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in winter 2013 alcohol has been rated #1 in the priority ranking for all substances.

The sub-region has a number of resources available including four federal Drug Free Communities grantees, the CT Clearinghouse, and four DMHAS grantees currently focusing on underage alcohol assessment and planning. Nine local prevention councils in the sub-region address underage alcohol in their individual communities. Additionally a large university in the region has launched a campus wide campaign to address alcohol use by aligning with local authorities for enforcement and Sub-region 4 has hosted events to address and inform changes in the Social Hosting Laws.

Sub-region 4C Substance Use Profiles

Prescription Drug Misuse

Magnitude

Anecdotal data from local school and services providers indicate that misused prescription drugs and over-the-counter medications is perceived to be a serious problem in the sub-region. In 2012 high school personnel noted a widespread use of over the counter drugs by students and indicated a wide acceptance of such behavior during school hours of operation. Students also reported that misuse of prescription and over the counter drugs has become part of the school cultures though formal data for the region is limited. It is also noted that misuse of these substances has created higher usage of heroin. In discussions with CNAW members and the CT Drug Control Unit (CT Consumer Protection Department) as well as New England Drug Enforcement Administration, the belief is that CT is heavily influenced by heroin and has been for many years. Opiates have become the gateway drug for heroin as well.

The SAAC region's rate of usage by those 12-17 years of age is lower than the state and national averages. While the national percentage is 6.42%, Connecticut averages 4.87% and SAAC is slightly lower than Connecticut at 4.08%. These percentages increase for the 18-25 age group across the nation and the state (11.74% and 36% respectively) while the SAAC region is slightly lower at 9.42%. It is notable that the usage rates for people 26 years and older drops significantly nationally and statewide within the SAAC Region (3.48%, 2.71% and 2.33% respectively). School survey data of five SAAC towns shows that 79.9% of youth surveyed believe that there is some or a lot of risk related to prescription drug misuse. Also important to note, the perception of parental disapproval around the misuse of prescription drugs reached a high of 96.2% in the SAAC region in the 2010 report however updated data is unavailable for this region.. The SAAC communities are aware of the risk associated with misuse and that it is possible to increase this awareness through ongoing community support and education. (Source: SAAC Evaluator, School Surveys)

Consequences

Negative health consequences include the potential for developing tolerance to the drug and physical dependence. Local treatment providers link the use of misused prescriptions, in particular Vicodin and Oxycontin, to future use of heroin, cocaine and addiction treatment admissions. Drug-induced death rates in the state, North Central and SAAC regions are below and though it is determined to what degree abuse of pain relievers contributed to these statistics it would prove beneficial to study this further in order to address additional needs of the community.

Table 7

% of all drug induced deaths	1999-2001	2002-2004	2005-2007	2007-2009
CT	980	1,200	1,200	1,195
North Central Region	339	315	409	376
SAAC	114	110	160	146

Connecticut DPH Mortality Statistics

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013 and ranked it 3rd out of 8. The belief is that the Magnitude and Impact of this issue is high while the changeability is also high. They expressed concerns at the widespread accessibility of medications and the culture that continues to have more medications prescribed and in larger-than-necessary quantities. Prescription misuse is being addressed through the increase in community accessible drug drop boxes, an increase in educational opportunities and availability of information.

Education programs on prescription medications and their use/abuse are conducted by CMHA and the RAC for various audiences.

Discussion at the CNAW and with local school and social service providers have indicated a need for education for parents around the misuse of prescription drugs and the accessibility of these drugs.

SAAC in cooperation with community partners has conducted seven medication take-backs in the past 12 months. Additionally other community groups, notably in Southington, Winsted, Plainville and Torrington have conducted events.

The purpose of the take-backs is to remove dangerous and potentially abuseable medications from the general population in an environmentally safe way, and to educate the public on the hazards of keeping narcotic/abuseable medications within easy access of youth. One example of the success of these events is the take-back conducted by the RAC and the Southington Drug Task Force. Approximately 2,000 medications (prescription, non-prescription, administration items) were collected in a two-hour time period diverting the potential for abuse in the community.

