

A product of the State Epidemiological Outcomes Workgroup (SEOW)

Consumption

Alcohol is the most commonly used substance in Connecticut as well as nationally, although the prevalence of alcohol use is higher in the state compared to the national average. According to the 2014 National Household Survey of Drug Use and Health (NSDUH), Connecticut ranked 6th nationally in the prevalence of alcohol use.

Overall, the NSDUH showed that the rate of alcohol use among the population 12 or older has remained relatively stable; the prevalence of current alcohol use was 59.3% in 2008-2009 and 60.3% in 2014-2015. However, consistent with a national trend, underage drinking among those 12-17 years of age decreased significantly from 18.6% in 2008-2009 to 13.6% in 2014-2015.

The 2014-2015 NSDUH data showed that young adults in Connecticut aged 18-25 have the highest rate of reported past month alcohol use (67.2%), followed closely by those aged 26 or older (64.8%), and 13.6% of youth ages 12-17. In each age group, the rate was higher in Connecticut compared to their age group nationwide. Likewise, during the same time period, past month binge drinking in Connecticut was highest among adults ages 18-25 (42.2%), followed by adults ages 26 or older (22.6%), and youth ages 12-17 (6.3%). The prevalence of binge drinking was particularly high among Connecticut's young adults compared to their peers nationally (42.2% vs. 37.8%).

Consistent with the decreasing trends in alcohol use among Connecticut's population, the prevalence of past year alcohol use disorder (AUD) has dropped significantly since 2008-2009. The 2014-2015 NSDUH found that 13% of young adults aged 18-25 met criteria for alcohol use disorder (AUD) in the past year. Among youth aged 12-17, 2.7% had AUD in the past year.

The 2015 Youth Risk Behavior Surveillance Survey (YRBSS) of public high school students also reported higher drinking behavior in Connecticut for both past month use and binge drinking. The 2015 survey found that 30.2% of students reported using alcohol in the past month and almost half of them (14.0%) had consumed 5 or more drinks in a row. Although boys and girls were equally likely to report recent alcohol use, boys were more likely than girls to report binge drinking (28.4% vs. 18.4%). Non-Hispanic white and Hispanic students had the highest prevalence of past month drinking (31.9% and 31.8%, respectively) and binge drinking (15.7% and 13.5%, respectively).

At-Risk Populations

- Initiation of alcohol use at young ages has been linked to more problematic levels of use in adolescence and adulthood. Young people who drink are more likely than adults to be binge drinkers.
- Men are more likely to be heavy drinkers.
- Incidence of alcoholism among women has been increasing over the past 30 years at a faster rate than among men.
- Women are more likely than men to develop alcoholic hepatitis and to die from cirrhosis, and women are more vulnerable to brain cell damage caused by alcohol.
- Individuals with a mental health disorder such as anxiety, depression, schizophrenia or bipolar disorder are at increased risk for alcohol use disorders.
- Native Americans are at especially high risk of alcohol-related traffic accidents, DUI and premature deaths.¹
- Hispanic ethnicity has been associated with alcohol-related liver disease, drunk driving and DUI-related fatalities.¹
- Males and whites are overrepresented in Connecticut's substance abuse treatment system. In 2016, 70% of alcohol only admissions were male and

¹ <https://niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/diversity-health-disparities>

70% were white. Treatment admissions for alcohol with a secondary drug included 73% males and 66% whites.

- Among youth, risk factors include:
 - Academic and/or other behavioral health problems in school
 - Alcohol-using peers
 - Anxiety or depression
 - Lack of parental supervision
 - Poor parent-child communication
 - Social norms that encourage or tolerate underage drinking

Consequences

- Approximately 88,000 deaths each year in the U.S. are attributed to alcohol misuse.²
- Excessive alcohol use has led to approximately 2.5 million years of potential life lost (YPLL) each year in the US from 2006-2010, shortening the lives of those who died by an average of 30 years.²
- Excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years²
- In 2014, alcohol-impaired driving fatalities accounted for 31% of total fatalities in the U.S. In Connecticut, 39% of total fatalities were the result of alcohol-impaired driving.³
- Heavy drinkers are at increased risk for alcohol abuse and dependence. People who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who wait until age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%.³
- Excessive drinking, including binge and heavy drinking, has numerous chronic and acute health effects, including: liver cirrhosis, pancreatitis, various cancers (i.e., cancers of the liver, mouth, throat, larynx, esophagus, and breast), cardiomyopathy,

stroke, high blood pressure, and psychological disorders.⁴

- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, domestic violence, rape, and child abuse.⁴
- Alcohol abuse can produce harmful effects on the immune system increasing risks for pneumonia and infections.⁵
- Immediate adverse effects of alcohol can include: impaired judgment, reduced reaction time, slurred speech, and unsteady gait. When consumed rapidly and in large amounts, alcohol can also result in coma and death.
- Drinking during pregnancy can lead to a variety of developmental, cognitive and behavioral problems in the child (Fetal Alcohol Spectrum Disorders (FASD)).⁶
- Older adults aged 65 or older who drink are at increased risk of health problems associated with lower tolerance for alcohol, existence of chronic health problems (i.e., diabetes, high blood pressure, congestive heart failure, and liver problems) and interactions with medications (e.g., aspirin, acetaminophen, cough syrup, sleeping pills, pain medication, and medication for anxiety or depression).⁷
- Of all treatment admissions in Connecticut in 2016, 18.9% were for alcohol as the primary substance (12,689 people), and 14% were for alcohol with a secondary drug.⁸
- In 2013, underage drinking cost Connecticut \$664.9 million in medical care, criminal justice, property damage, and work loss, as well as pain and suffering associated with the multiple problems resulting from the use of alcohol by youth.³

² Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of Excessive Alcohol Consumption to Deaths and Years of Potential Life Lost in the United States. *Prev Chronic Dis* 2014;11:130293. DOI: <http://dx.doi.org/10.5888/pcd11.130293>

³ Pacific Institute for Research and Evaluation (PIRE), March 2015 <http://www.pire.org/documents/UEETC/cost-sheets/CT.pdf>

⁴ World Health Organization. *Global status report on alcohol and health—2014*. Geneva, Switzerland: World Health Organization; 2014.

⁵ <https://niaaa.nih.gov/alcohol-health/alcohols-effects-body>

⁶ [https://report.nih.gov/nihfactsheets/Pdfs/FetalAlcoholSpectrumDisorders\(NIAAA\).pdf](https://report.nih.gov/nihfactsheets/Pdfs/FetalAlcoholSpectrumDisorders(NIAAA).pdf)

⁷ <https://niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>

⁸ <https://www.dasis.samhsa.gov/webt/quicklink/CT16.htm>

Selected Indicators

NSDUH
Connecticut School Health Survey (YRBSS)
Alcohol Treatment Admissions (TEDS)
Alcohol-Related Fatal Motor Vehicle Crashes
Alcohol-Related Vehicle Death Rate
Alcohol-Involved Drivers of All Drivers in Fatal Crashes
DWI Arrests via DMV License Suspensions
Adult DUI Arrests
Liquor Law Violations
Violent Crime Rate
Alcohol-related School Suspensions/Expulsions
Ethanol Sales per Capita
Suicide Rate
Homicide Rate
Chronic Liver Disease Death Rate