Alcohol is the most frequently used and misused substance in Connecticut and in the United States. People who drink to excess, including binge drinkers (bingeing refers to having 5+ drinks on a single occasion for men, 4+ for women), have an increased risk for alcohol abuse and dependence and can even die from alcohol poisoning. Alcohol misuse is especially problematic among youth and college-aged populations. People who begin drinking before the age of 15 are four times more likely to develop alcohol dependency than those who wait until age 21, and each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%. Alcohol use, including underage drinking, is socially and culturally acceptable in many settings. Many adults are unaware of the social hosting law that holds them legally responsible for underage drinking on their property.

Magnitude:

Alcohol continues to be the most commonly used substance nationally. Consumption in Connecticut is higher than the national average, and consumption in Southwest Connecticut (SW CT) is higher than both, as shown in Figure 1 from the National Survey of Drug Use and Health (NSDUH).

Binge drinking was reported by 3% of Stamford-area residents, 5% of Bridgeport-area residents, 6% of Norwalk-area residents, and 11% of Greenwich-area residents. Binge drinking in SW CT is higher than state and national rates (see Figure 2).

Adults: In 2018, alcohol use rates within SW CT ranged from 24% in Greater Bridgeport to 28% in Greater Stamford and Norwalk to 31% in Greater Greenwich, according to DataHaven surveys. 8% to 10% of adults within the region reported feeling a need to cut down on drinking/drugs in the past 12 months, similar to the state average of 8%, according to the 2015 DataHaven surveys.

Youth: Both nationally and within the state, past 30 day use of alcohol among teens is 30%. A sample of five local youth surveys conducted in SW CT during 2018-19 found that between 21% and 50% of high school students reported past 30 day alcohol consumption, with rates increasing each grade. Where racial data was available, Whites reported drinking more than Hispanics or Blacks. One town reported that 14% of middle school students had used alcohol in the past 30 days. In one local suburb, the alcohol use rate had declined from a high of 41% several years earlier to 21%. Binge drinking was reported by 13% of high school

2 https://pire.org/Home/Resources
students in one youth survey. Students in a local city reported the most common place to drink alcohol is at their home (67%), or their friend’s home (62%).

Perception of Harm:
- High school students’ perception of harm from alcohol range was high (74%-82% in local surveys). Perception of harm from binge drinking was lower (38% in one local youth survey).
- Adult perception that young people will abuse drugs or alcohol varies significantly: Greenwich area, 18%; Norwalk area, 20%; Stamford area, 22%; and Bridgeport area, 41%.³
- Key informants in the 2018 Community Readiness Survey (CRS) for SW CT identified alcohol as the #1 problem substance for teens, young adults, and adults up to age 65. However, they believed that most community residents are less concerned with preventing alcohol abuse than other drug abuse and that many residents feel it is okay for youth to drink alcohol occasionally.

Risk Factors and Subpopulations at Risk:
- *Risk factors for alcohol dependence and misuse* include: early initiation of alcohol use; steady drinking over time; family history; mental health problems including trauma; social norms and cultural factors; perception of harm.
- At risk populations include: males, though alcoholism has been increasing in females; Hispanics/Latinx; youth.
- Additional risk factors among youth include: academic and/or other behavioral health problems in school; alcohol consumption with peers; lack of parental supervision; parental norms and tolerance; low perception of risk; easy access.

Burden:
- Connecticut is well above the national average in the percentage of fatal crashes involving drunk drivers. Of the 278 fatal crashes in the state in 2017, 43%, or 120, involved at least one driver with a blood alcohol level of .08 or higher compared to national rate of 29%.⁴
- In SW CT there were 785 Driving Under the Influence (DUI) arrests in 2016. Figure 3 shows great variation in DUI arrests by town, which may reflect prevalence and enforcement differences.
- In SW CT, alcohol was involved in 26% of the accidental drug overdose deaths in 2018 (30 out of 117), reports the Chief Medical Examiner.

³ DataHaven surveys, 2018
Capacity and Service System Strengths:

Prevention:

- Local Prevention Councils (LPC) provide education about alcohol to youth and parents, often in collaboration with groups such as MADD and SADD. Several LPCs have created alcohol awareness campaigns. Darien, which has significantly higher rates of teen drinking compared with the country, in its 3rd year of a high-profile “06820” campaign to educate parents about the impact of alcohol on the teen brain, the importance of parent-child dialogue, social hosting laws that hold adults legally responsible for drinking that occurs under their roof, etc. LPCs and other community partners sponsor post-prom events and encourage the use of Uber, Lyft and Safe Rides to prevent driving under the influence.

- Throughout SW CT, pediatricians, clinicians, family physicians, and counselors are trained in Screening, Brief Intervention and Referral to Treatment (SBIRT) and also Adolescent SBIRT. Colleges, hospitals, and social services agencies also use an integrated Mental Wellness Screening tool for “check-up from the neck up” screenings during Wellness Month and beyond.

- Older adults and others at risk are educated about the dangers of mixing alcohol and medications through the state’s Change the Script campaign.

Treatment: Treatment for alcohol and other addiction disorders is available through local provider agencies and hospitals, including specialized program such as Mountainside Treatment Center, the Addiction Recovery Center at Greenwich Hospital, and Silver Hill Hospital.

Recovery: There are several sober homes in the region, although costs can be prohibitive and these are not regulated. There are many 12-step meetings (AA, AlAnon) including some in Spanish, for teens, and for medical practitioners. There are also a variety of support options such as the CT Community for Addiction Recovery (CCAR) in Bridgeport, which offers a free weekly Telephone Recovery Support program; LifeRing; SMART Recovery; LIFTT Confidential; Refuge Recovery; and Women for Sobriety.

Enforcement: Alcohol compliance checks are intended to be conducted every six months; however, some town departments report a lack of capacity to train and deploy youth for sting operations. Police departments continue to educate officers on how to strategically disperse parties.