Sub-region 4C Substance Use Profiles

Heroin

Consumption

Anecdotal data from CNAW members believe heroin is dangerous to use and possess and that its lasting effects are considerable however it was ranked 4th on the CNAW conducted in January 2013. This is due in part to the community perceptions that Alcohol and Marijuana are more influential and that changing the dynamic surrounding heroin use will be difficult. Unlike other states, methamphetamine has only been seen in a very few treatment admissions. DEA officials concur that CT is more affected by the heroin trade than methamphetamine.

Thirty day illicit drug use rates for the 12-17 age group in the SAAC region are lower than national and state averages- 9.87%, 10.82% nationally and statewide and 9.94% for the region. These percentages double for people aged 18-25 with an average of 20.80% nationally, 24.71% statewide and 24.91 in the SAAC region.

Past year illicit drug use in the SAAC region are on par with state and national averages for users 12 -17 years; all around 2.50%. These percentages increase slightly for people in the 18-25 age group; National: 5.51%, State: 5.80% and North Central (SAAC): 5.50% but decrease for older populations which consistently falls below state and national averages for this group (1.87%, 2.12% and 1.82%). This data is illustrative of the sub-region which includes not only the towns served by SAAC but surrounding towns served by two other RAC's as well.

Data regarding the treatment of people who abuse illicit drugs is incomplete due to variability of assessment and identification of the problems and the all encompassing nature of "illicit drugs" for this report, the issue of Heroin use was profiled though data to support or negate community perceptions from the CNAW is unavailable. Hence for this report Heroin will be considered under this profile of Illicit Drug Use.

A contributing factor to addressing the issue of illicit drug use is being able to identify who is at risk for abuse, the type of drug abused and whether they are willing to receive help. The statistics of people needing treatment but receiving it is below:

Table 8

Needing But Not Receiving Treatment for Illicit Drug Use	Ages 12-17 Years Old	Ages 18-25 Years old	Ages 26+
National	4.28	7.16	1.52
CT	4.03	7.56	1.40
North Central Region	3.73	7.24	1.37

2008-2010 NSDUH

As with other illicit drugs, property crime records and drug arrest records are used as indicators of the impact of heroin use in the sub-region. According to the Connecticut Department of Emergency Services and Public Protection Uniform Crime Reporting Program there have been 109,316 people arrested for drug related crimes in the state of Connecticut between 2005-2010. Of that total 7,422 were in the SAAC region, with the towns of New Britain, Bristol, Plainville and Torrington comprising of the highest rates of drug related crimes leading to arrest. The use of heroin could be a contributing factor. Historically, these are the same municipalities with the highest heroin treatment admissions.

One indicator used to assess heroin-related consequences is the number of illicit drug-related deaths in the state. Based on Public Health data from 1999-2009, Region 4 (encompassing SAAC and two other Regional Action Councils) has the highest number of deaths due to illicit drugs than any of the other RAC's in the state of CT. The incidence of motor vehicle fatalities due to being under the influence of drugs is worthy of additional study due to the fact that since 2002 there have been 423 deaths in the state and 121 or 29% of those deaths were in the SAAC region which includes the cities of Hartford and New Britain, 2 large urban communities. When further examined, thirty-one of those deaths were in the towns served SAAC.

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013 places heroin as the #4 priority in the sub-region. CNAW members concurred with DEA information that CT is a "heroin" state. Discussion at the CNAW and with local school and social service providers have indicated a need for education for parents around the misuse of prescription drugs and the accessibility of these drugs. The use of opiates (pills such as oxycodone, hydrocodone) are

viewed as gateways to the use of heroin. The CNAW committee as well as community and school leaders acknowledge that heroin use is a problem because of its ease of accessibility however there is uncertainty about methods with which to combat it. In the SAAC region, opinions differ in the community about the relevance of heroin in their community's ranging from the belief that it is a large problem to it's not a problem at all. The Northwest corner of CT where the many of SAAC towns are include Torrington, Colebrook, New Hartford, Winchester and Barkhamsted have been identified as towns with high incidents of heroin use and community leaders are working with their constituents and SAAC to provide education, outreach and information on heroin, the risks associated with its use and affects. Additionally, in Torrington, the technical school system has made a concentrated effort to education the community due the fact that it educates students from 25 towns across the state

Data Limitations:

Data for Sub-Region 4C is limited by a lack of student survey data.

Sub-region 4C Substance Use Profiles

Cocaine

Consumption

Treatment committee members of the SAAC noted that cocaine use is being seen in small numbers, and particularly at the Hartford Dispensary sites where 10% of all drug tests produce results positive for cocaine use.

Data from the 2008-2010 NSDUH place all of Region 4 (encompassing SAAC and two other Regional Action Councils) at a lower rate for past year cocaine use than the state average in the age 12 and older rankings.

Consequences

As indicated in the profile for Heroin, another illicit drug, Property crime rates are also used as one indicator of potentially cocaine-related crimes.

Also used as a cocaine-related consequence are the drug arrest rates for juveniles and adults. Notable are the following:

Table 9

Drug Arrests-Juvenile

	2009	2010
CT	44.5	42.3
Southington	80.3	22.5
Barkhamsted	71.4	47.6
Plainville	67.7	45.6
Torrington	51.0	59.1
New Britain	41.4	53.4

Drug Arrests-Adult

	2009	2010
CT	62.9	62.4
Southington	60.3	36.1
Barkhamsted	22.9	19.1
Plainville	134.8	142.2
Torrington	73.8	63.1
New Britain	109.3	18.0

Source: CT Dep. Emergency Services and Public Protection Uniform Crime Reporting Program

These five communities have the highest fluctuations of both juvenile and adult drug arrests in the sub-region. While New Britain and Southington are the urban centers of the region, Plainville is more suburban and Barkhamsted is rural while Torrington is a larger city Northwest of New Britain.. Incorporated into the data on illicit drug use in both NSDUH 2008-2010 reports and sources provided by the DMHAS prevention unit, the cocaine specific data available for this report shows that the North Central regional percentages of use are lower than the state and national averages.

One indicator used to assess cocaine-related consequences is the number of illicit drug-related deaths in the state. Based on the Connecticut Department of Public Health Mortality Statistics report 2012, the number of drug induced deaths in the state from 2005-2009 is 2,395 and 306 of those deaths were in the SAAC towns. The three towns with the highest rates of death due to drug use in 2005-2009 are Bristol, New Britain and Torrington.

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013, cocaine is ranked as #5,

The treatment committee members at SAAC represent the major treatment centers in the sub-region. Emerging trends are discussed and analyzed at monthly meetings and new treatment modalities are presented. The collective expertise of this group is essential to assess the impact of substances in the sub-region and the success of the current treatment responses to any emerging issues. The capacity to address the issue of cocaine outside of treatment in the community would benefit from further study through additional data collection and collaboration with community players. While

Connecticut is considered to be a “Heroin State”, the issue of illicit drugs is more that pertinent in our schools, on our streets and in the SAAC region as a whole. The CNAW team believes that the changeability around cocaine will continue to be slow and at times problematic due to the varying perceptions of its presence in the community’s. Like Heroin, perceptions vary about cocaine’s relevance in the community. Through on-going education about illicit drugs, SAAC will continue to raise awareness about cocaine.

Data Limitations:

Specific data from school surveys and treatment providers are needed to address this issue.

Sub-region 4C Substance Use Profiles

Marijuana

Consumption

Using 2008-2010 NSDUH data on students age 12 and older for the use of marijuana in the past year. The percentage of use is higher in the SAAC region than the rest of the nation and state. At 17.26%, the North Central region, which includes the larger cities of Hartford and SAAC's larger cities of New Britain, Southington, Bristol and Torrington, the percentage of use is higher than the national average of 13.67% and the overall state average of 16.22%. This trend is similar for the age group 18-25 with the North Central region at 40.31% compared to the national average of 29.42%.

Recent data from school surveys conducted in five SAAC towns show that 12.1% of students surveyed report use in the last 30 days. This is in line with reports from school officials that marijuana use has become a part of the school culture with students coming to school high regularly. In the same surveys when asked about the risk associated with marijuana use, 67.3% of students surveyed responded that they believed that there was some risk to a lot of risk, while 91.1% of those surveyed stated that their parents did not approve of marijuana use; that it was "wrong" to "very wrong" to use. 58.8% reported a perception of disapproval from their peers. 2008-2010 NSDUH data on the perception of risk as it relates to smoking marijuana monthly shows that the North Central region comes in lower than the national average for underage survey takers (25.69% compared to the national average of 31.08%) and is higher than the state average of 25.93%. The same reports show that 30 day usage rates in the nation, state and region are consistent with each other and though the North Central region is higher than the national average (8.39%, 7.19%), it is slightly lower than the state average of 8.80%.

2008-2010 NSDUH data on First Use rates reflect the fact that clients in the North Central region aged 12-17 have a higher rate of first use of marijuana than the rest of the state and nation. In the case for years 18-25 year olds, first use rates also exceeds the national state and regional percentages. In age groups 18 and older, 30 day use rates are much higher and average 23.35% for the region. This exceeds that national and state averages of 17.71% and 22.22% respectively. Relating to users aged 18-25, the perception of harm from smoking marijuana monthly was consistent across the state and region and was lower than the national average. The older population aged 26 and beyond believe that there is risk in smoking marijuana on a monthly basis and in this instance, the North Central region exceeds the national and state averages, coming in at 39.43%, compared to 37.63% and 35.98%.

CNAW members commented anecdotally that marijuana use is commonplace, not seen by youth as harmful but with the recent changes in legislation, this is a renewed focus of drug prevention efforts in local communities. Several youth have questioned the mixed-message of medical marijuana vs. recreational use and perceive it to be safe or harmless because it is readily available, marketed to younger clientele in the form of candies and drinks and is perceived to be on par with medications prescribed to heal ailments.

Consequences

As previously reported in this report, property crime records and drug arrest records are used as indicators of the impact of drug use in the sub-region and while data specific to marijuana use in SAAC towns is not available, the Connecticut Department of Emergency Services and Public Protection Uniform Crime Reporting Program states that there have been 109,316 people arrested for drug related crimes in the state of Connecticut between 2005-2010. Of that total 7,422 were in the SAAC region, with the towns of New Britain, Bristol, Plainville and Torrington comprising of the highest rates of drug related crimes leading to arrest. The use of marijuana could be a contributing factor. Historically, these are the same municipalities with the highest heroin treatment admissions and like prescription drug misuse, marijuana has been considered to be a "gateway" drug, leading increased experimental drug use by teens. According to the Connecticut State Department of Education 34% of school related incidences are drug related and while these incidences are not broken down by specific substances, marijuana would be included in this statistic. Of particular note, the following towns are towns in the SAAC region with the highest percentage of drug related incidents from 2006-2011:

Table 10 Drug Related School Incidents

	2006-2007	2007-2008	2009-2010	2010-2011
CT	21	37	39	35
Plainville	73	60	40	25
Burlington	64	83	67	36
New Britain	58	62	56	21
Gilbert School	44	50	0	33
Explorations District	38	100	0	0

Source: CT Dept. of Education (DMHAS)

The five SAAC communities of Plainville, Harwinton, New Britain, Winchester and Torrington have the highest percentage of drug related arrested for 10-17 years ranging from 194% in Plainville to 56.0% in Torrington. These same towns also have the highest percentage of adult drug related arrests however the town of Winchester's percentage of adult drug related arrests is 12% compared to 67.5% for underage arrests in the same town.

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013 marijuana has been ranked #2 for all substances. The subject of marijuana and the risks its use proposes is a continuous debate and in light of recent changes in legislation which decriminalized the use of marijuana in the state, efforts from substance abuse prevention coalitions have been doubled. Additionally, the use of marijuana for medicinal purposes has created some confusion among younger students who perceive it to be safe because it is now a healing herb that is no longer illegal. Prevention efforts across the state are focused on clarifying the laws, providing information about the risks pertaining to the use of marijuana and educating the communities. The communities in the SAAC region have a number of resources available including four federal Drug Free Communities grantees, the CT Clearinghouse, and several treatment centers including Bristol Counseling, CMHA and hospitals in Bristol and New Britain. Events focused on the decriminalization of marijuana have been held in the communities, and have been the focus of learning communities. SAAC leadership is a part of the Connecticut Prevention Network and the newly formed coalition for public awareness and change around the development of the medical marijuana legislation in Connecticut, which is being developed at the time of this report.

Data Limitations:

Further research is needed to ascertain the cause of the significant rise in suspensions and expulsions in several of the town, most notably Plainville. It has not been determined if this significant increase is do to greater vigilance on the part of school authorities or an anomaly in the data.

Limited data is available for the sub-region on marijuana consumption.

Sub-region 4C Substance Use Profiles Suicide

Consumption

Data on the incidence of suicide in sub-region 4C has been compiled from reports by the Connecticut Department of Public Health and the 2008-2010 National Survey on Drug Use and Health (NSDUH), .

Since 1999 the average rate of suicide in the state of Connecticut is approximately 815 deaths per year. Though the methods in which the suicides were completed is unknown and this number is most likely higher if other types of deaths are considered including motor vehicle accidents, and drug related deaths. This data is not available at the time of this reporting however this profile will also consider mental illness as a factor in suicide.

Data for the SAAC region cites 80 completed suicides in 2005-2007 and 87 suicides in 2007-2009. According to CT Department of Public Health data, the highest number of completed suicides were in the urban areas of the sub-region.

Table 11

Suicides by Town	2005-2007	2007-2009
Bristol	16	17
New Britain	15	17
Southington	11	8
Torrington	9	11

CT DPH Mortality Statistics

It is worth noting that with the exception of Colebrook and Norfolk, both very small towns, every municipality in the sub-region had at least one suicide during this time period.

Clients coping with mental illness and issues related to problem gambling are at risk for increased depression and suicide. While the following data does not address suicide specifically it is worth considering it due to the fact that episodes of depression, if left unattended, can lead to suicide.

According to the 2008-2010 NSDUH the percentage of those surveyed about major depressive episodes in the last year in the North Central region is lower than the state and national averages. Compared to the national average of 8.16%, 7.50% of the North Central region aged 12-17 years reported having had at least one major depressive episode in the past year. This percentage is slightly lower than the state average of 7.79%. In the same survey, 7.64% of survey responders aged 18-25 years of age reported having had at least one major depressive episode in the past year in the North Central region. This percentage is also lower than state and national averages (8.00% and 8.24% respectively). Responders aged 26+ years of age in the North Central region were also under the state and national averages but this group (5.89% versus 5.97 state and 6.32 national).

Suicidal ideation was present among adult responders and data shows that the North Central region was below the state and national as well when asked if there had been "serious thoughts about suicide in the past year." It is worth noting that the North Central region includes the towns served by SAAC as well as surrounding towns.

Similarly, when the issue of mental illness is considered as it relates to suicide, data on underage responders was not available for review however data about "Serious Mental Illness in the Past Year" yielded similar results to the data regarding suicidal ideation and serious consideration of suicide and the North Central regional percentages were below those of the nation and the state. The NSDUH 2008-2010 data is below"

Table 12 Serious Mental Illness in the Past Year/Any Mental Illness in the Past Year

	Ages 18-25	Ages 26 or Older	Ages 18-25	Ages 26 or older
Total US	7.55	4.26	30.45	18.10
CT	8.30	3.99	32.61	17.57
North Central	7.90	3.74	31.67	16.70

2008-2010 NSDUH

Often times suicides are planned and completed with little or no knowledge about why or how unless the cause of death is obvious and diagnosed as such. With that in mind, it is worth looking at alcohol or drug related motor vehicle fatalities.

Since 2002 there have been 1413 motor vehicle fatalities due to alcohol or drugs. Of those, 98 were in SAAC towns.

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013 the magnitude of suicide in sub-region 4C was a 2.0, impact was a 4.0 and changeability was a 2.0 (1 as lowest, and 5 as highest ranking). The CNAW ranked suicide below all substances and only slightly above Problem Gambling in the sub-region.

CNAW members discussed at length the impact of suicide on the family and community particularly when the individual was a young person. The members did feel that incidents of bullying have contributed to substance use and suicide attempts in young people and that the majority of the school systems in the region have taken bullying behavior and programs that address a positive school climate seriously. The SAAC program has recently partnered with the Governors Prevention Partnership to deliver education and support to the communities regarding substance abuse and the underlying issues of suicide and its causes. SAAC also took part in the CONNECT trainings, a DMHAS initiative focusing on suicide prevention as well as intervention and post-vention services.

Data Limitations:

Data is limited on this issue and has not been collected in prior sub-regional profiles

Sub-region 4C Substance Abuse Profiles

Tobacco

Magnitude

Tobacco is one of the most commonly used substances nationally and statewide though officials from the university in the SAAC region states that marijuana use is more prevalent on campus than tobacco.

According to NSDUH 2008-2010 reports, tobacco product use in the past month in the North Central region was below national and state averages, as were reports of cigarette use in the last month. Noteworthy data shows that the perception of risk associated to smoking one or more packs of cigarettes per day is high across the life span in the nation, state and region and the percentages of perception of risk hover around 70% across the board. Recent school surveys of five SAAC towns show that 30 day use rates of underage smokers is approximately 7.8%. In the same study, the perception of risk where surveyed youth reported some or a lot of risk in smoking, 90.2% understood that there is risk associated with tobacco use while 93.6% of youth reported parental disapproval of tobacco use. Surveys of peer acceptance illustrate 52.4% of youth reported disapproving of their peer's use of tobacco.

Consequences

The consequences of tobacco use include chronic illness including lung cancer and other respiratory problems.

The rate of lung cancer has decreased incrementally but is still the cause of nearly 50% of all deaths reported in the state since 1999-2009.

As previously mentioned in other drug profiles, underage use of tobacco is not lawful and most likely contributes to some of the arrest data mentioned earlier in this report. An issue in the state is retail compliance checks and the unlawful sale of tobacco to minors. The state of Connecticut has a decent percentage of non-compliance overall rating 18.9% in 2004. This was the lowest percentage of non-compliance statewide since. In the SAAC region the following towns have even lower compliance:

Table 13

Tobacco Non-Compliance	2002-2004	2005-2007	2008-2010
CT	18.9	14.0	13.3
North Central	18.9	15.4	17.4
SAAC	18.3	14.7	16.6
Bristol	20.9	14.8	21.5
Southington	23.2	13.5	15.7
New Britain	22.2	21.9	20.0

2008-2010 NSDUH

Tobacco related suspensions in Connecticut schools have hovered around 40% since 2006 and in the SAAC region percentages of tobacco related issues in school have vacillated between 45% and 33%

The school district in Torrington has consistently had high instances of tobacco related suspensions ranging from 69% in 2006 to 37% in 2010-2011. This is a 32% decrease in four years.

Capacity

The CNAW committee rated tobacco use #7 in the priority ranking report conducted January 2013 and the general consensus was that while there is inherent risk associated with using tobacco, the massive amount of information and educational materials related to tobacco has contributed to an overall decrease in use and increase in awareness. Additionally, with the widespread movement towards creating tobacco free campuses at businesses, schools, restaurants, bars and other public places, the ability for smokers to receive additional support for quitting smoking is more widely available. The CNAW committee also cited these resources and cultural changes as the sources for changeability. SAAC and the communities it serves collaborate regularly to disseminate information and educational materials and is working with ERASE to deliver STEP, the Statewide Tobacco Education Program to students. This program addresses tobacco, its use and the risks associated with it through a series of tactile multi-modal lessons. Additionally, SAAC has collaborated with CMHA to assist in the transition to a tobacco free campus and provides ongoing technical support to its towns.

Sub-region 4C Substance Profiles Problem Gambling

Consumption

Little data is available at this time on the impact of problem gambling in the sub-region. It is the opinion of the members of the CNAW that gambling is not being seen as a major issue with clients in the sub-region. It was noted that service providers were not sure if their intake forms consistently contained questions about problem gambling. Anecdotal information cites lottery-type gambling behavior more than casino or sports betting though online gambling is on the rise.

Consequences

The lack of general information on the consequences of problem gambling within the sub-region may be an indicator of low problem gambling behavior or the lack of knowledge by the CNAW members. While it is common knowledge that problem gambling impacts the individual, family, community and state, the sub-region complete a more comprehensive assessment of the issue.

Capacity

According to the Priority Ranking Matrix completed by CNAW participants in January 2013 Problem Gambling is ranked the lowest in priority. The magnitude, impact and changeability were all ranked a 2.0 out of a possible high score of 5.

Education programs on problem gambling are conducted by the RAC for various audiences in collaboration with DMHAS Prevention Unit and CMHA, the fiduciary for SAAC has worked in collaboration with the SAAC program to increase clinical assessment of problem gambling in the out-patient clinics operated by CMHA. Additionally, SAAC is piloting a financial literacy curricula created by ERASE to clients in recovery and to senior citizens and addresses budgeting, and decision making as it relates to financial security. Problem gambling literature is infused into all trainings across the region in order to educate and increase overall awareness of problem gambling.

Discussion at the CNAW and with local school and social service providers have indicated a need for education for parents around youth and problem gambling including internet sites, and when asked if Problem Gambling is “an issue” in schools, the general reaction ranges from “no” to “I don’t know”. This specific topic would benefit from continued study in order to assess it’s true presence in the SAAC communities.

The sub-region is the site for a Bettor Choice program to treat problem gamblers. The CT Clearinghouse is also in the sub-region and is a resource for information.

Data Limitations:

Specific data from school surveys and treatment providers are needed to address this issue. Data from the Bettor Choice program could be used to inform the process, however it was not available at the time of this report.

Community Needs Assessment Workgroup

Member Name	Community Sector Represented	Contribution to Priority Report
Laurie Bedus	Substance Abuse Action Council-CMHA	Writer, Review and Priority Ranking
Roberta Brown	Plainville Youth Services and Local Prevention Council	Review and Priority Ranking
Christina Cipriani	Hartford Dispensary	Review and Priority Ranking
Jaimee Eldred	Torrington Youth Service Bureau	Review and Priority Ranking
Father Kapriel Mouradjian	SAAC Prevention Liaison	Review and Priority Ranking
Dr. Jonathan Pohl	Director, Wellness Clinic-CCSU	Review and Priority Ranking
Leanne Taylor-Mitchell	Winchester Youth Services Bureau	Review and Priority Ranking
Jessica Wright	McCall Foundation	Review and Priority Ranking

CNAW Priority Ranking Summary

SCALE: 1=Lowest 2=Low 3=Medium 4=High 5=Highest					
PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	TOTAL	RANK
Alcohol	5	5	3.5	4.5	#1
Marijuana	5	4	4	4.33	#2
Prescription Drug Use	4	4	4	4.00	#3
Heroin	2.5	3	3.5	3.00	#4
Cocaine	2.5	3	3	2.83	#5
Suicide	2	4	2	2.67	#6
Tobacco	2.5	3	2	2.50	#7
Problem Gambling	2	2	2	2.00	#8

Conclusions:

The issues of substance abuse, suicide and problem gambling are prevalent in the SAAC region as is evidenced from this profile report. Of the eight prioritized rankings Alcohol has remained #1 from 2010 while marijuana has risen in status due to recent changes in legislation. These changes have created the perception that marijuana is safe and harmless because it has not only been de-criminalized but it is also used for medicinal purposes. The changes to the Social Hosting Law in the state has ensured that Alcohol will remain a priority for the region as the communities served by the Substance Abuse Action Council come together as a region, develop an action plan to address the individual needs of each town as a unified front. Through the dissemination of literature and outreach SAAC will address the other priority rankings simultaneously and while data on problem gambling is sparse; the collaboration with area treatment providers who are incorporating Disordered Gambling assessment into the clinical setting will insure that data and information can be collected in the future. This concentrated effort on data collection and analysis will provide valuable information on the ever changing climate of prevention work in the SAAC region.

The issues of heroin and cocaine use in the communities would benefit from additional study and data collection. As is evidenced by this report and the available data from NSDUH, illicit drug use is prevalent but both of these substances fall into the very large category without specificity. Anecdotal information from communities in the SAAC region and surrounding areas reiterates this due to increased reporting of deaths due to opioid overdoses.

Although tobacco use rated relatively low on the CNAW it is apparent that the level of changeability has been consistent and successful due to the fact that communities focus on creating healthy, tobacco free climates while educating citizens on the risks of tobacco use.

Suicide is another area in prevention that has gained momentum due to the magnitude of its effect on communities when it is completed. Although the review committee didn't believe that changeability was going to be easy to achieve, suicide awareness has become more prevalent in the community and on college campuses as well as in schools and DMHAS initiatives to address suicide awareness and prevention through the CONNECT program will further efforts to address and handle this conundrum in prevention work. Whether it is an illicit substance or mental illness the scope of work in community prevention work is wide and over-arching into many forays.

The Substance Abuse Action Council appreciates the opportunity to delve into the data relating to community issues in its region and looks forward to addressing them in the coming year.

APPENDICES

Student Survey Data Referenced

SAAC Regional Survey Data Comparisons of 2009-2010 & 2011 – 2012 data sets

		SAAC Region	SAAC Region	2011 NSDUH
		2009-2011	2011-2012	
30-Day Use Rates	Alcohol	23.6%	16.7%	
	Cigarettes	9.0%	7.8%	
	Marijuana	13.1%	12.1%	
Perception of Risk (youth reporting “some” or “a lot of risk”)	Alcohol	71.6%	72.1%	
	Cigarettes	90.5%	90.2%	
	Marijuana	78.7%	67.3%	
	Rx Drugs		79.9%	
Perception of parental disapproval (students reporting “wrong” or “very wrong”)	Alcohol	85.7%	86.7	
	Cigarettes	94.1%	93.6	
	Marijuana	92.3%	91.1	
	Rx Drugs			
Perception of Peer Disapproval (youth reporting “some” or “a lot of risk”)	Alcohol		62.1%	
	Cigarettes		52.4%	
	Marijuana		58.8%	
	Rx Drugs			
Some or most of students close friends use*:	Alcohol	42.4%		
	Cigarettes	41.5%		
	Marijuana	42.9%		
Youth Reports of Access to (those reporting “easy” or “sort of easy”):	Alcohol	62.3%		
	Cigarettes	47.8%		
	Marijuana	42.0%		
Percentage of High School aged youth who report their family has clear rules discouraging Alcohol use		84%		

*Southington student surveys only included to calculate regional data on “Close friends who use alcohol”

**7,843 students is used to calculate all regional data for all data on page 2 except “Close friends who use alcohol” where Southington data is included.